



Dear Applicant:

Thank you for your interest in Stuart Farm Apartments I, II, and III, located at 15-19 Maple Street Extension, Kent, CT 06757. Please take a moment to review the following requirements before you complete the application attached to this letter.

1. There is a non-refundable application fee of \$25. per adult applicant. Your application will not be processed without this fee. Please make check payable to: Connecticut Real Estate Management. If you are interested in both property applications I suggest you return them together so that there is a one-time application fee.
2. The application must be fully completed and submitted to:

Connecticut Real Estate Management
P.O. 248
Southington, CT 06489
3. All applicants are subject to the same screening criteria that were designed by South Common. You must be able to demonstrate a satisfactory landlord and credit history. All information will be kept confidential and verified by the appropriate parties.

If you have any questions please do not hesitate to contact me via e-mail or phone.

Sincerely,
Ann Marie Ovitt

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: Stuart Farm Apartments Phase I, II, and III
	Address: Phase I & II - Located at 15 Maple St. Ext.
	Phase III - Located at 19 Maple St. Ext.
	Kent, CT 06757
Please complete this application and return to:	Name: CT Real Estate Management
	Address: P.O. Box 248
	Southington, CT 06489

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 Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

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

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR

B. HOUSEHOLD COMPOSITION						
	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No

Have there been any changes in household composition in the last twelve months?	☐ Yes	☐ No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	☐ Yes	☐ No
<i>If yes, explain:</i>		
Is there someone not listed above who would normally be living with the household?	☐ Yes	☐ No
<i>If yes, explain:</i>		

Will all 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 child(ren) who is not a Dependant 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. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	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:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>legally 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>legally entitled</i> to receive child support?	☐ Yes ☐ 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	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS 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
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)?	☐ Yes	☐ No
If yes to any of the above, explain:		
Is the income received?	☐ Yes	☐ No



D. ASSETS				
If your assets are too numerous to list here, please request an additional form.				
If a section doesn't apply, cross out or write NA.				
Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
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 \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$



Investment Property		Appraised Value \$
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Real Estate Property: <i>Do you own any property?</i>	☐ Yes ☐ No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount 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 as listed on Page 2?	☐ Yes ☐ No
<i>If yes</i> , describe:	
Do they have access to the asset(s)?	☐ Yes ☐ No

Have you sold/dispensed of any property in the last 2 years?	☐ Yes ☐ No
<i>If yes</i> , Type of property:	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	☐ Yes ☐ No
<i>If yes</i> , describe the asset:	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
<i>If yes</i> , please list:	

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
<i>If yes</i> , describe:		

Have you or any member of your family ever been evicted from any housing?			☐ Yes	☐ No
<i>If yes, describe</i>				
Are you or any member of your family/household a Veteran of the U.S. Military? (Please circle)			Yes	No
Have you ever filed for bankruptcy?			☐ Yes	☐ No
<i>If yes, describe</i>				
Will you take an apartment when one is available?			☐ Yes	☐ No
<i>Briefly describe your reasons for applying:</i>				

F. REFERENCE INFORMATION

Current Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	How Long?		
Prior Landlord	Name:		
	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 INFORMATION (if applicable)			
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.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</i>			

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
_____ (Signature of Co-Tenant)	_____ Date



Connecticut Real Estate Management
P.O. Box 248
Southington, Connecticut 06489
(860) 621-2234

Authorization for Release of Income/Asset Verification

The undersigned individual is applying for or living in federally assisted housing and authorizes the release of the following income information for the purpose of determining rental payment amount.

- Verification of Employment / Other Income
- Verification of Social Security Income
- Verification of Pension Income
- Verification of Unemployment Compensation
- Verification of Workman's Compensation
- Verification of Disability Payments
- Childcare Expenses
- Verification of Assets / Financial Information
- Medical Information (to verify "Handicapped" status)
- Full-time Student Verification
- Landlord Reference
- Credit Report
- Police Check

It is understood that the information obtained will be kept confidential and used only in connection with the undersigned applicant for housing.

A copy of this authorization shall be considered valid as the original.

Name: _____

Social Security #: _____ Date of Birth: _____

Signature: _____ Date signed: _____

Name: _____

Social Security #: _____ Date of Birth: _____

Signature: _____ Date signed: _____