

rental application



We do not discriminate on the basis of race, color, religion, sex, disability, familial status or national origin.
Affirmative Action/Equal Opportunity Employer (AA/EOE)

APPLICATION INSTRUCTIONS

Thank you for your interest in rental housing at one of our properties. Please complete the enclosed application in full and return via US Mail to our Leasing Office at 38 Columbus Street #100, Seymour CT 06483. **Be sure to include the non-refundable application fee of \$50.00 per applicant** to cover the cost of background screening required as part of the application process.

***** A copy of each applicant's photo ID must also be included as part of this application. *****

This application must be completed by all household members planning to reside in the apartment. Please indicate 'N/A' for any questions that do not apply and do not leave any sections of the application blank. Applications that are missing information or not completed in full will not be processed. Should you have questions or require additional information, please do not hesitate to contact us at **(203) 881-0863**. Thank you for considering one of our properties as your next home.

ELIGIBILITY: To qualify, applicants must meet the required eligibility, income, and screening criteria outlined in this application, including credit, criminal, and sex offender screenings, and landlord references. We are committed to promoting fair housing opportunities and do not discriminate on the basis of race, color, religion, sex, disability, familial status, or national origin. All income and asset information must be screened to determine eligibility and cannot exceed the income limits for the properties listed below. Please note that maximum income limits *do not* apply unless indicated below and rent and income limits may be subject to change. For current rates and availability, please visit the property website or contact the management office for more information.

13 May Street is made affordable through the assistance of Connecticut DOH, and has three levels of income-restricted units, called tiers. Rent is based on annual HUD affordable housing guidelines and is **not** determined as a percentage of income.

	Monthly Rent	Household Size			
Income Tier	2-BDRM	1	2	3	4
50%	\$1,466	\$45,650	\$52,150	\$58,650	\$65,150

16 Bank is made affordable through the assistance of Connecticut DECD and FHLBB, and has two levels of income-restricted units, called tiers. Rent is based on annual HUD affordable housing guidelines and is **not** determined as a percentage of income.

	Monthly Rent	Household Size	
Income Tier	1-BDRM	1	2
120%	\$1,450	\$109,452	\$125,088

38 Columbus is made affordable through the assistance of Connecticut DECD, and has three levels of income-restricted units, called tiers. Rent is based on annual HUD affordable housing guidelines and is **not** determined as a percentage of income.

	Monthly Rent		Household Size (*2-BDRM Units only)			
Income Tier	1-BDRM	2-BDRM	1	2	3*	4*
50%	\$1,150	---	\$45,650	\$ 52,150	---	---
80%	\$1,320	---	\$68,500	\$ 78,250	---	---
120%	\$1,450	\$1,600	\$109,452	\$125,088	\$140,724	\$156,360

OFFICE USE ONLY	Received:	ID #:
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Please indicate the property that you are applying for:

☐ 16 Bank (age 55+) ☐ 38 Columbus (age 55+) ☐ May ☐ Division ☐ Rutland

A. GENERAL INFORMATION

Applicant Name(s): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone No. _____ Email address: _____

No. of Bedrooms in current unit: _____ Do you: ☐ RENT ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify): _____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: ☐ 1-BDRM ☐ Handicapped 1-BDRM ☐ 2-BDRM ☐ Handicapped 2-BDRM

Do you currently have a Section 8 Voucher: ☐ Yes ☐ No (check one)

If so, how many bedrooms are you allowed for your family size? _____

B. HOUSEHOLD COMPOSITION: List all persons, including yourself, who will be living in the apartment.

List head of household first.

Name	Relationship	Gender	Social Security #	Birth Date	Place of Birth
1.	Head				
2.					
3.					
4.					

Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No

If yes, please explain: _____

Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No

If yes, please explain: _____

B. HOUSEHOLD COMPOSITION (cont'd)

Will any household members be or have been full-time students during 5 calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty/students? ☐ Yes ☐ No (If yes, please answer the following questions:)

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME: List ALL sources of income as requested below. If a section doesn't apply, write 'N/A.'

Household Member Name	Sources of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (Source:)	\$
	Pension (Source:)	\$
	VA Benefits (Claim #)	\$
	VA Benefits (Claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Contributions to Household	\$
	Full-time Student Income	\$
	Full-time Student Income	\$
	Interest Income (Source:)	\$
	Interest Income (Source:)	\$

C. **INCOME** (cont'd)

Household Member Name	Sources of Income	Gross Monthly Amount
	Interest Income (Source:)	\$
	Interest Income (Source:)	\$
	Long-term Medical Care Insurance Payments in excess of \$180/day	\$
	Wages Amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Wages Amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income:	\$
TOTAL GROSS ANNUAL INCOME (monthly amount listed above x 12)		\$

C. **INCOME** (cont'd)

TOTAL ANNUAL INCOME FROM PREVIOUS YEAR	\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance of any kind (monetary or not) from someone who is not listed as a household member in in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to any of the above, please explain:	
Is income received? <input type="checkbox"/> Yes <input type="checkbox"/> No	

D. **ASSETS:** Provide the following information for all members of the household.**Checking Accounts**

Bank:	Bank:
Address:	Address:
Account No.	Account No.
Int. Rate: % Balance: \$	Int. Rate: % Balance: \$

Savings Accounts

Bank:	Bank:
Address:	Address:
Account No.	Account No.
Int. Rate: % Balance: \$	Int. Rate: % Balance: \$

Certificates of Deposit

Bank:	Bank:
Address:	Address:
Account No.	Account No.
Int. Rate: % Balance: \$	Int. Rate: % Balance: \$
Penalty for early withdrawal:	Penalty for early withdrawal:
Maturity Date:	Maturity Date:

D. **ASSETS** (cont'd)**Bonds**

Bank:
Address:
Present Value: \$
Maturity Date:

Trust Accounts

Bank:
Address:
Account No.
Int. Rate: Balance: \$

Life Insurance Policy

Policy #:	Policy #:
Cash Value: \$	Cash Value: \$

Stocks**IRA's/401-K's**

Name:	Bank:
Address:	Address:
Value: \$ Div. Rate:	Value: \$ Div. Rate:

Investment Property

Description:	Description:
Appraised Value: \$	Appraised Value: \$

Real Estate

Do you own any property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Type of property:	
Location of property:	
Appraised Market Value	\$
Mortgage or outstanding loan(s) balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

D. ASSETS (cont'd)**Jointly Owned Assets**

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed in Section B of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:
Do they have access to the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No

Disposal of Property

Have you sold or disposed of any property in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, type of property:	
Market Value when sold/dispensed: \$	Amount sold/dispensed for: \$
Date of Transaction:	

Disposal of Assets

Have you sold or disposed of any other asset(s) in the last two years (for example: given money to relatives, set up Irrevocable Trust Accounts)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe the asset:	
Date of disposition:	Amount disposed for: \$

Other Assets

Do you have any other assets not listed above (excluding personal property)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:

E. ADDITIONAL INFORMATION:

- Are you or any member of your family currently using an illegal substance? ☐ Yes ☐ No
- Have you or any member of your family ever been convicted of a felony? ☐ Yes ☐ No
If yes, please describe: _____
- Have you or any member of your family ever been evicted from any housing? ☐ Yes ☐ No
If yes, please describe: _____
- Have you ever filed for bankruptcy? ☐ Yes ☐ No
If yes, please describe: _____
- Will you take an apartment when one is available? ☐ Yes ☐ No
Briefly describe your reasons for applying: _____
- How did you hear about the apartment for which you are applying? _____

F. REFERENCE INFORMATION**Landlord References for ALL Adults in Household:**

<u>Current Landlord Name:</u>	
Address of Apt.:	
Email:	
Home Phone:	Business Phone:
How long have you lived there?	Is this landlord related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Prior Landlord Name:</u>	
Address of Apt.:	
Email:	
Home Phone:	Business Phone:
How long have you lived there?	Is this landlord related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact:

Name:	
Address:	
Email:	
Phone No.:	Relationship:
Can we contact the Emergency Contact listed above regarding this rental housing application if we are unable to reach you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Vehicles: List any vehicle owned. **Please note that on-site parking is available on a limited basis only, subject to the terms of the parking policy which is available upon request.*

Type:	Type:
Year/Make:	Year/Make:
License Plate No.:	License Plate No.:
Registered Owner:	Registered Owner:

Pets

Do you own a pet? ☐ Yes ☐ No

If yes, please describe (include breed and weight): _____

G. CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants must sign the application.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

H. PERMISSION FOR CREDIT AND CRIMINAL BACKGROUND RECORDS SCREENING

Do you give us authorization to conduct a credit and criminal background screening? ☐ Yes ☐ No (If your answer is no, your application for housing will be denied.)

Name	Address	Social Security	Date of Birth	Signature

Thank you for completing an application for rental housing.

Please submit this completed application with the non-refundable application fee of \$50.00 per applicant to our Leasing Office at 38 Columbus Street #100, Seymour CT 06483.