



7 Station Road
Brookfield, CT 06804
475-289-2288
bvmgr@konoverresidential.com

Brookfield Village

APPLY NOW!

Hot Water Included

Housing Vouchers Accepted

MAXIMUM TENANT RENTS				
Unit Type	25%	50%	60%	Market
1 Bedroom	\$471	\$1,114	\$1,372	N/A
2 Bedroom	N/A	\$1,310	\$1,619	Varies

INCOME LIMITS				
Household Size	25%	50%	60%	Market
1	\$24,025	\$48,050	\$57,660	N/A
2	\$27,450	\$54,900	\$65,880	N/A
3	\$30,875	\$61,750	\$74,100	N/A
4	\$34,300	\$68,600	\$82,320	N/A
5	\$37,050	\$74,100	\$88,920	N/A
6	\$39,800	\$79,600	\$95,520	N/A

Rental Rates and Income Limits are subject to change based on Federal and State published income limits, maximum rents, and utility allowances.

Placement on a waitlist does not mean your application is approved. Screening for approval will take place as a unit becomes available. All applicants must qualify based on the Resident Selection Plan, if applicable.

Konover Residential Corporation is committed to compliance with Fair Housing laws, and we not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Christine Chadsey, Compliance Officer, Konover Residential Corp., 342 North Main Street, Suite 200, West Hartford, CT 06117, (860) 760-9150 (voice) and (800) 842-9710 (TDD/TTY).





Brookfield Village
7 Station Road
Brookfield, CT 06804
475-289-2288 / 475-289-2289
bvmgr@konoverresidential.com

Dear Applicant:

Thank you for your interest in **Brookfield Village!** We take pride in our management and in our apartment communities. We actively seek good residents to make their homes with us, and we strive to provide the best services possible while they live in the communities we manage.

Once an applicant comes to the top of the waiting list, they will be screened. We screen all our applicants very carefully, and we completely verify all information provided to us on the rental application you complete and from other sources available to us. Along with your application paperwork, we will collect an application fee, a copy of photo ID(s), run a credit report inquiry, verify your income, and check for any criminal history, along with previous rental history.

The screening and verification process is used for every applicant in the same way - fairly, consistently, and uniformly. We work very diligently to observe both the spirit and the letter of the Fair Housing Laws as we sincerely believe, as a company, in fair housing and equal opportunity for all. An applicant who passes the screening criteria is offered an apartment when a suitable unit is available.

By making an application for an apartment in one of our communities, you acknowledge that these background and credit/criminal checks and verifications will be done, and you give your permission for us to do so.

Please completely fill in your application. If you do not provide us with the requested information, we will be unable to process the application successfully. Failure to do so will result in your application being denied. If there is any item on the application that you do not understand, please ask for assistance from our team. If there is additional information that you feel might be of assistance to us in processing your application, please attach an explanation to your application along with any supporting documentation. We are here to be of service to you and others seeking housing.

Thank you for taking an application to our community.

Sincerely,

Brookfield Village

APPLICATION AGREEMENT

Konover Residential Corporation provides equal opportunity housing. We will not discriminate against applicants based on race, color, religion, sexual orientation, ethnic origin, familial status or disability. Management complies with all Federal, State and local Fair Housing and Civil Rights Laws.

Please note these are the current rental criteria and nothing in these requirements shall constitute a guarantee or representation by our community that all residents and occupants currently residing in our community have met these requirements. There may be residents and occupants that have resided here prior to these requirements going into effect; additionally, our ability to verify whether these requirements are met is limited to the information we received from the various resident reporting services.

Application: A rental application must be completed and signed by each occupant of legal age and an application fee will apply. Please complete application in full. Understand that applications containing any untrue, incomplete, incorrect, or misleading information will be declined.

Income: Applicants must have verifiable employment and/or income history. All lawful sources of income will be considered such as employment, social security, alimony/child support, unemployment, etc.

Landlord Reference/Rental History: Applicants must have verifiable rental/mortgage history for a minimum of twelve (12) months showing compliance with community rules and a prompt payment history. We will not accept a reference from a relative as your only previous landlord. If an applicant has insufficient or no rental history they must provide a notarized reference from a non-family source.

Credit History: Applicants must have a favorable credit history. A credit report will be secured for all occupants of legal age to verify account credit ratings which will determine the applicant's eligibility to rent. Unfavorable accounts, which will negatively influence this score, include, but are not limited to: collection, charge off, repossession, current delinquency and/or bankruptcy.

Criminal: Any applicant or a household member that has a criminal history for a felony conviction or conviction which indicates that his/her residency would pose a danger to the housing community or to the health, safety, security or peaceful enjoyment of the community, or that the applicant would otherwise not comply with the terms of the lease may be denied residency and occupancy. Guarantors/co-signors cannot be a substitute for this requirement. An applicant subject to a state sex offender registration requirement is prohibited admission.

Pets: Please refer to the pet policy with the leasing office for additional information including refundable pet deposits, breed restrictions and weight limitations if pets are allowed at this community.

Security Deposit: The security deposit will be based upon the screening criteria above. In the event of an unfavorable credit history, foreclosure proceeding or rental history, the landlord may, at its discretion, approve your application if you have (1) sufficient income and (2) you provide two months security deposit, in advance, and/or a guarantor/co-signer that meets the guarantor/co-signers qualifying standards.

GUARANTORS: Guarantors must meet all of the above qualifications and must have at least four (4) times the monthly rent of the apartment being applied for. The guarantor must physically sign the lease either in the office or in front of a notary.

DOCUMENTS NEEDED AT TIME OF APPLICATION:

- Proof of Income: 4 – 6 consecutive recent pays stubs, offer letter, social security/pension statements, alimony/child support, etc.
- Birth Certificates: All household members.
- Photo Identification: Any applicant of legal age.
- Bank Statements: 6 consecutive recent bank statements
- Tax Return: Prior year tax return

I hereby acknowledge reviewing the above Application Agreement provided by the property and the information that I have provided is true and accurate.

I agree to update my application when my situation changes (address, phone number, etc.). Failure to do so may result in the applicant being removed from the waiting list.

Applicants:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Management Acknowledgement:

Signature: _____ Date: _____ Time: _____

Please return this application to:

Brookfield Village
7 Station Road
Brookfield, CT 06804

***This property** does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Christine Chadsey, Konover Residential Corporation, 342 North Main Street, Suite 200, West Hartford, CT 006117, (860) 570-2000 and (800) 842-9710 (TDD/TTY).*



APPLICATION FOR HOUSING
(Low-Income Housing Tax Credit Property)

This is an application for housing at:	Brookfield Village 7 Station Road Brookfield, CT 06804
Please complete the application and return to:	Brookfield Village 7 Station Road Brookfield, CT 06804

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

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

of Bedrooms in Current Unit: _____ Do you own or rent: ☐ Own ☐ Rent

Amount of Current Monthly Rental or Mortgage Payment? \$ _____

If owned, do you receive monthly rental income from the property? ☐ Yes ☐ No

Check Utilities Paid by You: ☐ Heat ☐ Electric ☐ Gas ☐ Other: (Specify) _____

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

Bedroom Size Requested: ☐ 1 Bedroom ☐ 2 Bedroom

Do you require an accessible unit? ☐ Yes ☐ No If yes, type: _____

Are you currently homeless? ☐ Yes ☐ No

B. HOUSEHOLD COMPOSITION

	Name	Relationship to Head	Birth Date	Age (Optional)	SS# (last 4 digits)	Student (Yes or No)
Head						
Co-Head						
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 the 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?

☐ Yes ☐ No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?

☐ Yes ☐ No

Are any full-time student(s) a TANF or a title IV recipient?

☐ Yes ☐ No

Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?

☐ Yes ☐ 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)?

☐ Yes ☐ No

C. INCOME (List ALL sources of income as requested below)

Does anyone in the household receive employment income?

☐ Yes ☐ No

Name:		Monthly Amount?	
Position Held:		How Long Employed:	
Employer:			

Name:		Monthly Amount?	
Position Held:		How Long Employed:	
Employer:			

Name:		Monthly Amount?	
Position Held:		How Long Employed:	
Employer:			

Does anyone in the household receive Social Security or SSI benefits?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Name: Type: Amount:

Does anyone in the household receive a pension?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Name: Type: Amount:

Does anyone in the household receive Veteran's Benefits?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Name: Type: Amount:

Does anyone in the household receive Unemployment Compensation?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Name: Type: Amount:

Does anyone in the household receive Public Assistance (Title IV/TANF, etc.)?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Name: Type: Amount:

Does anyone in the household receive an Annuity?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Does anyone in the household receive Scheduled Payments on Investments?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Does anyone in the household receive Long Term Medical Care Insurance Payments in excess of \$180 per day?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount.

Name: Type: Amount:

Does anyone in the household receive Contributions to the Household (monetary or not)? ☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount.

Name: Type: Amount:

Name: Type: Amount:

Does anyone who is a Full Time Student Receive Income (18 and over only)? ☐ Yes ☐ No

If yes, please list the household member's name and the amount:

Does anyone who is a Student Receive Financial Aid? ☐ Yes ☐ No

If yes, please list the household member's name and the amount:

Are you legally entitled to receive alimony? ☐ Yes ☐ No

If yes, please list household member's name and the amount they are **entitled** to receive.

Do you receive alimony? ☐ Yes ☐ No

If yes, please list the household member's name and the amount:

Are you legally entitled to receive child support? ☐ Yes ☐ No

If yes, please list household member's name and the amount they are **entitled** to receive.

Do you receive child support? ☐ Yes ☐ No

If yes, please list the household member's name and the amount:

Do you or any member of your household receive any income not mentioned above? ☐ Yes ☐ No

If yes, please list the household member's name and the amount:

Total gross annual income (based on the monthly amount's above x 12) \$ _____

Total gross annual income last year \$ _____

Do you anticipate any changes in this income in the next 12 months? ☐ Yes ☐ No

Is any member of the household legally entitled to receive income assistance? ☐ Yes ☐ No

If yes, is the income received? ☐ Yes ☐ No

Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household listed on page2? ☐ Yes ☐ No

If yes, please list the household member's name and the amount:

D. ASSETS (If assets are too numerous to list, please request an additional sheet)

Does anyone in the household have a checking account? ☐ Yes ☐ No

If you answered yes please list the household member's name, bank name and balance.

Name: Bank Name: Balance:

Name: Bank Name: Balance:

Name: Bank Name: Balance:

Does anyone in the household have a savings account? ☐ Yes ☐ No

If you answered yes please list the household member's name, bank name and balance.

Name: Bank Name: Balance:

Name: Bank Name: Balance:

Name: Bank Name: Balance:

Does anyone in the household have a prepaid debit card or cash benefit card?☐ Yes ☐ No

If you answered yes please list the household member's name, bank name and balance.

Name: Bank Name: Balance:

Name: Bank Name: Balance:

Name: Bank Name: Balance:

Does anyone in the household have a trust account?☐ Yes ☐ No

If you answered yes to any of the questions above please list the household member's name, bank name and balance.

Name: Bank Name: Balance:

Does anyone in the household have a Certificate(s) of Deposit?☐ Yes ☐ No

If you answered yes to any of the questions above please list the household member's name, bank name and amount.

Name: Bank Name: Amount:

Does anyone in the household have a 401K or Retirement Account?☐ Yes ☐ No

If yes, do they have access to the account without terminating employment?

☐ Yes ☐ No

Name: Bank/Firm Name: Amount:

Does anyone in the household have a Money Market Account?☐ Yes ☐ No

If you answered yes to any of the questions above please list the household member's name, bank name and amount.

Name: Bank Name: Amount:

Does anyone in the household have a Savings Bond(s)?☐ Yes ☐ No

If yes, please list the household member's name, bank name, account #, maturity date and the current balance.

Does anyone in the household have a Life Insurance Policy?☐ Yes ☐ No

If yes, please list the household member's name, bank name, account #, cash value and the type of policy.

Does anyone in the household have any Stocks, Bonds or Mutual Funds?☐ Yes ☐ No

If yes, please list the household member's name, # of shares, interest or dividend amount and cash value.

Does anyone in the household have any Investment Property?☐ Yes ☐ No

If yes, please list the household member's name, address of the property and the appraised value:

Does anyone in the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on page 2?☐ Yes ☐ No

Do they have access to the asset(s)?

☐ Yes ☐ No

If yes, describe:

Does anyone in the household own any property?☐ Yes ☐ No

If yes, type of property:

Location:

Appraised Market Value: \$

Mortgage or Outstanding Loans \$

Balance Due

Amount of Annual Insurance \$

Amount of Most Recent Tax Bill \$

Premium

Have you or any member of the household disposed of any property in the last two years?☐ Yes ☐ No

If yes, type of property:

Market Value when Disposed/Sold: \$

Amount Sold/Disposed For: \$

Date of Transaction:

Have you or any member of the household disposed of any asset in the last two years?☐ Yes ☐ No

If yes, type:

Market Value when Disposed/Sold: \$

Amount Sold/Disposed For: \$

Date of Disposition:

Do you or any member of the household have any asset not listed above (excluding personal property)?

☐ Yes ☐ No

If yes, describe:

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, describe.

Have you or any member of your family ever been evicted from any housing?

☐ Yes ☐ No

If yes, describe.

Have you or any member of your family ever filed for bankruptcy?

☐ Yes ☐ No

If yes, describe.

Will you take an apartment when one is available?

☐ Yes ☐ No

Briefly describe your reason for applying:

F. REFERENCE INFORMATION

Current Landlord Name:			
Address:			
Home Phone:		Business Phone	
How Long:		Reason for Leaving:	
Previous Landlord Name: (If less than 5 years)			
Address:			
Home Phone:		Business Phone	
How Long:		Reason for Leaving:	

Credit Reference #1:			
Address:			
Account #:		Phone #:	
Credit Reference #2:			
Address:			
Account #:		Phone #:	
Personal Reference #1:			
Address:			
Relationship:		Phone #:	

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

In case of emergency please notify:

Name:			
Address:			
Relationship:		Phone #:	

G. VEHICLE & PET INFORMATION

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.

Do you own any vehicles?

☐ Yes ☐ No

Type of Vehicle:		License Plate #:	
Year/Make:		Color:	

Type of Vehicle:		License Plate #	
Year/Make:		Color:	

Do you own any pets?

☐ Yes ☐ No

If yes, describe?

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, age 18 or older, must sign the application.

SIGNATURES:

Signature of Applicant Date: _____

Signature of Applicant Date: _____

Signature of Applicant Date: _____

Signature of Applicant Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the recipient of this release to search the following records including credit history, rental history, criminal/civil history and sex offender status. I authorize the reporting of the contents of any of the above records to this property and Konover Residential Corporation. I release the issuer, this property and Konover Residential Corporation from all liability for any damage for issuing such information. Additionally, I authorize all corporations; companies, law enforcement agencies, employers and landlords to release any and all requested information concerning my background and release them from any liability and responsibility from doing so.

The undersigned agrees that this application shall remain the property of this property and Konover Residential Corporation, regardless if rental lease agreement is granted. The information requested below is for the sole purpose of conducting a background investigation, which includes a criminal records check. Information regarding age, sex and race will not be used as part of any decision.

Full Name (As it appears on social security card)

Maiden or other names used

List Date Used

Social Security Number

Date of Birth

Sex

Driver's License Number

State of Issue

List any addresses for the last consecutive five years:

Street

City

State

Dates

Attach additional pages if necessary

Signature: _____ Date: _____

Penalties for misusing this consent: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly request, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant for participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Konover Residential does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



Race & Ethnicity Reporting Form

Date: _____

Name of Household Member: _____

Ethnic Categories	Select One
Hispanic or Latino ¹ -	
Not-Hispanic or Latino ² -	

Racial Categories	Select All That Apply
American Indian or Alaska Native ³	
Asian ⁴	
Black or African American ⁵	
Native Hawaiian or Other Pacific Islander ⁶	
White ⁷	
Other	

NOTE: Definitions of these categories may be found at the bottom. There is no penalty for persons who do not complete the form.

Signature: _____

Date: _____

¹ A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

² A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

³ A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

⁴ A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

⁵ A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

⁶ A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

⁷ A person having origins in any of the original peoples of Europe, the Middle East or North Africa



ACKNOWLEDGEMENT

This is to certify that I, _____ have received the following publications from the management office of _____ Homes:

- √ "Notice of Non-Discrimination, the Right to Reasonable Accommodation for Persons with Disabilities, and the Right to Free Language Assistance for People with Limited English Proficiency"
- √ "Social Security Number Confidentiality Policy Statement"
- √ "Student Status Eligibility Rule"

Head of Household Signature

Date: _____

Co-Head/Spouse Signature

Date: _____

Management Signature

Date: _____

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ACKNOW.DOC

NOTICE OF NON-DISCRIMINATION, THE RIGHT TO REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES, AND THE RIGHT TO FREE LANGUAGE ASSISTANCE FOR PEOPLE WITH LIMITED ENGLISH PROFICIENCY

Non-Discrimination

Konover Residential Corporation (KRC) and this site do not discriminate on the basis of race, color, religion, sex, national origin, familial status, disability, or any other status protected by federal, state, or local law, in the admission or access to, or treatment or employment in, its programs, services and activities.

Reasonable Accommodation for People with Disabilities

If you have a disability and as a result need any of the following in order to have an equal opportunity to apply to or live in our development, or participate in services and programs we offer, please let us know:

- A change in a rule, policy, procedure or service;
- A physical change or modification in your apartment, such as grab bars or lowering the cabinets;
- A specific type of unit such as one that is accessible to individuals with mobility impairments, visual impairments or hearing impairments;
- A physical change or modification in some other part of the housing site; and
- A preferred way for us to communicate with you or give you information, such as Braille, large print or using a hearing interpreter;

These kinds of changes are called reasonable accommodations. We will provide a requested reasonable accommodation if:

- your disability is obvious or you can document that you have a disability;
- the nexus or connection between your disability and the need for the accommodation is obvious or you can document it; and
- your request does not pose an undue financial and administrative burden or a fundamental change in the program, which means in simple language if it is not too expensive and too difficult to arrange or do, or doesn't require us to do something that the housing program isn't designed to do or would prevent us from doing what we are required to do.

We will give you an answer as to whether we can provide the accommodation within ten (10) business days unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or documentation from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons. If you want, you may then give us information that addresses the reason why we turned down your request.

A REASONABLE ACCOMMODATION REQUEST FORM is attached to this notice. Let us know if you need help filling out the form or if you want to give us your request in some other way. We prefer you to fill out the form so there is no misunderstanding about what you need. Please do not hesitate to contact the management office as listed below. Additional forms are available at the management office.

NOTE: All information you provide will be kept confidential and be used only to enable you to have an equal opportunity to enjoy your housing, services and the common areas.

Cara Clifford has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8, dated June 2, 1988). Please call her if you have any questions or concerns about how you are being treated or about the reasonable accommodation process. The following is her contact information:

Address: 342 North Main St., Suite 200, West Hartford, Ct. 06117
Telephone: (860) 570-2000/CT Relay 711

Free Language Assistance for People with Limited English Proficiency

If your primary language is not English and as a result you have difficulty reading, writing or understanding English, we will provide you free language assistance so you can apply to our housing program or communicate with us regarding a housing related matter. If your primary language is not English and as a result you have Limited English proficiency, please put a checkmark next to your primary language on the attached "I SPEAK" form and return it to the management office as listed below. We will do our best to try to accommodate your request in a timely manner. Please contact the management office if you have any suggestions regarding how we can best meet your language needs or if you have any questions about our free language assistance.

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Christine Chadsey, 504 Coordinator, Konover Residential Corp., 342 North Main Street, Suite 200, West Hartford, CT 06117, (860) 570-2000 (voice) and (800) 842-9710 (TDD/TTY)

NOTICE RE: CONFIDENTIALITY OF SOCIAL SECURITY NUMBERS
PRIVACY PROTECTION POLICY STATEMENT

Konover Properties Corporation, Konover Residential Corporation, Konover Commercial Corporation, Konover Hotel Corporation, SIKON Construction Services, LLC and SK Properties Development Corporation (individually or collectively herein referred to as "Konover"), collects social security numbers and other "personal Information" about individuals in the course of its business (please see CT P.A. No. 08-167).

Konover is committed to the responsible protection of Social Security numbers and other personal information collected in the course of its business in compliance with both state and federal regulations concerning the use of said Social Security numbers and other personal information. Konover will (1) take reasonable precautions to safeguard the personal information from misuse by third parties; and (2) properly destroy the personal information prior to disposal. In addition, Konover will (1) protect the confidentiality of the Social Security numbers, (2) prohibit unlawful disclosure of Social Security numbers, (3) limit access to Social Security numbers.

State law protects the use of Social Security numbers. Konover will continue to collect and maintain Social Security number in all instances in which that number is required for reporting or other uses related or required by its business.

Social Security numbers may not be collected either directly or indirectly without identifying the connection between the Social Security number and the legal requirement or specific authorized purpose and/or business purposes and/or operational purpose.

Social Security numbers will be collected, but not limited to, from Konover employees and those for which Konover has a business purpose for collecting Social Security numbers, including but not limited to applicants for residential housing and existing tenants of Konover.

Social Security numbers are always considered confidential and subject to the following access restrictions:

Konover will allow access only to the following groups:


- A. The individual whose information is provided or displayed;
- B. An agent of Konover with a business interest and need to know;
- C. Entities involved in credit checks, background checks, income verification, employment verification and criminal checks, and in the leasing and lease renewal process.
- D. An organization or person authorized by the individual to receive the information;
- E. A legally authorized government entity or its representative under circumstances in which Konover is legally compelled to provide access.
- F. Other individuals or entities as allowed by law for purposes judged to be appropriate or necessary for the reasonable conduct of Konover business.
- G. Konover employees authorized to view Social Security numbers as part of the reasonable conduct of Konover business.

It is further AGAINST Konover's policy to:

- Publicly post or display the Social Security number in any manner;
- Print the Social Security number on any card required to access service;
- Require an individual to transmit his or her Social Security number over the Internet unless the connection is secure or the number is encrypted;
- Require an individual to use his or her Social Security number to access an Internet site unless a unique password or pin IS ALSO REQUIRED; OR print a Social Security number on any materials that are mailed unless required by a state or federal agency, or unless state or federal law requires the Social Security number to be on the document to be mailed.

Also, Social Security numbers may be included in applications and forms sent by mail, including documents sent as part of an application process to amend or terminate an account, contract or policy, or to confirm the accuracy of the Social Security number. This Statement of Policy is made pursuant to Connecticut Public Act 08-167.

Konover Properties Corporation and
Konover Residential Corporation and
Konover Commercial Corporation and
Konover Hotel Corporation and
SIKON Construction Services, LLC
and SK Properties Development Corporation



David W. Konover
Chief Executive Officer

Student Status Eligibility Rule

100% off the units in this development must comply with the LIHTC requirements. As such, no household may consist of all full-time students unless it satisfies one or more of the exceptions listed below. This requirement applies at move-in and at recertification. In other words, there is no grandfathering of eligibility because the resident was not a student when they moved in and later became one. For this reason, student status must be re-verified at annual certifications to confirm continuing eligibility of the household.

i) Definition of a Full-Time Student

In order to be considered a full-time student, a person must be taking the educational organization's full-time requirement (as defined by the institution) and enrolled during each of five (5) calendar months during the calendar year in an institution of higher learning with regular facilities. The 5 months need not be consecutive. The Code clearly indicates that student status is to be monitored on a tax-year basis. Thus, an applicant would not be eligible if he/she had been a full-time student during any 5 months of the tax year even if he/she graduated prior to applying for the LIHTC unit. The term "educational organization" includes elementary schools, junior and senior high schools, colleges, universities, and technical, trade and mechanical schools. It does not include on-the-job training courses.

ii) Exceptions

A household would be considered eligible if it consisted of:

- A student who is receiving assistance under Title IV of the Social Security Act (AFDC/TANF).
- A student enrolled in a job-training program receiving assistance under the Job Training Partnership Act ("JTPA") or under other similar federal, state, or local laws.
- A single parent living with his/her dependent child(ren) and the parent is not a dependent (as defined in Sec. 152) on the taxes of someone else and the child(ren) aren't dependant(s) of someone other than his/her parent (which can be the parent the child isn't living with).
- Members of the household are married (not necessarily to another household member) and filing a joint tax return.
- A member of the household was historically in foster care.

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing & Urban Development's regulations implementing Section 504 (24 C.F.R. part 8 dated June 2, 1988). Christine Chadsey, Konover Residential Corporation, 342 North Main Street, Suite 200, West Hartford, CT 06117, (860-570-2000) and (800) 842-9710 (TDD/TTY).