

*MILLENNIUM REAL ESTATE SERVICES, LLC
Duly Authorized Agent for DHA Housing Corp., Inc.
Dba Ives Manor*

Thank you for your request for information about *Ives Manor*. In order to be eligible for Elderly housing at Ives Manor, you must be 62 years and Older or Disabled. As requested, enclosed you will find a Tenant Application package.

Ives Manor consists of 79 efficiency and 18 one bedroom apartments. All utilities are paid for by Management except for cable and telephone. The apartments are equipped with a stove and refrigerator in the kitchen area (floor plans attached), mailboxes are on the Lobby level and the laundry facility is in the basement. The Management Office is located in the office space on Main Street next to Ives Manor. There is secured access into the building for residents and a buzzer system for all guests. Ives Manor, located on Main Street is right on a bus line and within walking distance to shopping, restaurants, banks and the Post Office.

We encourage you to complete the enclosed application and return it with all of the requested documentation to the following address:

**DHA Housing Corp, Inc.
c/o Ives Manor
198 Main Street
Danbury, CT 06810**

All completed applications will be date and time stamped as they are received in our office to verify their receipt. Once received your application will be entered on our waiting list once it has been determined that you are eligible. *Please fill out the application package completely. Sign and date each page whether it applies to you or not. If a question doesn't apply to you, please write N/A or draw a line through that area. Do not leave anything blank. Make sure that you date and sign all documents as requested or it will be considered incomplete and returned back to you for additional information.*

If you have any questions concerning the completion of the application or would like to schedule a viewing, please call **Tracy Gulliksen, Regional Property Manager**, at (203) 797-0301 or email me at tgulliksen@millennium-realty.com. My weekly schedule is Monday through Thursday from 9:30am until 4:15pm closed on Friday, Saturday and Sunday.

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Gracias por su solicitud de información sobre Ives Manor. Con el fin de ser elegible para la vivienda de ancianos en Ives Manor, debe tener 62 años o discapacitados. Conforme a lo solicitado, cerrado se encuentra un paquete de aplicaciones de Inquilinos.

Ives Manor consta de 79 eficiencia y 18 apartamentos de un dormitorio. Todos los servicios son pagados por la Administración excepto por cable y teléfono. Los apartamentos están equipados con una cocina y una nevera en la cocina (planos adjuntos), los buzones están en el nivel del vestíbulo y el servicio de lavandería se encuentra en el sótano. La Oficina de Gestión se encuentra en el espacio de oficinas en la calle principal junto a Ives Manor. Hay acceso seguro en el edificio para los residentes y un sistema de timbre para todos los huéspedes. Ives Manor, ubicado en la calle principal está justo en una línea de autobús, a poca distancia de tiendas, restaurantes, bancos y la oficina de correos.

Le animamos a completar la solicitud adjunta y devolverla con toda la documentación solicitada a la siguiente dirección:

**DHA Housing Corp, Inc.
c / o Ives Manor
198 Main Street
Danbury, CT 06810**

Todas las solicitudes completas serán la fecha y hora estampadas medida que se reciben en nuestra oficina para verificar su recepción. Una vez recibida su solicitud de inscripción en la lista de espera una vez que se ha determinado que usted es elegible. *Por favor complete el paquete de solicitud completo. Firme y feche cada página si se aplica a usted o no. Si una pregunta no se aplica a usted, por favor escriba N/A o dibujar una línea a través de esa área. No deje nada en blanco. Asegúrese de que la fecha y firmar todos los documentos que solicitó o se considerará incompleta y volvió de nuevo a usted para obtener información adicional.*

Si usted tiene alguna pregunta acerca de la finalización de la aplicación o si desea programar una visita, por favor llame a Tracy Gulliksen, Gerente Regional de la Propiedad, al (203) 797-0301 o por correo electrónico me tgulliksen@millennium-realty.com. Mi horario semanal es de lunes a jueves de 9:30 am hasta las 4:15 pm Cerrado los viernes, sábados y domingos.

Ives Manor Application for Admission and Rental Assistance

Section 8 Elderly

Date: _____

Property Name:	IVES MANOR	Telephone:	203-797-0301
Address:	198 MAIN STREET	Fax:	203-790-9443
Address 2:	DANBURY, CT 06810	TTD/TTY:	711 National Voice Relay
Property Web Site		Email	tgulliksen@millennium-realty.com

(Please return this form to the above address)

For Office Use Only:		
Date application received _____	Time application received _____	By _____

Applicant Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
Current Address			
Address Line 2			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Work Phone			
May we contact you at work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth date			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because <input type="checkbox"/> You are an ineligible non-citizen <input type="checkbox"/> You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010			
Is the Head-of household or co-head/spouse 62 or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No



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If the head-of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household, co-head or spouse has one or more disabilities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a student enrolled in an Institute of higher education?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you enrolled in the U.S. Military or are you a veteran of the U.S. Military?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a victim of a recent presidentially declared disaster?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when			

PREFERENCES: The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for a unit transfer preference.

I currently live on this property. ☐ Yes ☐ No

Unit Number _____



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RENTAL HISTORY:

Are you currently homeless? <i>If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Present Landlord		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving housing assistance from HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Landlord #1		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Previous Landlord #2		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Ives Manor Application for Admission and Rental Assistance

Section 8 Elderly

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HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and all other people who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member. Because residents who live on this property are subject to citizen/non-citizen eligibility requirements, please indicate the citizen/non-citizen eligibility status. Please provide a complete list of states where each member has lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application.

HOUSEHOLD MEMBER #	HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE
1		Head of Household	
SSN			
Citizenship Status <input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen			
Please indicate each state where this person has lived:			
<input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> Florida <input type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky <input type="checkbox"/> Louisiana <input type="checkbox"/> Maine <input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming <input type="checkbox"/> Washington D.C.			
2		<input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child, <input type="checkbox"/> Other adult, <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above	
SSN			
Citizenship Status <input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen			
Please indicate each state where this person has lived			
<input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> Florida <input type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky <input type="checkbox"/> Louisiana <input type="checkbox"/> Maine <input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming <input type="checkbox"/> Washington D.C.			



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PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit? ☐ Yes ☐ No

If No, please move on to the next section. If yes, please provide the following information.

ANIMAL TYPE (I.E. DOG, CAT, TURTLE, ETC)	BREED (IF APPLICABLE)	HEIGHT (MEASURED AT WITHERS, IF APPLICABLE)	WEIGHT

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member? ☐ Yes ☐ No

UNIT SIZE: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1. Please indicate unit size preferences below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

Unit Size

<input type="checkbox"/> Studio Unit
<input type="checkbox"/> 1 Bedroom Unit

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Special features: Please list below:



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INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	
Employer #2			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	
Employer #3			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	



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How much do you expect to receive in other income in the next 12 months?		
<i>Please write in 0.00, NA or None if you will receive no income from these sources.</i>		
THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.		
Monthly Social Security? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Retirement Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly VA Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Unemployment Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Are you entitled to Child Support? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Child Support Amount	\$	
Are you entitled to Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Alimony Amount	\$	
Monthly Public assistance? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Income from a pension or annuity or other asset?	\$	
Regular contributions from organizations or from individuals not living in the unit?	\$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$	
Contributions from family for rent, child care or other bills.	\$	
Any lump sum amounts from delay of payments for SSI or VA Disability	\$	
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual amount of education assistance.	\$	
Other?	\$	
Other?	\$	
Other?	\$	
Other?	\$	



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Assets

Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any benefits deposited in to a Direct Express Debit Card account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		
Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Balance - Please write in 0.00, NA or None if the account balance is zero.	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	
Do you own a home or other property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	



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Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		



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DEDUCTIONS: Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1 – annual premium	\$	
Health Insurance - 1 – annual deductible	\$	
Health Insurance - 2 – annual premium	\$	
Health Insurance - 2 – annual deductible	\$	
Dr. visit/medical treatments - annual out-of-pocket expense	\$	
Prescription Drugs - annual out-of-pocket expense	\$	
Do you have an HMO , a medical plan , or health insurance policy , which pays all or part of the cost of your medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give the name of the HMO, plan, or insurance company. <hr/> <hr/> <hr/>		
What amount (or percentage) of the cost must YOU pay?	\$	%
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who reimburses you? <hr/> <hr/> <hr/>		



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Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense <i>(i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)</i>	\$
Personal use items annual out-of-pocket expense <i>(i.e. glasses, incontinent supplies, hearing aids)</i>	\$
Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense	\$
Mileage to and from medical appointments	\$
Other	\$
Other	\$
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?	
Other?	\$
Other?	\$
Other?	\$
Other?	\$

Annual Child Care for a minor 12 years of age or younger		\$ _____
Child care is used to care for the child because the parent/guardian is: <input type="checkbox"/> Employed <input type="checkbox"/> Seeking employment <input type="checkbox"/> Going to school		
Provider Name		
Provider Address		
Provider Address 2		
City, State, Zip		
Phone		



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Annual Cost of Care for a disabled family member to allow any adult family member to work		\$
Provider Name		
Provider Address		
Provider Address 2		
City, State, Zip		
Phone		
Expenses for auxiliary aides for a disabled family member		\$

PENALTIES FOR MISUSING THIS FORM

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 the 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 willfully requests, 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. Any applicant or 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. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agents resident selection criteria.

☐ No
 ☐ Yes
 ☐ Paper copy
 ☐ Electronic copy

Applicant Name (please print) _____

Signature _____ Date _____



**Ives Manor Application for Admission and Rental Assistance
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DHA Housing Corp., Inc. 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).

Frank Stellato
PO Box 973
Rocky Hill, CT 06067
860-529-1111 ext 106
TTY - 711



Dual Subsidy Notice

Applicant Name	
Head-of-Household Name (if different)	
Current Address	
Address Line 2	
City, State, Zip	
Home Phone	
Cell Phone	
Email address	
Work Phone	
May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

This form must be completed for each adult applicant. Choose one of the options below, sign the document and return it with the application package.

I understand that my application to move to **IVES MANOR** with the rest of my household members has met preliminary eligibility requirements.

I have indicated, on the application, that:

1. ☐ I am not currently receiving HUD assistance in another unit
2. ☐ I am currently receiving HUD assistance in another unit.

According to the current HUD lease, if I am living in a community and receiving HUD project-based assistance, I must provide a 30-day notice to the agent managing the property where assistance is currently provided.

*If the owner/agent discovers that any household member failed to move out of a HUD assisted residence before moving to **IVES MANOR**, no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete. Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.*

3. ☐ I am the recipient of a housing voucher.

I understand that HUD prohibits tenants from benefiting from Housing Voucher assistance in a unit assisted through HUD's Section 8 program. When the application is submitted the household will be added to the waiting list. A unit will be offered in accordance with the resident selection plan. If the family later moves out of the project, the project subsidy will not move with the family as it does with a voucher. If you wish to participate in the voucher program after move-out, you will need to reapply to the PHA to receive another voucher.

*All household members must be removed from or forfeit the voucher before receiving HUD assistance for a unit on this property. If the owner/agent discovers that any household member failed to give up current HUD assistance before moving to **IVES MANOR**, no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete.*



Dual Subsidy Notice

Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.

This information will be verified using the Existing Tenant Report in EIV. If EIV indicates a conflict and verification information indicates that the information provided is not true, and the information provided by EIV is then verified, the owner/agent will reject the application based on misrepresentation of information.

PENALTIES FOR MISUSING THIS FORM

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 the 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 willfully requests, 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. Any applicant or 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. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

By signing this notice, I certify that the information provided is accurate. I understand the penalties for attempting to receive assistance in multiple residences, and I have been given an opportunity to ask questions.

Signature of Applicant

Date

cc: Applicant/Resident File

Millennium Real Estate Services 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.



DHA HOUSING CORP., INC.
DBA IVES MANOR
198 MAIN STREET
DANBURY, CT 06810
203-797-0301/Off - 203-790-9443/Fax

Date: _____

Name: _____

Address: _____

Dear Landlord:

_____ has applied for housing with DHA Housing Corp., Inc. dba Ives Manor. Under our programs, we are required to ask certain questions of current and previous landlords. Your cooperation in this matter would be greatly appreciated in helping us process our applications. Please answer the following questions and if possible, fax it back to me at your earliest convenience. If you are unable to fax, I have enclosed a stamped envelope for your convenience.

Address Vacating or Vacated: _____

Tenant's previous address (if known): _____

Tenant's forwarding address (if known): _____

Length of residency at address in question: _____

Number of bedrooms? _____ Number of persons residing in the unit? _____

Were there additional people (not on the lease) living in the unit? Yes _____ No _____
If yes, how many? _____

How much did or does the tenant pay for rent? \$ _____

Did the tenant pay his/her rent on time? Yes _____ No _____

If rent was late, was late fee paid? Yes _____ No _____

Does tenant currently owe you any money? Yes _____ No _____
If yes, how much? _____

Did the tenant issue you a check that was returned due to insufficient funds? Yes _____ No _____

Does/Did the tenant receive a rent subsidy? Yes _____ No _____

Did you evict this tenant? Yes _____ No _____

Date and reason for eviction: _____

Is the tenant still residing in the unit? Yes _____ No _____

Did the tenant give you proper notice before vacating? Yes _____ No _____

What reason did the tenant give for vacating? _____

What was the condition of the unit when vacated? GOOD FAIR POOR

Did the tenant break the lease? Yes _____ No _____

Have you had any complaints regarding: Guests? Yes _____ No _____; Pets? Yes _____ No _____;
Drugs? Yes _____ No _____; Noise? Yes _____ No _____; Other: _____

Is the tenant a good housekeeper? Yes _____ No _____

Is this tenant related to you? Yes _____ No _____

If so, what is the relationship? _____

Would you rent to this tenant again? Yes _____ No _____

Any additional comments that you feel would be important to a property owner regarding this tenant?

Property Owner's/Agent's Name: _____

Property Owner's/Agent's Address: _____

Day Phone: _____

Fax Number: _____

The person who is executing (herein Property Owner/Agent) recognizes that Tenant Background Search will rely on the truth hereof. Property Owner hereby warrants that the information provided is true to the best of his/her knowledge and belief.

Signature

RELEASE: In consideration for being permitted to apply for this apartment, I/we agree to represent all information in this application to be true and accurate and that owner/manager/agent may rely on this information when investigating and accepting this application. I/We hereby authorize the owner/manager/agent to make independent investigations to determine my/our financial and character standing. I/We authorize any person or credit checking agency any information me/us to release any and all such information to the owner/manager/agent or credit checking agency. /We hereby release, remise and forever discharge, from any action whatsoever, in law and equity, all owners, managers, and agents, both of landlord and their credit checking agencies in connection with processing, investigation, or credit checking this application and will hold them harmless from any suit or reprisal whatsoever.

Applicant

Date

Spouse/Other

Date

LIVE-IN-AIDE ATTENDANT APPLICATION

Applicant/Resident Name: _____

Date: _____

☐ Initial Certification

Date of Expected Move-In: _____

☐ Recertification (*Annual or Interim*)

Effective Date: _____

I am applying to live in an apartment that is governed by The Department of Housing and Urban Development (HUD). HUD requires management to certify all of your income, assets and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source and other claims of eligibility. I am stating the need for a live-in-aide attendant. The attendant by signing below acknowledges the following:

I, _____, hereby certify that:

- I am the live-in-aide attendant for the above-mentioned applicant/resident and will be working for the applicant/resident and be resident at the applicant/resident's apartment;
- I am not responsible for the financial support of said applicant/resident;
- I would not otherwise be living in this unit EXCEPT to provide the necessary support and care to allow said person to live independently;
- I understand that I have no survivorship rights to the unit and that if said person moves-out, for whatever reason, I must immediately vacate the apartment. I understand that HUD governs this unit and that the occupants of such a unit must meet all eligibility requirements of this program. I understand that I will not be certified as such and that my only reason for living in the unit is to provide supportive care services to the applicant/resident;
- I understand that as long as I remain a live-in-attendant for the above mentioned applicant/resident, I will be bound by all terms of the lease and of the Community House Rules and Regulations and that I will read and understand the Lease and Community House Rules and Regulations;
- I will be required to comply with the mandatory screening for criminal background and consent to a criminal background investigation.

I hereby say that I understand the above statements and that they are true and correct; and furthermore, failure to provide truthful or correct information is subject to my denial and/or dismissal as a live-in-aide attendant.

Signature of Live-In-Aide Attendant

Date

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

N.º de control de OMB 2502-0581
Exp. (07/31/2012)

Información de contacto opcional y complementaria para solicitantes de asistencia de vivienda del HUD

COMPLEMENTO PARA SOLICITUD DE VIVIENDA CON ASISTENCIA FEDERAL

Este formulario será proporcionado a cada solicitante de vivienda con asistencia federal

Instrucciones: Persona u organización de contacto opcional: Tiene derecho por ley de incluir, como parte de su solicitud de vivienda, el nombre, la dirección, el número de teléfono y otra información relevante de un familiar, amigo u organización social, médica, de defensa o de otra índole. Esta información de contacto se recopila con el objeto de identificar a una persona u organización que puede ayudar a resolver cualquier problema que podría surgir durante su alquiler o que puede ayudar a proporcionar cualquier servicio o atención especial que usted pudiera requerir. Podrá actualizar, quitar o cambiar la información que proporcionó en este formulario en cualquier momento. No se le exigirá que brinde la información de este contacto, pero si escoge hacerlo, incluya la información relevante en este formulario.

Nombre del solicitante:	
Dirección postal:	
N.º de teléfono:	N.º de teléfono celular:
Nombre de la persona u organización de contacto adicional:	
Dirección:	
N.º de teléfono:	N.º de teléfono celular:
Dirección de correo electrónico (si corresponde):	
Relación con el solicitante:	
Motivo del contacto: (Marcar todo lo que corresponda)	
<input type="checkbox"/> Emergencia	<input type="checkbox"/> Ayuda con el proceso de recertificación
<input type="checkbox"/> No es posible comunicarse con usted	<input type="checkbox"/> Cambio en los términos del arrendamiento
<input type="checkbox"/> Rescisión de la asistencia de alquiler	<input type="checkbox"/> Cambio en las reglas de la casa
<input type="checkbox"/> Desalojo de la unidad	<input type="checkbox"/> Otro: _____
<input type="checkbox"/> Pago atrasado de la renta	
Compromiso del propietario o de la autoridad de la vivienda: Si es aprobado para la vivienda, esta información será conservada como parte de su archivo de locatario. Si surgen problemas durante su alquiler o si requiere de algún servicio o atención especial, es posible que nos comuniquemos con la persona u organización que incluyó para que lo ayude a resolver los problemas o le proporcione algún servicio o atención especial.	
Declaración de confidencialidad: La información proporcionada en este formulario es confidencial y no será divulgada a nadie salvo según lo permitido por el solicitante o la ley vigente.	
Notificación legal: La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Ley Pública 102-550, aprobada el 28 de octubre de 1992) exige que a cada solicitante de vivienda con asistencia federal se le ofrezca la opción de proporcionar información relacionada con una persona u organización de contacto adicional. Al aceptar la solicitud del solicitante, el proveedor de vivienda acuerda cumplir con los requisitos de igualdad de oportunidades y no discriminación de 24 CFR sección 5.105, que incluye las prohibiciones sobre discriminación en la admisión o participación en programas de viviendas con asistencia federal debido a la raza, el color de la piel, la religión, el origen nacional, el sexo, la discapacidad y el estado familiar según la Ley de Vivienda Justa, y la prohibición sobre discriminación debido a la edad según la Ley contra la Discriminación por la Edad de 1975.	

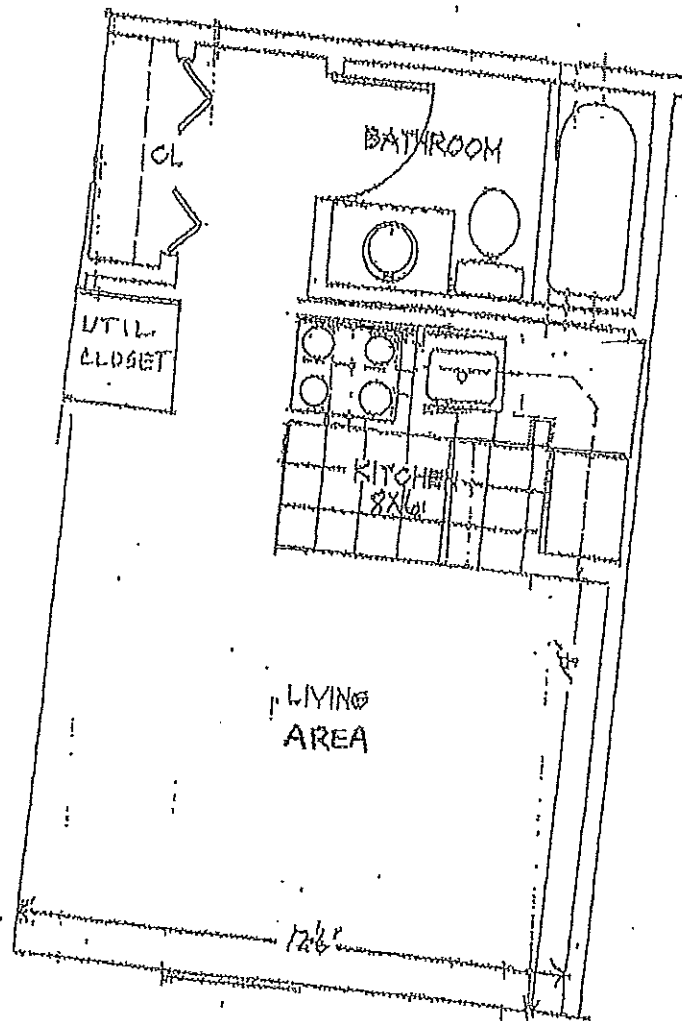
☐ Marque esta casilla si escoge no proporcionar la información de contacto.

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Se eliminó el cuadro de la firma

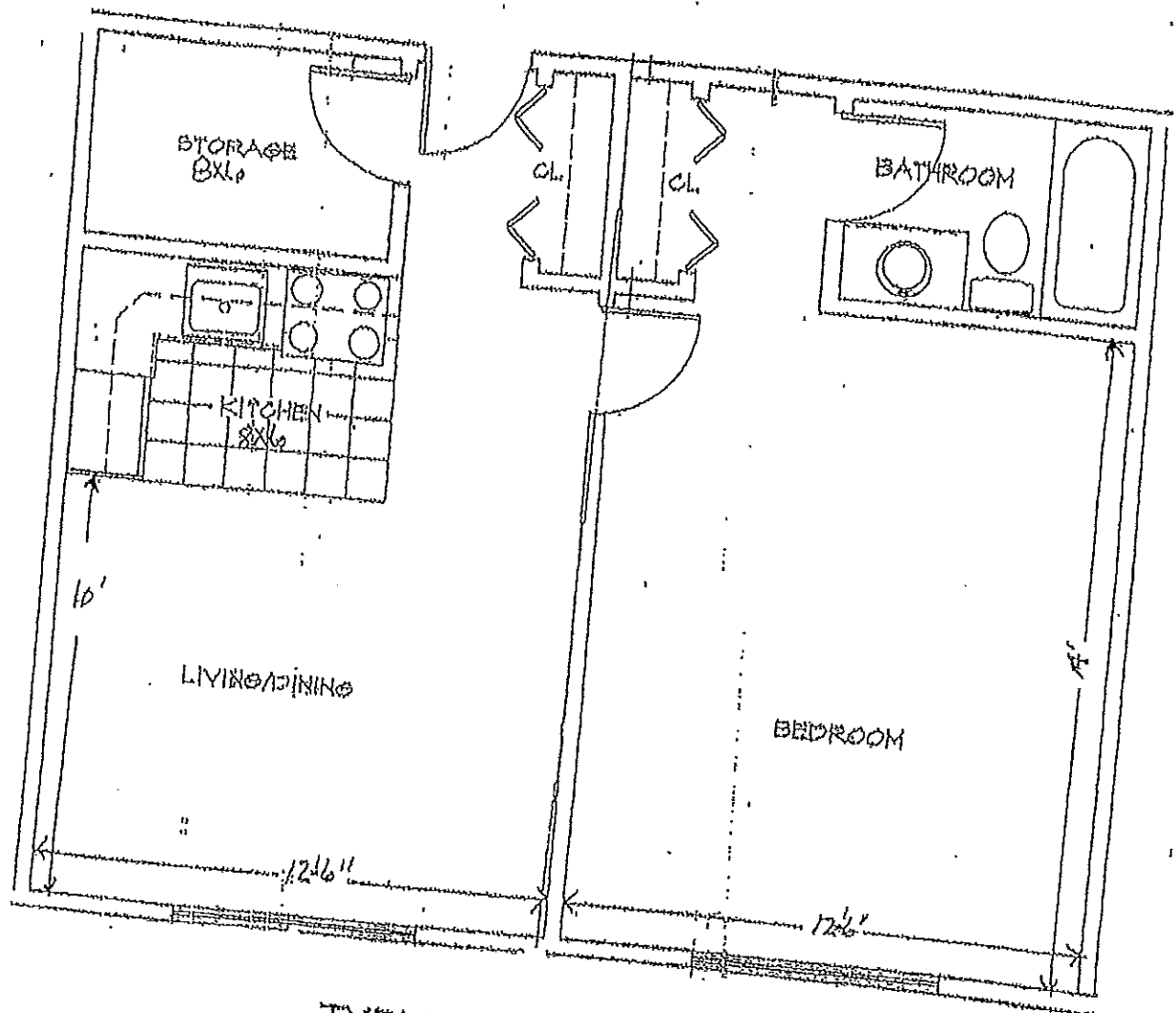
Los requisitos de recopilación de información contenidos en este formulario fueron enviados a la Oficina de Administración y Presupuesto (*Office of Management and Budget, OMB*) según la Ley de Reducción del Papeleo de 1995 (Título 44, secciones 3501-3520 del Código de los EE. UU.). Se calcula que la carga de declaración pública es de 15 minutos por respuesta e incluye el tiempo para revisar las instrucciones, buscar fuentes de datos existentes, recopilar y conservar los datos necesarios, y completar y revisar la recopilación de la información. La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Título 42, sección 13604 del Código de los EE. UU.) impuso al HUD la obligación de solicitar a los proveedores de viviendas que participan en programas de viviendas con asistencia del HUD que proporcionen a todas las personas o familias que soliciten la ocupación de una vivienda con asistencia del HUD la opción de incluir en la solicitud el nombre, la dirección, el número de teléfono y demás información relevante de un familiar, amigo o una persona relacionada con una organización social, médica, de defensa o similar. El objeto de proporcionar tal información es facilitar el contacto por parte del proveedor de viviendas con la persona u organización identificada por el locatario para que ayude a brindar todo servicio o atención especial al locatario y ayudarlo a resolver cualquier problema de alquiler que surgiere durante el alquiler por parte de dicho locatario. Esta información de solicitud complementaria será conservada por el proveedor de vivienda y en carácter de confidencial. Proporcionar la información es básico para las operaciones del Programa de Vivienda con Asistencia del HUD y es un acto voluntario. Respaldar los requisitos reglamentarios y los controles de administración y del programa para prevenir el fraude, el derroche y la mala administración. De conformidad con la Ley de Reducción del Papeleo, una agencia no podrá conducir ni patrocinar, y no se le solicitará a una persona que responda a una recopilación de información, salvo que en la recopilación de información aparezca un número de control de OMB válido en la actualidad.

Declaración de privacidad: La Ley Pública 102-550 autoriza al Departamento de Vivienda y Desarrollo Urbano de los EE. UU. (HUD) a que recopile toda la información (salvo el número de seguro social [SSN]), la cual será usada por el HUD para proteger los datos de desembolso de acciones fraudulentas.



TYPICAL APARTMENT
1 ADULT

IVES MANOR
APARTMENTS



TYPICAL ONE BEDROOM
APARTMENT
83A/11 1/4" x 11'-0"

1-2 ADULTS

IVES MANOR
APARTMENTS



LANGUAGE IDENTIFICATION FLASHCARD

☐

املا هذا المربع اذا كنت تقرأ أو تتحدث العربية.

Arabic

☐

խոսողո՞ւմ ե՞նք նշո՞ւմ կատարե՞ք այս քանակությունը;
եթե խոսողո՞ւմ կամ նշողո՞ւմ ե՞ք հայերեն:

Armenian

☐

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।

Bengali

☐

សូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។

Cambodian

☐

Matka i kahhon komu un taitai pat un sang i Chamorro.

Chamorro

☐

如果您具有中文閱讀和會話能力，請在本空格內標上X記號。

Chinese

☐

Make kazyé sa a si ou li oswa ou pale kreyòl ayisyen.

Creole

☐

Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.

Croatian (Serbo-Croatian)

☐

Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.

Czech

☐

Kruis dit vakje aan als u Nederlands kunt lezen of spreken.

Dutch

☐

Mark this box if you read or speak English.

English

☐

اگر خواندن و نوشتن فارسی بدرستی، این مربع را علامت بگذارید.

Farsi

☐

Cocher ici si vous lisez ou parlez le français.

French

☐

Kreuzen Sie diesen Kästchen an, wenn Sie Deutsch lesen oder sprechen.

German

☐

Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.

Greek

☐

अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस गोले पर चिह्न लगाएँ।

Hindi

☐

Kos lub voj no yog koj paub twm thiab hais lus Hmoob.

Hmong

☐

Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.

Hungarian

☐

Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.

Ilocano

☐

Marchi questa casella se legge o parla italiano.

Italian

☐

日本語を読んだり、話せる場合はここに印を付けてください。

Japanese

☐

한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.

Korean

☐

ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.

Laotian

☐

Zaznacz tę kratkę jeżeli czyta Pan/Pani lub mówi po polsku.

Polish

☐

Assinale este quadrado se voce lê ou fala Português.

Portuguese

☐

Însemnați această căsuță dacă citiți sau vorbiți Românește.

Romanian

☐

Пометьте этот квадратик, если вы читаете или говорите по-русски.

Russian

☐

Maka pe fa'ailoga le pusa lea pe afai e te faitau pe tusitusi i le gagana Samoa.

Samoaan

☐

Обележите овај квадратик уколико читате или говорите српски језик.

Serbian (Serbo-Croatian)

☐

Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.

Slovak

☐

Marque esta casilla si lee o habla español.

Spanish

☐

Markahan ang kahon na ito kung ikaw ay nagsasalita o nagbabasa ng Tagalog.

Tagalog

☐

ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.

Thai

☐

Faka'ilonga'i 'ae puha ko'eni kapau 'oku te lau pe lea 'ae lea fakatonga.

Tongan

☐

Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.

Ukrainian

☐

اگر آپ اردی پڑھتے یا بولتے ہیں تو اس خانہ میں نشان لگائیں.

Urdu

☐

Xin đánh dấu vào ô này nếu quý biết đọc và nói được Việt Ngữ.

Vietnamese

☐

צייכנט דעם קעסטל אויב איר שרייבט אדער ליינט אידיש.

Yiddish