

LIHTC – Lawnhill Terrace LP Instructions for Applications

- 1) PLEASE READ CAREFULLY. Complete all areas.
 - a. All sources of earned income must be reported for all household members 18 years and older.
 - b. All unearned income and assets must be reported for all household members, including minors.
 - c. All communication will be by mail; therefore you must list a current mailing address and immediately report all changes in address to COC in writing.
 - 2) Signatures are required by the adult member (18 and older).
 - 3) All household members who are employed must complete the income verification form.
 - 4) Members who are 18 years and older must complete a police record verification form.
 - 5) Members of the household must complete a 214 Status form
 - 6) Please provide the list of documents that apply to your household:
 - a. Birth Certificate
 - b. Certificate of Marriage
 - c. Social Security card
 - d. Letter from your landlord/owner stating: 1) Amount of rent you pay, 2) Address of your apartment, 3) How long you have been a tenant, 4) What kind of tenant you have been.
 - e. Rent receipts for past three (3) months
 - f. All assets and sources of income –
 - Current income verification from Social Security
 - Budget Sheet if you receive State or City Assistance
 - Last six (6) current and consecutive pay stubs
 - If you are self employed – copy of last year’s Federal Tax Return and W-2 form
 - Alimony Award/Child Support – must be court ordered
- Assets Include:
- Saving/Checking Account (last six (6) current and consecutive statements)
 - Revocable Trusts
 - Equity in Real Estate Property
 - Stocks, bonds, Treasury Bills, Certificate of Deposits, Money Market Funds
 - IRA’s, Keogh Plans, 401k and similar retirement accounts
 - Pension Funds
 - Personal Property held as investments (such as jewelry or antiques)
 - Inheritances, Lottery Winning, Capital Gains, Insurance Settlements, and Other Lump Sum Amounts
- g. Non-Citizen – eligible immigration Documents-
 - Permanent Resident Card (Green Card)
 - Alien Registration Receipt Card
 - Temporary Resident Card
 - Employment Authorization Card
 - Receipt issued by INS for issuance or replacement of any of the above

Income Eligibility Requirements

Minimum Income Limits:

2 Bedroom Household - \$36,750
3 Bedroom Household - \$41,250

Maximum Income Limits

2 Person Household - \$69,300
3 Person Household - \$77,940
4 Person Household - \$86,580
5 Person Household - \$93,540
6 Person Household - \$100,440

NOTE: Applications will be Date/Time stamped and processed in order received. All adult applicants will go through a background screening process in order to establish eligibility, which will include criminal and credit. If you have any questions, please feel free to contact us at Applications@CharterOakCommunities.org or at (203) 977-1400 ext. 3301. You may also visit us during our business hours from 8:00am to 5:00pm.

Charter Oak Communities

THE FOLLOWING INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES SO THAT THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT MAY DETERMINE THE DEGREE TO WHICH ITS PROGRAMS ARE UTILIZED BY MINORITY FAMILIES. RACIAL GROUP IDENTIFICATION (Used for statistical purposes only).

ETHNICITY: _____ HISPANIC
_____ NON-HISPANIC

RACE: _____ WHITE
_____ BLACK
_____ AMERICAN INDIAN
_____ HISPANIC
_____ ASIAN/ PACIFIC ISLANDER
_____ OTHER

SIGNATURE

DATE



**CHARTER OAK COMMUNITIES
22 CLINTON AVENUE
STAMFORD, CT 06901
(203)977-1400**

**Lawnhill Terrace L/P
Lawn Ave/Custer St
Stamford, CT 06902
(2 – 3 Bedrooms)**

(PRINT CLEARLY)

Please be aware that effective 7/30/2018, this will be a Smoke-Free Community.
Smoking will not be allowed anywhere on the property, including but not limited to: Apartment Homes, Common Areas, Parking Lots and Landscaped Areas.
This policy means “No Smoking”, NOT “No Smokers.”
Everyone is welcome to apply for an apartment at Charter Oak Communities.

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ PHONE: () _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ E-MAIL ADDRESS: _____

(PLEASE LIST HEAD OF HOUSEHOLD FIRST AND THEN ALL FAMILY MEMBERS WHO WILL BE LIVING IN THE UNIT)

	NAMES OF FAMILY MEMBERS	RELATIONSHIP	DATE OF BIRTH	SEX	SOCIAL SECURITY #
1		HEAD OF HOUSEHOLD			
2					
3					
4					
5					
6					
7					
8					

FAMILY INCOME

PLEASE LIST NAMES OF ALL FAMILY MEMBERS WHO RECEIVE INCOME, WHAT TYPE OF INCOME IT IS, SUCH AS WAGES, WELFARE, SOCIAL SECURITY, SSI, CHILD SUPPORT, UNEMPLOYMENT, ETC., AND THE AMOUNT.

INCOME

	NAMES OF FAMILY MEMBERS	INCOME RECEIVED FROM: (WAGES, WEFARE, ETC.)	AMOUNT OF INCOME: (HOURLY WEEKLY, MONTHLY, ANNUALLY)
1			
2			
3			
4			
5			
6			

DESCRIPTION OF ASSETS

	NAMES OF FAMILY MEMBERS	AMOUNT
SAVINGS ACCOUNT		
STOCKS AND BONDS		
REAL ESTATE		
OTHER		

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____

RELATIONSHIP: _____ PHONE #: _____

ARE YOU CURRENTLY LIVING IN CHARTER OAK COMMUNITIES DEVELOPMENT? YES _____ NO _____

HAVE YOU LIVED IN CHARTER OAK COMMUNITIES BEFORE: YES _____ NO _____

IF YES, WHERE? _____ WHEN? _____

ARE YOU A FORMER SECTION 8 TENANT? YES _____ NO _____ WHEN? _____

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ARRESTED OR CONVICTED OF A CRIME?

YES _____ NO _____ IF YES EXPLAIN: _____

ARE YOU A REGISTERED SEX OFFENDER? YES _____ NO _____

I HEREBY DECLARE THAT ALL INFORMATION LISTED ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE

DATE

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF CO-HEAD

CHARTER OAK COMMUNITIES

DEAR APPLICANT:

PLEASE INDICATE WHETHER OR NOT YOU OR ANY MEMBER OF YOUR FAMILY IS HANDICAPPED OR DISABLED REQUIRING ANY SPECIAL ACCOMMODATIONS.

PLEASE READ DEFINITIONS BELOW:

YES

NO

IF YOU HAVE CHECKED YES, PLEASE DESCRIBE BELOW WHAT TYPE OF SPECIAL ACCOMMODATIONS, IF ANY, ARE REQUIRED.

DEFENITIONS

“HANDICAPPED” (DISABLED) MEANS ANY PERSON WHO HAS A PHYSICAL OR MENTAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES; HAS A RECORD OF SUCH IMPAIRMENT; OR IS REGARDED AS HAVING SUCH IMPAIRMENT.

“PHYSICAL OR MENTAL IMPAIRMENT” INCLUDES: ANY PHYSIOLOGICAL DISORDER OR CONDITION, COSMETIC DISFIGUREMENT, OR ANATOMICAL LOSS AFFECTING ONE OR MORE OF THE FOLLOWING BODY SYSTEMS.

NEUROLOGICAL; MUSCULOSKELETAL; SPECIAL SENSE ORGANS; RESPIRATORY, INCLUDING SPEECH ORGANS; CARDIOVASCULAR, REPRODUCTIVE; DIGESTIVE; GENITOR-URINARY; HEMIC AND LYMPHATIC; SKIN, AND ENDOCRINE; OR

ANY MENTAL OR PSYCHOLOGICAL DISORDER, SUCH AS MENTAL RETARDATION, ORGANIC BRAIN SYNDROME, EMOTIONAL OR MENTAL ILLNESS, AND SPECIFIC LEARNING DISABILITIES. THE TERM “PHYSICAL OR MENTAL IMPAIRMENT” INCLUDES, BUT IS NOT LIMITED TO, SUCH DISEASES AND CONDITIONS AS ORTHOPEDIC, VISUAL, SPEECH AND HEARING IMPAIRMENTS, CEREBRAL PALSY, AUTISM, EPILEPSY, MUSCULAR DYSTROPHY, MULTIPLE SCLEROSIS, CANCER, HEART DISEASE, DIABETES, MENTAL RETARDATION, EMOTIONAL ILLNESS, DRUG ADDITION AND ALCOHOLISM.

“MAYOR LIFE ACTIVITIES” MEANS FUNCTIONS SUCH AS CARING FOR ONE’S SELF, PERFORMING MANUAL TASKS, WALKING, SEEING, HEARING, SPEAKING, BREATHING, LEARNING AND WORKING.

“HAS A RECORD OF SUCH IMPAIRMENT” MEANS HAS A HISTORY OF, OR HAS BEEN MISCLASSIFIED AS HAVING A MENTAL OR PHYSICAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES.

SIGNATURE: _____

DATE: _____

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or.
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 - Permanent residence under 249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - Parole status under 212(d)(5) of the INA /6; or
 - Threat to life or freedom under 243(h) of the INA /7; or
 - Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

1. Warning: 18 U.S.C 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2. Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must provide proof of age. No further documentation of eligible immigration status is required.
3. Immigration status under Section 101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent resident, as defined by Section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by Section 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15)), respectively [immigrant status]. This Category includes a noncitizen admitted under Section 210 or 210A of the INA (8 U.S.C. 1160 or 1161). [special agricultural worker status], who has been granted lawful temporary resident status.
4. Permanent residence under Section 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained resident in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
5. Refugee, asylum, or conditional entry status under Section 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to admission under Section 207 of the INA (8 U.S.C. 1157) [refugee status], pursuant to the granting of asylum (which has not been terminated) under Section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under Section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].
6. Parole status under Section 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under Section 212(d)(5) of INA (8 U.S.C. 1182(d)(5)) [parole status].
7. Threat to life or freedom under Section 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under Section 243(h) of the INA (8 U.S.C. 1253(h) [threat to life or freedom]
8. Amnesty under Section 245A of the INA. A noncitizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245

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STAMFORD HOUSING AUTHORITY

d/b/a

CHARTER OAK COMMUNITIES

22 CLINTON AVENUE

STAMFORD, CONNECTICUT 06901

(203) 977-1400

For office use only:

Appl.# _____

Program _____

POLICE RECORD RELEASE WAIVER

DO NOT BRING THIS FORM TO ANY POLICE DEPARTMENT.

PLEASE RETURN THIS FORM TO **CHARTER OAK COMMUNITIES**

PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY

LAST NAME: _____ MAIDEN NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT STREET ADDRESS: _____

_____ HOW LONG? _____
CITY STATE ZIP

CURRENT PHONE NUMBERS _____

CHECK BOX BELOW AND LIST INFORMATION ON THE OTHER SIDE IF APPLICABLE:

- KNOWN BY ANY OTHER NAME. IF SO, SEE OTHER SIDE
- ARRESTED IN A CITY OR STATE NOT LISTED ON THIS FORM? (OVER)
- IF YOU DID NOT LIVE AT YOUR PRESENT ADDRESS FOR 10 YEARS, PLEASE LIST ADDITIONAL ADDRESSES ON OTHER SIDE

DO YOU NEED TO ENTER ANY INFORMATION ON THE OTHER SIDE?

I HEREBY **AUTHORIZE THE RELEASE** OF ANY ARREST AND CONVICTION RECORDS THAT MAY EXIST WITH ANY POLICE DEPARTMENT.

I ATTEST THAT I HAVE NOT BEEN ARRESTED IN ANY CITY THAT IS NOT LISTED ON THIS FORM. I ATTEST THAT I HAVE DISCLOSED ALL ADDRESS INFORMATION ON THIS FORM. I AM AWARE THAT MISLEADING INFORMATION IN THIS FORM MAY LEAD TO DENIAL OF MY APPLICATION.

SIGNATURE _____ DATE _____

OTHER NAMES IF APPLICABLE:

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

PREVIOUS ARREST HISTORY IN OTHER CITIES OR STATES

DATE: _____

_____ CITY STATE

DATE: _____

_____ CITY STATE

DATE: _____

_____ CITY STATE

DATE: _____

_____ CITY STATE

DATE: _____

_____ CITY STATE

PREVIOUS ADDRESSES

PREVIOUS ADDRESS: _____

STREET

_____ HOW LONG? _____

CITY STATE ZIP

PREVIOUS ADDRESS: _____

STREET

_____ HOW LONG? _____

CITY STATE ZIP

PREVIOUS ADDRESS: _____

STREET

_____ HOW LONG? _____

CITY STATE ZIP

STAMFORD HOUSING AUTHORITY

d/b/a

CHARTER OAK COMMUNITIES

22 CLINTON AVENUE

STAMFORD, CONNECTICUT 06901

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FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT STREET ADDRESS: _____

_____ HOW LONG? _____
CITY STATE ZIP

CURRENT PHONE NUMBERS _____

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SIGNATURE _____ DATE _____

OTHER NAMES IF APPLICABLE:

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

PREVIOUS ARREST HISTORY IN OTHER CITIES OR STATES

DATE: _____

_____ CITY STATE

DATE: _____

_____ CITY STATE

DATE: _____

_____ CITY STATE

DATE: _____

_____ CITY STATE

DATE: _____

_____ CITY STATE

PREVIOUS ADDRESSES

PREVIOUS ADDRESS: _____

STREET

_____ HOW LONG? _____

CITY STATE ZIP

PREVIOUS ADDRESS: _____

STREET

_____ HOW LONG? _____

CITY STATE ZIP

PREVIOUS ADDRESS: _____

STREET

_____ HOW LONG? _____

CITY STATE ZIP



CHARTER OAK
COMMUNITIES

Head of Household Last Name: _____

INCOME VERIFICATION AUTHORIZATION

I, _____ hereby authorize Housing Authority of the City of Stamford, to contact any agency, employer, group or organization to obtain any and all information or materials which are deemed necessary to determine if I am eligible for participation in the Section 8 Rental Assistance Program. I understand that this information is only for the purpose of determining my eligibility and will be kept confidential.

Signature

Date

Address: _____

Social Security#: _____

Phone: _____

Provided below is information which may be of some assistance to you in obtaining my records:

NAME OF EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Department or unit working (if applicable): _____

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: Lawnhill Terrace LP
	Address: Lawn Ave/Custer St
	Stamford CT 06902
Please complete this application and return to:	Name: Charter Oak Communities
	Address: 22 Clinton Ave
	Stamford CT 06901

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or 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: Studio One BR Two BR Three BR Handicap BR

Application

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Page 1 of 8

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

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

If yes, explain:

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

If yes, explain:

Is there someone not listed above who would normally be living with the household? Yes No

If yes, explain:

Will all of the persons in the household be or have been full-time students during five 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 and students? Yes No

IF YES, 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 child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS 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 (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Application

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

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 on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>	
Date of disposition:	
Amount disposed	\$

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

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		

Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</i>			

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 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, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date