



Sharon Ridge Expansion

(860)364-1372

Dear Applicant:

Thank you for your interest in Sharon Ridge Expansion located in Sharon, CT. 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 \$25.00 per applicant over the age of 18 years. Your application will not be processed without this fee.

Please make check payable to: Sharon Ridge

2. The application must be fully completed and submitted to:
3. Connecticut Real Estate Management
P.O. Box 248
Southington, CT 06489
4. All applications are subject to the same screening criteria that were designed by Sharon Ridge. You must be able to demonstrate a satisfactory land lord, background and credit history. All information will be kept confidential and verified by the appropriate parties.

If there are any questions concerning this application, please do not hesitate to contact Sharon Ridge at (860)364-1372.

11. HOUSEHOLD COMPOSITION

LIST ALL PERSONS, INCLUDING YOU, WHO WILL RESIDE IN THE APARTMENT.

FULL NAME	RELATIONSHIP	SEX	BIRTH DATE	SOC. SEC. NUMBER
	SELF			

12. WILL ANY OF THE ABOVE HOUSEHOLD MEMBERS LIVE ANYWHERE EXCEPT THE APARTMENT?

____ Yes ____ No IF YES, EXPLAIN: _____

13. ARE THERE ANY OTHER PERSONS WHO WILL LIVE IN THE APARTMENT ON LESS THAN A FULL-TIME BASIS? ____ Yes ____ No IF YES, EXPLAIN: _____

14. LIST THE NAME THE NON-CUSTODIAL PARENT(S): _____

15. WILL THE NON-CUSTODIAL PARENT(S) BE STAYING WITH YOU AT ANY TIME? ____ Yes ____ No

(A) WHERE IS THE NON-CUSTODIAL PARENT(S) CURRENTLY LIVING? _____

16. HAS THE NON-CUSTODIAL PARENT(S) BEEN INVOLVED IN ANY CRIMINAL ACTIVITY? ____ Yes ____ No

17. IF THE ANSWER TO QUESTION 15 OR 16 IS YES, EXPLAIN: _____

IF YOUR HOUSEHOLD CLAIMS TOTAL INCOME AT OR BELOW \$400.00 PER MONTH A MONTHLY EXPENSE FORM IS REQUIRED TO BE FILLED OUT WITH THIS APPLICATION.

18. INCOME FROM EMPLOYMENT

LIST ALL EMPLOYMENT FOR ALL MEMBERS OF YOUR HOUSEHOLD.

HH MEMBER	PLACE OF EMPLOYMENT	EMPLOYER PHONE NUMBER	SUPERVISOR	EST. TOT. EARN. COMING YEAR \$.

19. INCOME FROM ALL OTHER SOURCES

HH MEMBER.	SOURCE OF INCOME OR HOUSEHOLD SUPPORT	CONTACT PERSON NAME AND PHONE NUMBER	TOTAL RECEIVED PER YEAR

20. ASSETS

LIST ASSETS OF ALL HOUSEHOLD MEMBERS, INCLUDING BANK ACCOUNTS, STOCKS, BONDS, CREDIT UNION SHARES, LAND, AND REAL ESTATE:

HH MEMBER	DESCRIPTION OF ASSET	EST CURRENT VALUE	EST ANNUAL INCOME FROM ASSETS

21. RENTAL HISTORY

PLEASE ENTER THE INFORMATION REQUESTED FOR YOUR CURRENT ADDRESS AND THE TWO MOST RECENT PRIOR ADDRESSES WITHIN THE PAST 5 YEARS. ENTER ONLY YOUR RESIDENCES AT THE AGE OF 18 YEARS OLD AND OLDER.

CURRENT STREET ADDRESS	CITY, STATE, AND ZIP	MONTHLY RENT	NAME RENTED UNDER
LANDLORD NAME	LANDLORD PHONE #		
NAMES OF HOUSEHOLD MEMBERS		REASON FOR MOVING	
MOVE-IN DATE		SECURITY DEP. \$	
DO YOU HAVE AN EXECUTED LEASE AGREEMENT AT THE ABOVE ADDRESS?		YES NO	

PREVIOUS STREET ADDRESS	CITY, STATE, AND ZIP	MONTHLY RENT	NAME RENTED UNDER
LANDLORD NAME	LANDLORD PHONE #		
NAMES OF HOUSEHOLD MEMBERS			
MOVE-IN DATE		MOVE OUT DATE	
DID YOU FULFILL THE LEASE TERM?		REASON FOR MOVING	
YES NO			

PREVIOUS STREET ADDRESS	CITY, STATE, AND ZIP	MONTHLY RENT	NAME RENTED UNDER
LANDLORD NAME	LANDLORD PHONE #		
NAMES OF HOUSEHOLD MEMBERS			
MOVE-IN DATE		MOVE OUT DATE	
DID YOU FULFILL THE LEASE TERM?		REASON FOR MOVING	
YES NO			

22. ALLOWANCES/ EXPENSES PROGRAM INFORMATION

WHAT SIZE OF UNIT ARE YOU REQUESTING? ☐ 1 BEDROOM ☐ 2 BEDROOM ☐ 3 BEDROOM

DO YOU WISH TO CLAIM A \$400 DEDUCTION FROM YOUR HOUSEHOLD INCOME BASED ON AN "ELDERLY HOUSEHOLD" STATUS, WHERE THE TENANT OR CO-TENANT IS 62 OR OLDER, HANDICAPPED OR DISABLED? ☐ YES ☐ NO

DO YOU WISH TO HAVE PRIORITY FOR A HANDICAPPED ACCESSIBLE UNIT WITH SPECIAL DESIGN FEATURES? ☐ YES ☐ NO

DO YOU HAVE A LETTER OF PRIORITY ISSUED BY USDA-RURAL DEVELOPMENT DUE TO DISPLACEMENT FROM ANOTHER PROPERTY? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

ARE YOU CURRENTLY A USER OF AN ILLEGAL CONTROLLED SUBSTANCE? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A DRUG VIOLATION (USE, ATTEMPTED USE, POSSESSION, MANUFACTURE, SALE, OR DISTRIBUTION)? ☐ YES ☐ NO

HAVE YOU SUCCESSFULLY COMPLETED A CONTROLLED SUBSTANCE ABUSE RECOVERY PROGRAM OR PRESENTLY ENROLLED IN SUCH A PROGRAM? ☐ YES ☐ NO

ARE YOU NOW OR WILL YOU BECOME A PART TIME OR FULL TIME STUDENT PRIOR TO MOVE-IN? ☐ YES ☐ NO

23. CRIMINAL ACTIVITY

EXAMPLES OF CRIMINAL ACTIVITY INCLUDE BUT ARE NOT LIMITED TO:

- | | |
|----------------------------------|-------------------------------------|
| 1. HOMICIDE/MURDER | 7. DRUG TRAFFICKING/USE/POSSESSION |
| 2. RAPE OR CHILD MOLESTING | 8. CHILD ABUSE/DOMESTIC VIOLENCE |
| 3. BURGLARY/ROBBERY/LARCENY | 9. PUBLIC INTOX./DRUNK & DISORDERLY |
| 4. THREATS OR HARASSMENT | 10. RECEIVING STOLEN GOODS |
| 5. DESTRUCT. OF PROP. /VANDALISM | 11. FRAUD |
| 6. ASSAULT OR FIGHTING | 12. PROSTITUTION |
| | 13. DISORDERLY CONDUCT |

(A) HAVE YOU OR ANY FAMILY MEMBERS LISTED ON THIS APPLICATION EVER BEEN INVOLVED IN ANY CRIMINAL ACTIVITY THAT MIGHT ADVERSELY AFFECT THE HEALTH, SAFETY, OR WELFARE OF OTHER RESIDENTS IF IT HAPPENED AT THE PROPERTY? ☐ YES ☐ NO

(B) CAN AND WILL ALL HOUSEHOLD MEMBERS AVOID BEING INVOLVED IN ANY CRIMINAL ACTIVITY ON OR NEAR THIS APARTMENT COMPLEX? ☐ YES ☐ NO

IF THE ANSWER TO ANY PART OF QUESTION #23, WITH THE EXCEPTION OF (B) IS YES, EXPLAIN:

LIST ANY OTHER NAMES USED BY PERSONS LISTED UNDER QUESTION #11:

NOTE: A NATIONAL CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED ON ALL PERSONS AGE 18+ LISTED AS A HOUSEHOLD MEMBER.

24. OTHER LEASE COMPLIANCE ISSUES

(A) DO YOU OR ANY FAMILY MEMBER HAVE A CURRENT SUBSTANCE ABUSE PROBLEM THAT WOULD INTERFERE WITH YOUR ABILITY TO COMPLY WITH THE PROPERTY'S LEASE? ____ YES ____ NO

IF YES, PLEASE EXPLAIN. _____

(B) WHOM SHOULD BE CONTACTED TO VERIFY YOUR ABILITY TO COMPLY WITH A LEASE?

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

_____/I/WE CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION AND ANY ADDENDUM THERETO IS TRUE, COMPLETE AND ACCURATE. WE UNDERSTAND THAT IF ANY OF THIS INFORMATION IS FALSE, MISLEADING OR INCOMPLETE, MANAGEMENT MAY DECLINE OUR APPLICATION OR, IF MOVE-IN HAS OCCURRED, TERMINATE OUR RENTAL AGREEMENT.

_____/I/WE AUTHORIZE _____ TO MAKE ANY AND ALL INQUIRIES TO VERIFY THIS INFORMATION EITHER DIRECTLY OR THROUGH INFORMATION EXCHANGED NOW OR LATER WITH RENTAL AND CREDIT SCREENING SERVICES, AND TO CONTACT PREVIOUS AND CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION CONFIRMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES.

_____/I/WE AGREE TO NOTIFY MANAGEMENT IN WRITING REGARDING ANY CHANGES IN HOUSEHOLD ADDRESS, TELEPHONE NUMBERS, INCOME, AND HOUSEHOLD COMPOSITION WHILE ACTIVE ON THE WAITING LIST.

_____/I/WE HAVE BEEN NOTIFIED THAT THE RESIDENT SELECTION CRITERIA, WHICH SUMMARIZES THE PROCEDURES FOR PROCESSING APPLICATIONS, IS POSTED IN THE MANAGEMENT OFFICE.

_____/I/WE UNDERSTAND THAT IF THIS APPLICATION IS PLACED ON A WAITING LIST, WE MAY REQUEST SAMPLE COPIES OF THE RENTAL AGREEMENT AND HOUSE RULES. IF THIS APPLICATION IS APPROVED AND MOVE-IN OCCURS, WE CERTIFY THAT WE WILL ACCEPT AND COMPLY WITH ALL CONDITIONS OF OCCUPANCY AS SET FORTH THEREIN, INCLUDING SPECIFICALLY ALL CONDITIONS REGARDING PETS, RENT, DAMAGES, AND SECURITY DEPOSITS.

_____/I/WE AUTHORIZE MANAGEMENT TO OBTAIN ONE OR MORE "CONSUMER REPORTS" AS DEFINED IN THE FAIR CREDIT REPORTING ACT, 15 U.S. C. SECTION 1681A(D), SEEKING INFORMATION ON OUR CREDITWORTHINESS, CREDIT STANDING, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, OR MODE OF LIVING, ALSO TO INCLUDE RENTAL REFERENCES AND CRIMINAL BACKGROUND INQUIRIES.

CERTIFICATION

I/WE HEREBY CERTIFY THAT THE UNIT APPLIED FOR WILL BE THE HOUSEHOLD'S PERMANENT RESIDENCE.

I/WE FURTHER CERTIFY THAT I/WE DO/WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN ANOTHER LOCATION.

I/WE UNDERSTAND THAT I/WE MUST PAY A SECURITY DEPOSIT FOR THIS UNIT.

I/WE UNDERSTAND THAT MY/OUR ELIGIBILITY FOR HOUSING WILL BE BASED ON USDA-RURAL DEVELOPMENT INCOME LIMITS AND TENANT SELECTION CRITERIA.

I/WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

DATE

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE/ CO-HEAD/ CO-APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

"THE INFORMATION REGARDING RACE, ETHNICITY AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE, THAT THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND DISABILITY ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE, ETHNICITY, AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME."

ETHNICITY: _____HISPANIC OR LATINO _____ NOT HISPANIC OR LATINO

RACE: (MARK ONE OR MORE)

1 AMERICAN INDIAN/ALASKA NATIVE: _____

2 ASIAN: _____

3 BLACK OR AFRICAN AMERICAN: _____

4 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: _____

5 WHITE: _____

GENDER: _____MALE _____ FEMALE

IN ACCORDANCE WITH FEDERAL LAW AND U.S. DEPARTMENT OF AGRICULTURE POLICY, THIS INSTITUTION IS PROHIBITED FROM DISCRIMINATING ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, DISABILITY RELIGION, SEX, AND FAMILIAL STATUS (NOT ALL PROHIBITED BASES APPLY TO ALL PROGRAMS)

TO FILE A COMPLAINT OF DISCRIMINATION, WRITE USDA, DIRECTOR, OFFICE OF CIVIL RIGHTS, 1400 INDEPENDENCE AVE SW, WASHINGTON, D.C. 20250-9410 OR CALL (800) 795-3272 (VOICE) OR (202) 720-6382 (TDD).

THIS PROPERTY DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY STATUS IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS FEDERALLY ASSISTED PROGRAMS AND ACTIVITIES.

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: _____