Indian Field

INSTRUCTIONS FOR APPLICATION

PLEASE READ CAREFULLY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

- 1. **COMPLETE ALL AREAS**. If an item does not apply to you, answer "NO or N/A" on that question or mark with a "0" if it is a dollar amount line or section.
 - 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.
- 2. **SIGNATURES** are required by all adult applicants (18 and older).

RETURN YOUR APPLICATION TO:

New Neighborhoods Inc. office, located at 76 Progress Drive Suite: 140, Stamford, CT 06902 Office hours are Monday-Friday 9:00 a.m.-5:00 p.m.

NOTE: Applications will be Date/Time stamped and processed in order received. ALL Adult applicants will go through the income verification, interview, and background check process in order to establish eligibility.

If you have any questions, please feel free to contact the office at 203-998-0889 or visit the NNI office during office hours.

How many people will live in the unit?
How many bedrooms are you seeking?
Do you currently have a Mobil/Choice Voucher?
Are any tenants 62 years of age or older?
Do you receive SSI - Disability payments?
How much are your annual household earnings?

Indian	Field	New Milford, CT	25% AMI	LIHTC	10	Apartments	100%	LIHTC
	OPEN LIST	Monthly Rent Payments:	1	2	3	4	5	6
1	Bedroom Apartments	\$528 - \$732	Person	People	People	People	People	People
	Income Qualifications:	Max Annual Income Limits	\$19,725	\$22,525	\$25,350	\$28,150	N/A	N/A
		Min Annual Income Required	\$0	\$0	\$0	\$0	N/A	N/A
	OPEN LIST	Monthly Rent Payments:	1	2	3	4	5	6
2	Bedroom Apartments	\$528 - \$732	Person	People	People	People	People	People
	Income Qualifications:	Max Annual Income Limits	N/A	\$24,400	\$27,450	\$30,500	\$32,950	\$35,400
		Min Annual Income Required	N/A	\$0	\$0	\$0	\$0	\$0
	OPEN LIST	Monthly Rent Payments:	1	2	3	4	5	6
3	Bedroom Apartments	\$528 - \$732	Person	People	People	People	People	People
	Income Qualifications:	Max Annual Income Limits	N/A	N/A	\$25,350	\$28,150	\$30,425	\$32,675
		Min Annual Income Required	N/A	N/A	\$0	\$0	\$0	\$0

India	า Field	New Milford, CT	50% AMI	LIHTC	10	Apartments	100%	LIHTC
	OPEN LIST	Monthly Rent Payments:	1	2	3	4	5	6
1	Bedroom Apartments	\$1,056 - \$1,464	Person	People	People	People	People	People
	Income Qualifications:	Max Annual Income Limits	\$39,450	\$45,050	\$50,700	\$56,300	N/A	N/A
		Min Annual Income Required	\$0	\$0	\$0	\$0	N/A	N/A
	OPEN LIST	Monthly Rent Payments:	1	2	3	4	5	6
2	Bedroom Apartments	\$1,056 - \$1,464	Person	People	People	People	People	People
	Income Qualifications:	Max Annual Income Limits	N/A	\$24,400	\$27,450	\$30,500	32,950	\$35,400
		Min Annual Income Required	N/A	\$0	\$0	\$0	\$0	\$0
	OPEN LIST	Monthly Rent Payments:	1	2	3	4	5	6
3	Bedroom Apartments	\$1,056 - \$1,464	Person	People	People	People	People	People
	Income Qualifications:	Max Annual Income Limits	N/A	N/A	\$50,700	\$56,300	\$60,850	\$65,350
		Min Annual Income Required	N/A	N/A	\$0	\$0	\$0	\$0

Indian Field		New Milford, CT	60% AMI	LIHTC	20	Apartments	100%	LIHTC
	OPEN LIST	Monthly Rent Payments:	1	2	3	4	5	6
1	Bedroom Apartments	\$1,267-1,757	Person	People	People	People	People	People
	Income Qualifications:	Max Annual Income Limits	\$47,340	\$54,060	\$60,840	\$67,560	N/A	N/A
		Min Annual Income Required	\$0	\$0	\$0	\$0	N/A	N/A
	OPEN LIST	Monthly Rent Payments:	1	2	3	4	5	6
2	Bedroom Apartments	\$1,267-1,757	Person	People	People	People	People	People
	Income Qualifications:	Max Annual Income Limits	N/A	\$54,060	\$60,840	\$67,560	\$73,020	\$78,420
		Min Annual Income Required	N/A	\$0	\$0	\$0	\$0	\$0
	OPEN LIST	Monthly Rent Payments:	1	2	3	4	5	6
3	Bedroom Apartments	\$1,267-1,757	Person	People	People	People	People	People
	Income Qualifications:	Max Annual Income Limits	N/A	N/A	\$60,840	\$67,560	\$73,020	\$78,420
		Min Annual Income Required	N/A	N/A	\$0	\$0	\$0	\$0

^{*}The figures on this sheet are estimated based on information available at the time of posting. Rents and/or Income Requirements can and will change from time to time. Property Managers will confirm official numbers and your eligibility at the time you are selected for a unit.

Last Updated: 05/01/2022

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APPLICATION FOR HOUSING



Please Print Clearly

This is an application for housing at:	Project:	Indian Field – New Milford
Please complete this application and return to:		New Neighborhoods Inc. 76 Progress Drive Suite: 140 Stamford, CT 06902

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	A	pt.# City		State	ZIP
Daytime Phone:		E	vening Phone	:	
Email:					
No. of BR's in current unit:			Do you R	RENT or O	WN (check one)
Amount of current monthly re-	ntal or mortg	gage payment:	\$		
If owned, do you receive month	thly rental in	come from prop	erty? Yes	s N	o (check one)
Check utilities paid by you:	Heat	Electricity	Gas	Other (s	specify)
Approximate monthly cost of	utilities paid	by you (excludi	ng phone and	cable TV):	\$
Bedroom size requested:	One BR	Two BR	Three 1	BR	Handicap Unit
Do you have a Section	8 Voucher o	r any other type	of voucher?	Yes	No
How did you hear abou	it this proper	ty? Local News	paper NNI	Website	
Other					

If	ve there been any changes to the yes, explain		-				
I	Oo you anticipate any changes i	n household c	omposition in the	next twelv	e mont	hs? Yes	No
	f yes, explain						
	s there someone not listed abov	e who would	normally be living	g with the	househo	old? Yes	No
	f yes, explain						
	J	B. HOUSEHO	OLD COMPOSIT	IION			
List A	ALL persons who will live in th	ne apartment.	List the head of he	ousehold f	ïrst.		
	Name	Relationship to head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							
	yone in the household 62 years ving HUD rental assistance a c					a social secu	rity number

Will <u>ALL</u> 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?	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 minor child who is	103	110
not a Dependent on another's tax return?	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. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount	
	Social Security	\$	
	SSI Benefits	\$	
	SSI Benefits	\$	
	SSI Benefits	\$	
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$	
	Pension (list source)	\$	
	Pension (list source)	\$	
	Pension (list source)	\$	
	Veteran's Benefits (list claim #)	\$	
	Veteran's Benefits (list claim #)	\$	
		\$	
	Unemployment Compensation	\$	
	Unemployment Compensation	\$	
	Title IV/TANF	\$	
	Title IV/TANF	\$	
	Contributions to the Household (monetary or not)	\$	
	Full-Time Student Income (18 & Over Only)	\$	
	Full-Time Student Income (18 & Over Only)	\$	
	Financial Aid (excluding Loans)		
	Annuities (list sources)	\$	
	Interest Income (source)	\$	
	Interest Income (source)	\$	
	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:			
	Alimony			
	Are you <i>entitled</i> to receive alimony?	Yes	No	
	If yes, list the amount you are <i>entitled</i> to receive.	\$		
	Do you receive alimony?	Yes No		
	If yes list amount you receive.	\$		
	Child Support			
	Are you <i>entitled</i> to receive child support?	Yes 1	No	
	If yes list the amount you are <i>entitled</i> to receive.	\$		
	Do you receive child support?	Yes No		
	If yes, list the amount you receive.	\$		
	Other Income	\$		
	Other Income	\$		
	Other Income	\$		
		ı		
·	ased on the monthly amounts listed above x 12)	\$		
OTAL GROSS ANNUAL INCOME FRO	OM PREVIOUS YEAR	\$	Т	
you anticipate any changes in this is	ncome in the next 12 months?	Yes	No	
yes, explain:				
		T		
1 0.1 1 1.11 1	ly entitled to receive income assistance?	Yes	No	

Is any member of the household likely to receive income or assistance (monetary or not	Yes	No
From someone who is not a member of the household listed on page 5 etc.?		
If yes to any of the above, explain:		
Is the income received?	Yes	No
		•

			D. ASSET			
If	your assets	are too numerou If a section does	s to list here, per and the series of the se	please request an addition ss out or write NA.	al form.	
Checking Accounts		ir a section does	Bank	bs out of write 1471.	Balar	nce \$
(last 4 digits of acco			Bank		Balar	•
number only)	#		Bank		Balar	nce \$
Savings Accounts	#		Bank		Balar	nce \$
(last four digits of a	ccount #		Bank		Balar	nce \$
number only)	#		Bank		Balar	nce \$
Trust Account	#		Bank		Balar	nce \$
	#		Bank		Balar	nce \$
Certificates	#		Bank		Balance \$	
	#		Bank		Balance \$	
	#		Bank		Balance \$	
Credit Union	#		Bank		Balar	nce \$
(last four digits of a number only)	ccount #		Bank		Balance \$	
	#		Maturity Date		Value	e \$
Savings Bonds	#		Maturity Date		Value	e \$
	#		Maturity Date		Value	e \$
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 \$

Name: #Shares: Dividend Paid \$ V Name: #Shares: Dividend Paid \$ V Name: #Shares: Interest or Dividend \$ V Investment Property: Do you own any property? Y If yes, Type of property						
Name: #Shares: Dividend Paid \$ V Name: #Shares: Dividend Paid \$ V Name: #Shares: Dividend Paid \$ V Name: #Shares: Interest or Dividend \$ V Napraised Walue \$ V Napraised Market Value \$ Napraised Market Value \$ S Namount of property Market value when sold/disposed of any property in the last 2 years?	Value \$	V	Dividend Paid \$	#Shares:	Name:	C ₄ 1
Bonds Name: #Shares: Interest or Dividend \$ V Name: #Shares: Interest or Dividend \$ V Investment Property: #Shares: Interest or Dividend \$ V Investment Property: **Do you own any property?** Real Estate Property: **Do you own any property?** Appraised Value \$ V Investment Property: **Do you own any property?** Appraised Market Value \$ V Investment Property Amount of annual insurance premium \$ V Investment Property Property Property Property Interest Property Property Property Property Property Interest Property Prop	Value \$	V	Dividend Paid \$	#Shares:	Name:	Stocks
Name: #Shares: Interest or Dividend \$ V Investment Property	Value \$	V	Dividend Paid \$	#Shares:	Name:	
Investment Property Real Estate Property: Do you own any property? fyes, Type of property Appraised Market Value Appraised Market Value Someount 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? fyes, describe: Do they have access to the asset(s)? Have you sold/disposed of any property in the last 2 years? fyes, Type of property 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 relative years) fyes, describe the asset Date of disposition Amount disposed So you have any other assets not listed above (excluding personal property)? Years	Value \$	end \$ V	Interest or Divide	#Shares:	Name:	Bonds
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Date of disposition Amount disposed \$ Do you have any other assets not listed above (excluding personal property)? Yellow	Yes No	Y				
Amount disposed \$ Do you have any other assets not listed above (excluding personal property)? Yes		•			be the asset	If yes, descri
Do you have any other assets not listed above (excluding personal property)? Yellow					osition	Date of dispo
	\$	\$			oosed	Amount disp
If we also a Park	Yes No	y)? Y	ng personal property)	sted above (exclud	any other assets not	Do you have
If yes, please list:					ase list:	If yes, ple

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	105	110
27 500, 40001.000		
List all states that you or a member of your household has lived in:		
Are you, or any member of your household required to register on the lifetime	Yes	No
sex offender registry in any state?		
sex offender registry in any state? Have you ever filed for bankruptcy?	Yes	No
	Yes	No
Have you ever filed for bankruptcy?	Yes	No

Current Landlord	Name:			
	Address:			
	Home Phone:			
	Bus. Phone:			
	How Long?			
	Name:			
Prior Landlord	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 IN	FORMATION (if applicable))		
List any cars, trucks, or other vehicles owned. Parking wi Management will be necessary for more than one vehicle.		Arrangements	with	
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:				
Is your pet moving into the apartment?				
Is your pet current with all vaccines?				

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

AUTHORIZATION FOR RELEASE OF CREDIT, CRIMINAL, & SEX OFFENDER REPORTS

Your signature on this form, and the signatures of each member of your household who is 18 year of age or older, authorizes the U.S. Department of Housing and Urban Development (HUD) and New Neighborhoods, Inc. to obtain credit, criminal and sex offender information.

Sensitive Information: the consent granted by this form may be used as basis to collect sensitive information which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD except to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

Instructions: Each adult member of the household must sign the form as part of the application process. Additional signatures must be obtained from new adult members whenever they join the household.

Conditions: I agree that photocopies of this authorization may be used to obtain necessary credit and criminal information. If I or any adult member of my household fails to sign this authorization, I understand that this action may constitute ground s for denial of eligibility.

**Head of Househo	ld			
	Print		Signature	
Date of Birth		SS#		
Driver's License # _				
**Other Adult Mem	ber			
	Print		Signature	
Date of Birth		SS#	_	
Driver's License # _				
**Other Adult Mem	ber			
	Print		Signature	
Date of Birth		SS#		
Driver's License # _				
**Other Adult Mem	ber			
	Print		Signature	
Date of Birth		SS# _		
Driver's License # _				

New Neighborhood, Inc. does not discriminate on the basis of handicapped status, race, gender, religion, or ethnic background.