



Sharon Ridge Apartments

Dear Applicant:

Thank you for your interest in Sharon Ridge Apartments. Please take a moment to review the following requirements before you complete the application attached to this letter.

1. The application must be fully completed and submitted to:

*Connecticut Real Estate Management
P.O. Box 248
Southington, CT 06489*

2. All applicants are subject to the same screening and eligibility criteria. You must be able to demonstrate a satisfactory history in the following areas: *employment, landlord reference, lack of arrest and eviction history, and credit history*. All information will be kept confidential and must be verified by the appropriate parties. Your application is subject to the final approval of the Owner.
3. *Your application WILL NOT be processed unless all requested information is provided.* When we are ready to complete processing your application, you will be contacted to schedule an appointment to complete required paperwork to begin processing a lease. Please be prepared to provide copies of all household members' social security cards AND proof of legal U.S. residency or entry (i.e. copies of birth certificates, naturalization certificate, alien registration cards, etc.)
4. **Please include a \$25.00 application fee per applicant over the age of 18 years, made payable to Sharon Ridge Apartments.** This fee will be used to process your application and will be applied to your first month's rent if you are an accepted applicant. If you are not accepted for an apartment, this fee is non-refundable.

"This institution is an equal opportunity provider."

P.O. Box 248, Southington, CT 06489 860-621-2234 Fax 860-621-0692 www.ctrealestatemanagement.com

INITIAL WRITTEN APPLICATION FOR HOUSING

PLEASE RETURN TO:



- 1 HEAD OF HOUSEHOLD: _____
Last First Middle
- 2 ADDRESS: _____
Street City State
- 3 TELEPHONE NUMBER: (Day) (_____) (Night) (_____) _____
- 4 HOUSEHOLD COMPOSITION: Please complete all boxes for each household member. Use N/A if item is not applicable.

Legal names of House-hold Members and Maiden Name If Applicable	Date of Birth	Marital Status	Social Security Number	Medicare Number
1)				
2)				
3)				
4)				

*Additional household members should be listed on separate sheet.

- 5 UNIT SIZE / TYPE REQUESTED: _____ EFFICIENCY _____ ACCESSIBLE EFFICIENCY _____ 1BR _____ 1BR ACCESSIBLE _____ 2BR _____ 2BR ACCESSIBLE
 (Please refer to the facility description included with this application for a list of unit sizes & types available at this facility)
- 6 DO YOU WISH TO REQUEST AN ACCOMMODATION OF YOUR UNIT BASED ON DISABILITY? YES NO
- 7 IF THIS HOUSING COMMUNITY OFFERS CONGREGATE SERVICES WHAT SPECIAL SERVICES DO YOU REQUIRE? _____
- 8 ARE YOU BEING FORCED OUT OF YOUR PRESENT HOUSING DUE TO GOVERNMENT ACTION, NATURAL DISASTER, DEMOLITION OR OTHER SUCH CAUSES? YES NO

FOR OFFICE USE ONLY	
Date / Time Received	Income Category
Unit Size requested:	Unit Type Requested:
Disposition (i.e., wait list, rejected):	If rejection, reason?

- 9 DO YOU PRESENTLY LIVE ALONE? _____ IF NO, PLEASE BE SURE YOU HAVE LISTED ALL HOUSEHOLD MEMBERS YOU EXPECT WILL BE LIVING WITH YOU SHOULD YOU BE GIVEN AN APARTMENT AT THIS FACILITY. ARE YOU PRESENTLY "DOUBLING UP" WITH FRIENDS / MEMBERS OF FAMILY? _____
10. WHAT TYPE OF HOUSING DO YOU OCCUPY? (Single house, duplex, apartment) _____
DO YOU OWN? _____ RENT? _____
- 11 PRESENT LANDLORD: Name: _____ Tel.# (____) _____
Address: _____ How long? _____
- 12 PREVIOUS LANDLORD: Name: _____ Tel.# (____) _____
Address: _____ How long? _____
- 13 PLEASE LIST THREE INDIVIDUALS (*not relatives or your physician*) WHO KNOW YOU WELL AND COULD SERVE AS A REFERENCE FOR YOU:
- A. Name: _____ Phone #:(____) _____
Address: _____ Occupation: _____
- B. Name: _____ Phone #:(____) _____
Address: _____ Occupation: _____
- C. Name: _____ Phone #:(____) _____
Address: _____ Occupation: _____
14. NAME, ADDRESS, AND TELEPHONE NUMBER OF AN IMMEDIATE RELATIVE OR CLOSE FRIEND WHO IS LIKELY TO KNOW WHERE YOU ARE IF WE NEED TO CONTACT YOU:
NAME: _____ Phone: _____
ADDRESS: _____
- 15 WHY WOULD YOU LIKE TO LIVE IN THE HOUSING COMMUNITY FOR WHICH YOU HAVE SUBMITTED YOUR INITIAL WRITTEN APPLICATION? _____
16. COULD YOU COME FOR A PERSONAL INTERVIEW AT A MUTUALLY CONVENIENT TIME? ____ YES ____
- 17 HOW DID YOU LEARN ABOUT THESE APARTMENTS? _____
18. HOUSING EXPENSES

RENT:	ELECTRICITY:	HEAT:	WATER:	OTHER HOUSING EXPENSE:

19

OTHER EXPENSES PER MONTH: USDA/RD guidelines allow adjustments to your income for the categories below. Please indicate for each how much your household is expected to spend, so that we may calculate the appropriate adjustment to your income.

DEPENDENTS: A dependent is a person who is NOT the head, co-head, or spouse of the household, and who is i) under age 18; or ii) 18 or older and disabled; or iii) 18 or older and a full-time student. An allowance (deduction from income) of \$480 is given for each dependent. How many dependents are there in your household? _____

CHILDCARE EXPENSES: Reasonable unreimbursed childcare expenses are deducted from your income if (i) the care enables a household member to work or go to school; and (ii) no other adult household member is available to provide the care; and (iii) the expenses claimed may not exceed the income generated by that household member, if said household member is working. If you believe that you are eligible to claim this allowance, how much do you anticipate as an out-of-pocket cost for childcare? \$ _____

DISABILITY EXPENSES: Reasonable expenses for the care of a disabled family member in excess of three percent of annual income may be deducted if: (i) the expenses enable an adult family member (either the disabled person or another member) to work; and (ii) the expenses are not reimbursable by insurance or any other source; and (iii) the expenses claimed may not exceed the income generated by the working household member. If you believe that you are eligible to claim this allowance, how much do you anticipate as an out-of-pocket cost for disability expenses? \$ _____

MEDICAL EXPENSES: Reasonable expenses for medical expenses may be deducted if: (i) the head, co-head, or spouse of the applicant household is age 62 or older, or is disabled; and (ii) the expenses will not be reimbursed by insurance or any other source; and (iii) when combined with any applicable disability expenses, they exceed three percent of annual income. (Specific information on the type of expenses allowable may be found in USDA/RD guidelines.) If you believe that you are eligible to claim this allowance, how much do you anticipate as an out-of-pocket cost for medical expenses? \$ _____

ELDERLY HOUSEHOLD: A deduction of \$400 may be made from household income when the head, co-head, or spouse is age 62 or older, or is disabled. Do you wish to request this adjustment to income? YES _____ NO _____

20.

CERTIFICATION: (Each ADULT applicant must sign this application). This is an initial written application. Additional information will be requested at a later date to complete the processing of applicant(s). Your signature below certifies that:

Initial _____

_____ The information provided on this application is true and correct to the best of your knowledge; and

_____ That you and your household members, upon execution of a lease agreement, shall make said leased unit your sole place of residence; that you will not maintain another subsidized apartment; and

_____ You consent to the verification of information you provide in order to determine your eligibility for this housing.

_____ You consent to the release of wage matching data to the Rural Housing Service (RHS) and the facility owner for the purpose of complying with RHS guidelines.

NOTE: Please be sure that you have initialed next to each of the previous statements. Applications not initialed will be returned for completion (your application date will be the date on which the application is originally received)

HEAD OF HOUSEHOLD Signature: _____

Date: _____

APPLICANT #2 Signature: _____

Date: _____

APPLICANT #3 Signature: _____

Date: _____

APPLICANT #4 Signature: _____

Date: _____

The household head, co-head, and spouse, and all family members 18 or older must sign this application.

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE A WILFULLY FALSE STATEMENT OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

INCOME AND ASSET STATEMENT

1. FINANCIAL DATA

GROSS MONTHLY AMOUNTS

Applicant #1

Social Security \$ _____ SSI or Disability \$ _____ Veteran's Benefits \$ _____

Unemployment Income \$ _____ Annuity Income \$ _____

Pension/Retirement \$ _____

Current Employment \$ _____ (Name and Address of Employer)

_____ (Name and Address of Employer)

Has this person been awarded Alimony / Child Support by the Court? ____ Yes ____ No If yes, amount awarded:

\$ _____ per _____. If different than amount awarded, Amount received currently \$ _____ per _____

Applicant #2

Social Security \$ _____ SSI or Disability \$ _____ Veteran's Benefits \$ _____

Unemployment Income \$ _____ Annuity Income \$ _____

Pension/Retirement \$ _____

Current Employment \$ _____ (Name and Address of Employer)

_____ (Name and Address of Employer)

Has this person been awarded Alimony / Child Support by the Court? ____ Yes ____ No If yes, amount awarded:

\$ _____ per _____. If different than amount awarded, Amount received currently \$ _____ per _____

If additional space is needed, please include a separate sheet of paper.

2. Family Assets (please include the assets of minors):

Bank	Acct. #	Current Balance	Int. Rate	DO NOT WRITE BELOW
Name				
Address				
Name				
Address				
Name				
Address				

If necessary add an additional sheet to complete this list with all items.

3 DO YOU OWN ANY STOCKS, BONDS, OR OTHER SECURITIES? ☐ Yes ☐ No If yes, please provide

Name of Fund	Company / Broker Address	# of Shares / Value	Yearly Dividend
1.			
2.			
3.			
4.			
5.			
6.			

(If additional space is needed please use another paper and attach)

4 DO YOU OWN ANY REAL ESTATE? ☐ If YES, Current Value \$ _____

Taxes: \$ _____ Date of most recent assessment: _____

If source of valuation is tax statement, rate of valuation used in town: _____

Mortgage Balance \$ _____

Please list the exact location of the property: _____

Please give the address of the tax assessor's office: _____

(Please list additional Real Estate Property Owned on separate sheet, providing the same information for each location.)

If applicable, rental income from Property \$ _____

5 GIFTS STATEMENT

Have you given away or sold any asset in the last 24 months for which you received less than current value? (Ex: Property / bank asset worth \$2,000 which was sold for \$100 or signed over to another person for \$1.00.)

☐ Yes ☐ No If YES, actual cash value at the time you disposed of asset? \$ _____

Date of asset transfer: _____

6. OTHER ASSETS:

LIFE INSURANCE: Do you have any life insurance policies that have a cash value (typically whole life insurance)? ☐ Yes ☐ No If YES, what is total cash value? \$ _____

Please sign below:

HEAD OF HOUSEHOLD Signature: _____

Date: _____

APPLICANT #2 Signature: _____

Date: _____

APPLICANT #3 Signature: _____

Date: _____

APPLICANT #4 Signature: _____

Date: _____

Sharon Ridge Apartments

Authorization for Release of Information

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

- 1.) Verification of Employment Income
- 2.) Verification of Social Security Income
- 3.) Verification of Pension Income
- 4.) Verification of Unemployment Compensation
- 5.) Verification of Workman's Compensation
- 6.) Verification of Disability Payments
- 7.) Verification of Assets
- 8.) Section 8 or Rental Assistance

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 as the original.

Applicant/Tenant

Name: _____

Social Security: _____ Date of Birth: _____

Signature: _____ Date: _____

Co-Applicant/Co-Tenant

Name: _____

Social Security: _____ Date of Birth: _____

Signature: _____ Date: _____