

Oak Park & Lawnhill Terrace 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

Household Size	Minimum Income
2 Person	\$35,728
3 Person	\$36,478
4 Person	\$37,228
5 Person	\$37,978
6 Person	\$39,738

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**

- Oak Park – Cove Rd, Dale St, Ursula Pl
 Lawnhill Terrace – Lawn Ave/Custer St

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.

(PRINT CLEARLY)

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: _____

CHARTER OAK COMMUNITIES

CERTIFICATION OF PREFERENCE

PLEASE CHOOSE THE OPTION THAT BEST DESCRIBES YOUR FAMILY. DOCUMENTATION MUST BE PROVIDED TO EARN THE QUALIFYING POINTS.

I/WE _____ (PRINT CLEARLY)
(THE SINGULAR SHALL INCLUDE THE PLURAL) CERTIFY THAT I/WE QUALIFY FOR A PREFERENCE BECAUSE:

(PLEASE CHECK ONLY ONE PREFERENCE)

- SUBSTANDARD HOUSING
[] CONDEMNED OR VERIFIED SERIOUS HOUSING CODE VIOLATIONS25
[] INADEQUATE HEATING, PLUMBING, OR COOKING FACILITIES20
LIVING SITUATION
[] LIVING IN DOCUMENTED PHYSICALLY OR EMOTIONALLY ABUSIVE SITUATION25
[] LIVING IN A SHELTER OR TRANSITIONAL HOUSING25
[] LIVING IN TEMPORARY HOUSING WITH OTHERS BECAUSE OF CONDITIONS
o BEYOND APPLICANTS CONTROL (CONDEMNATION, FIRE, FORECLOSURE, LOSS OF JOB, ETC.)20
[] LIVING IN OVERCROWDED CONDITION IN OWN HOUSING UNIT
o (EXAMPLE 1.5 PERSON PER ROOM)15
INCOME/RENT RATIO
[] CURRENTLY PAYING MORE THAN 50% OF INCOME FOR RENT/HOUSING15
[] CURRENTLY PAYING BETWEEN 31-50% OF INCOME FOR RENT/HOUSING10
STANDARD APPLICANTS0

***SUBJECT TO A TIE SCORE, THE TIME/DATE OF THE APPLICATION WILL DETERMINE THE PLACE OF AN APPLICANT ON THE WAITING LIST AMONG APPLICANTS WITH THE SAME SCORE. ***

HAVING READ THE ABOVE, I/WE HEREBY CERTIFY THAT I/WE DO QUALIFY FOR A PREFERENCE FOR (A) PREFERENCE REASON(S) INDICATED ABOVE.

DATE: _____ SIGNATURE: _____
SIGNATURE: _____

HAVING READ THE ABOVE, I/WE HEREBY CERTIFY THAT I/WE DO NOT QUALIFY FOR ANY PREFERENCE.

DATE: _____ SIGNATURE: _____
SIGNATURE: _____

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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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

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
CITY STATE ZIP HOW LONG? _____

PREVIOUS ADDRESS: _____
STREET
CITY STATE ZIP HOW LONG? _____

PREVIOUS ADDRESS: _____
STREET
CITY STATE ZIP HOW LONG? _____

STAMFORD HOUSING AUTHORITY

d/b/a

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

For office use only:

Appl.# _____

Program _____

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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:

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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
CITY STATE ZIP HOW LONG? _____

PREVIOUS ADDRESS: _____
STREET
CITY STATE ZIP HOW LONG? _____

PREVIOUS ADDRESS: _____
STREET
CITY STATE ZIP HOW LONG? _____



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): _____