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Below Market Rent Qualification Guidelines

Charter Oak Communities complies with the Federal Fair Housing Act. Charter Oak Communities does not discriminate based on race, color, religion, national origin, sex, familial status or disability, or any other basis protected by applicable state, Federal or local fair housing laws.

Rental Criteria:

- Each person that will occupy the apartment who is 18 years old or older <u>must sign the application</u>, the lease, and <u>submit all corresponding documents related to their income and assets</u>. Each applicant that is 18 years of age or older, and not a full-time student who can be claimed as dependent on the primary applicant's tax return, will be qualified by Charter Oak Communities in accordance with these qualification standards.
 - Each application is evaluated with a scoring method that weighs the indicators of future rent payment performance. The score is based on statistical analysis of prior renters' indicators and subsequent payment performance. Based on the score, we may choose to accept or decline an applicant, or seek additional requirements for approving the lease. These additional requirements include an increased deposit or a Guarantor.
 - o A \$50 application fee per adult applicant will be due prior to screening of credit and criminal history.

•	Verifica memb		tity is required; the following documents must be provided to verify identity for all household
			☐ Birth Certificates (include with application)
			□ Social Security Cards (include with application)
			☐ Any eligible immigration documentation, if applicable
			☐ Permanent Resident Card, if applicable
			• • • • • • • • • • • • • • • • • • • •
			Temporary Resident Card, if applicable
			Employment Authorization Card, if applicable
			☐ Driver's License or State issued ID (include with application)
•		entation for	s annual income and all assets must be verifiable and accompanied by the following all household members over the age of eighteen (18). All documents will be retained in the
	0	Proof of inc	come from any of the following:
			6 consecutive pay stubs from all jobs or unemployment benefit verification
			☐ Social Security Income or Supplemental Security Income (most recent statement)
			☐ State cash assistance (most recent statement)
			□ Self-Employment/Business Income
			• •
			Inheritances, lottery winnings, capital gains, any other lump sum amounts
			☐ Alimony awarded and/or child support.
	0	Verification	of the previous year's income through the following documentation:
			☐ Tax returns & W-2's and/or 1099's
	0		months of bank account statements or statements of account for any/all accounts (additional nay be requested for cash deposits into accounts):
		Ciarrication	
			☐ Checking accounts
			□ Savings accounts
			Pensions, 403B or 401K accounts
			☐ IRAs, Keogh Plans and/or retirement accounts
			☐ Mutual Funds



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Ш	Trust accounts
	Stocks
	Bonds
	Treasury Bills
	Certificate of Deposits
	Money Market Accounts
	Life insurance policies
	Equity from real estate; rental income
	Personal property held as investments (i.e. jewelry, antiques, collections, etc.)

- Verification of Housing Assistance is required.
 - o Proof of current rental assistance subsidy or rental voucher, if applicable
- Applicants must have a verifiable rental/mortgage history. Guarantors/co-signers cannot be a substitute for this requirement.
- Applicants must have a favorable credit history.
- Any applicants who have been determined to have criminal conviction or current indictment for possession, sale, manufacture or distribution of controlled substances, prostitution, theft, burglary, felony, fraud, or for any crimes involving firearms, weapons, or crimes against persons or property will be denied residency and occupancy.
 Guarantors/co-signers cannot be a substitute for this requirement.
- To be eligible to rent a below market rent (BMR) apartment, the applicant's total gross annual household income (including rental assistance) must be within the *income guidelines listed below:

Henry Street Houses 118-120

Family Size	Minimum Income	Maximum Income	Apartment Price
2	\$63,144	\$72,200	2 Bedroom – \$1,754
	\$63,144	\$81,225	2 Bedroom – \$1,754
3	\$71,856	\$81,225	3 Bedroom – \$1,996
4	\$63,144	\$90,250	2 Bedroom – \$1,754
4	\$71,856	\$90,250	3 Bedroom – \$1,996
5	\$71,856	\$97,470	3 Bedroom – \$1,996
6	\$71,856	\$104,690	3 Bedroom – \$1,996

Henry Street 122-126

Family Size	Minimum Income	Maximum Income	Apartment Price
1	\$54,144	\$63,175	1 Bedroom – \$1,504
2	\$54,144	\$72,200	1 Bedroom – \$1,504
2	\$64,620	\$72,200	2 Bedroom – \$1,795
3	\$64,620	\$81,225	2 Bedroom – \$1,795
4	\$64,620	\$90,250	2 Bedroom – \$1,795

^{*}Income guidelines subject to change based on apartment size selected and number of household members. Rent and income limits are based on the Stamford Median Income published by the Department of Housing and Urban Development.

- Any applicants with rental assistance subsidy, such as Section 8 or the state RAP program, are exempt from the
 household income requirement stated above and will be determined "income eligible" as long as the prospective
 tenant's rental subsidy plus any additional income they may have is sufficient to meet the rent and any utility
 obligations of tenancy.
- Existing BMR residents may not apply to Henry Street Houses unless there has been a change in your eligibility status, such as a change in your family size.
- If you refuse the apartment assigned to you, you will be placed at the bottom of our waiting list. BMR apartments can only be refused once. A second denial/refusal of a BMR unit will result in an automatic removal from the waiting list.



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- Completed applications with supporting documentation must be emailed, hand-delivered or mailed to our office located at 22 Clinton Avenue, Stamford, CT 06901, attn: BMR. Completed applications may also be emailed to APPLICATIONS@CharterOakCommunities.org.
- The term "Household" refers to all persons intending to live in the apartment, whether they are related by blood, marriage or otherwise. Information about all persons intending to reside in the apartment is required.
- For the timely process of your application, all required information must be provided at the time of initial
 application. Incomplete applications and/or those with missing documents will result in process delays and
 potential disqualification.



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Application for Apartment Home Rental (Below Market Rate)

Note: This ENTIRE application must be filled out or it may not be considered for acceptance. Please read the qualifications prior to completing application. All applicants over 18 years of age must sign the application.

Last Name:	First Name	:		MI	:	Sr., Jr., _
Social Security #:	Date of Birth:		/	 .		
Driver's License #:	S [.]	tate of Issue: _	Expiration	Date:		
Email address:			Preferred Phone #:			
Total # of Applicants:						
Name:	Relationship:	Sex:	Date of Birth: _	_//_	SSN: _	
Name:	Relationship:	Sex:	Date of Birth:	//_	_ SSN:	
Name:	Relationship:	Sex:	Date of Birth: _	_//_	SSN: _	
Name:	Relationship:	Sex:	Date of Birth: _	//_	SSN: _	
Name:	Relationship:	Sex:	Date of Birth: _	_//_	SSN: _	
HOUSING INFORMATION: Please pro	vide 5 years of address history. Add	l additional add	ress history at end of a	pplication.		
Present Address:		City:	S:	tate:	Zip:	
How long have you lived there?	Rent: \$	Landlord (Co. or person):			
andlord's Phone:		Landlo	ord's Fax:			
Reason for moving:						
Previous Address:		City:		State:	Zip:	
How long have you lived there?	Rent: \$	Landlord (Co. or person):		· · · · · · · · · · · · · · · · · · ·	
andlord's Phone:		Land	lord's Fax:			
Reason for moving?						
EMPLOYMENT INFORMATION: Pleas	e provide at least 6 months of emp	loyment history.				
Applicant:	Present Employer:		Po	sition:		
Address:	City:		Sta	ate:	Zip: _	
Start Date:	Supervisor:		Supervisor/ HR Phone	#:		
Annual Income:	Pay Fr	equency: Wee	kly Bi-Weekly	_ Monthly_	Semi-l	Monthly _.
Annual Income:		equency: Wee	kly Bi-Weekly	_ Monthly_		
OTHER INCOME:						
Applicant:						



SELF-EMPLOYMENT INCOME: Name: ______ Type of Self-Employment: _____ Start Date: _____ Anticipated NET Income: _____ (Gross Income – Expenses = Net Income) The following supporting documents for self-employment must be submitted: Last 2 years of tax returns, including all 1099s and/or W2s; An estimate of current year's net business income from a licensed accountant OR tax preparer OR a notarized self-statement including anticipated net income for the next 12 months. Please Include Other Income, if Applicable, at End of Application **ASSET INFORMATION:** Please provide asset information for all occupants. **Financial Institution Account Balance Asset Description Applicant** Savings Account **Checking Account Retirement Account** Other Please Include Other Assets, if Applicable, at End of Application **VEHICLE INFORMATION:** Vehicle/Recreational #1 (Make, Model, and Year): ______ License Plate #1: _____ State: ____ Color: _____ Vehicle/Recreational #2 (Make, Model, and Year): _____ License Plate #2: _____ State: ____ Color: _____ **PET INFORMATION:** Maximum of two pets per apartment. A current dog license is required as well as a photo of the pet(s). INTITIALS I have received a list of restricted breeds and confirm that the pets listed below are not a match (or mix/partial breed) to any of the restricted breeds. Pet #1 Type: ______ Breed: _____ Weight (lbs): _____ Name: ____ Pet #2 Type: ______ Breed: _____ Weight (lbs): _____ Name: ____ Do you prefer a smoke free unit? Yes: No \textstyle No **EMERGENCY CONTACT INFORMATION:** Name: _____ Contact #: _____ Allow Permission to Enter authorization: Yes: No **INDENTIFICATION INFORMATION:** The following information is required for statistical and reporting requirements only. Ethnicity: Hispanic Inon-Hispanic ADDITIONAL INCOME/ASSET INFORMATION: Please provide additional income/asset information. **EMPLOYMENT INFORMATION:** Please provide at least 6 months of employment history. Applicant: Present Employer: Position: ______ City: ______ State: _____ Zip: _____ Address: Supervisor: Supervisor/ HR Phone #: Start Date: Pay Frequency: Weekly__Bi-Weekly__ Monthly__ Semi-Monthly___

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Annual Income: _____
Charter Oak Communities

EQUAL HOUSING (

OTHER INCOME:					
Applicant:	Source o	of Income:			
Frequency and Amount: [Weekly	Bi-Weekly	_	Semi-Monthly	
ASSET INFORMATION: Pleas	se provide asset informatio	n for all occupants.			
Asset Description	Applicant	Financial I	nstitution	Account Balance	
Savings Account					
Checking Account					
Retirement Account					
Other					
Are you presently receivi	_		-	/es No	
<u> </u>		-		ROKEN A PRIOR LEASE, DECLARED BANKRUPTCY,	
BEEN SUED FOR NON-PAYMENT	OF RENT OR DAMAGE TO REI	NTAL PROPERTY, CONVICTE	ED OF CERTAIN CRIMES, AR	RESTED FOR CERTAIN CRIMES WHERE A TRIAL IS PLEASE ANSWER THE FOLLOWING QUESTIONS:	
HAS ANY APPLICANT EVER BEEN BANKRUPTCY? YES NO				MENT OR LEASE? YES NO DECLARED 'Y? YES NO	
OFFENSE? YES NO	BEEN ARRESTED FOR ANY OF RTHER DETAILS ON THE REVER	THE FOREGOING OFFENSES RSE SIDE OF THIS APPLICAT	S WHERE A TRIAL IS PENDIN ION (E.G., DATE OF CONVIC	NG DRUGS, DAMAGE TO PROPERTY, OR A SEXUAL NG? YES NO IF "YES" IS MARKED FOR AI CTION AND TYPE OF OFFENSE). FURTHER	



By submitting this application, I agree to enter into a lease agreement for a BMR apartment within the apartment community for the apartment home under the terms specified in this application. I understand that this application for an apartment is subject to acceptance or denial.

I understand a non-refundable fee will be requested to process the screening for criminal and credit history, after determining my income and asset eligibility. This sum is not a rental payment or security deposit and will be retained by Charter Oak Communities to cover the costs of processing the screening whether my application is accepted or declined.

I hereby state that the information set for above is true and complete and authorize verification of the information and references given including the investigation of a professional credit check, arrest/convictions record and background check for all applicants. Should any statement made above be a misrepresentation or untrue, the application for occupancy will be denied and the application fee will be retained to off-set expenses related to application processing.

I hereby consent to allow the owner, through its designated agent and its employees, to obtain and verify my credit information and criminal background check for determining whether to lease an apartment to me. I understand that should I lease an apartment; the owner and its agent shall have the continuing right to review my credit information, criminal background information, rental application, payment history and occupancy history for account review purposes and for improving application review methods.

APPLICANT SIGNATURE:

APPLICANT SIGNATURE:	Date:
APPLICANT SIGNATURE:	Date:
LEASING SPECIALIST:	Date:
FOR OFFICE USE ONLY	`
Approved/Declined By:	Date:
ID Verification Type:	_ Exp. Date:



Date: _____



Below Market Rent Employment Verification

Applicant: Please complete the top portion of this form and submit with your application, our leasing office will contact your employer. Employer: Please complete the lower portion of this form and return to Charter Oak Communities.

To (Name & Address of Employer): Name & Address of Applicant:	From: Charter Oak Communities Attn: BMR Program 22 Clinton Avenue Stamford, CT 06901 FAX: (203) 391-7603 I hereby authorize the release o information.	f my employment
	Signature	Date
TO BE COMPLETED BY EMPLOYER:		
Present Job Title:	Presently Employed? Yes:	No Term Date:
Dates of Employment: to	Seasonal Part Tim	ne Full Time
Current Base Pay: Annual	Earnings: To Date	Past Year
Monthly	Base Pay	
Semi Monthly	Overtime	
☐ Weekly	Tips	
Hourly	Commission/Bonus	
Gross Earnings Previous Year:	Gross Earnings Year to Date:	
Indicate Future Raised and when due:		
Average Hours Worked per week: Miscellaneous Notes:	Average overtime hours worked YTD:	
Signature of Employer or Agent for Employer	Date	
 Title		





Below Market Rent Asset Verification

Applicant: Please complete the top portion of this form and submit with your application, our leasing office will contact your bank. Financial Institution: Please complete the lower portion of this form and return to Charter Oak Communities.

Attn: BMR Program 22 Clinton Avenue Stamford, CT 06901 FAX: (203) 391-7603 Name & Address of Applicant: Ihereby authorize the release of my financial information.	To (Name 8	& Address of Financial	Institution):	From:			
22 Clinton Avenue Stamford, CT 06901 FAX: (203) 391-7603 Name & Address of Applicant: I hereby authorize the release of my financial information. Signature				Charter Oak Co	mmunities		
Stamford, CT 06901 FAX: (203) 391-7603 Name & Address of Applicant: Thereby authorize the release of my financial information. Signature Date Date Date COMPLETED BY FINANCIAL INSTITUTION: TYPE OF ACCOUNT # CURRENT BALANCE AVG. BALANCE FOR RATE # OPENED CLOSE! COOUNT PREVIOUS 6 MONTHS RATE # OPENED CLOSE! St.				Attn: BMR Prog	ram		
FAX: (203) 391-7603 I hereby authorize the release of my financial information. Signature Date Date SECOMPLETED BY FINANCIAL INSTITUTION: TYPE OF ACCOUNT # CURRENT BALANCE PREVIOUS 6 MONTHS RATE % OPENED CLOSES CCOUNT PREVIOUS 6 MONTHS RATE % OPENED CLOSES SECOMPLETED BY FINANCIAL INSTITUTION:				22 Clinton Aven	iue		
Name & Address of Applicant: I hereby authorize the release of my financial information. Signature Date				Stamford, CT 06	5901		
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SE COMPLETED BY FINANCIAL INSTITUTION: TYPE OF ACCOUNT # CURRENT BALANCE AVG. BALANCE FOR PREVIOUS 6 MONTHS RATE % OPENED CLOSES COUNT C	Name & Ac	dress of Applicant:		I hereby author	ize the release of	my financial inforn	nation.
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TYPE OF ACCOUNT # CURRENT BALANCE AVG. BALANCE FOR INTEREST DATE OPENED CLOSES PREVIOUS 6 MONTHS RATE % OPENED CLOSES SE				Signature		Date	
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CCOUNT PREVIOUS 6 MONTHS RATE % OPENED CLOSED	Түре Оғ	Account #	CURRENT BALANCE	AVG. BALANCE FOR	Interest	Date	Date
	ACCOUNT						
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Ture of Bank Official Date		Ott:-:-1					
	ture of Bank (Omicial		nate			

EQUAL HOUSING OPPORTUNITY

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