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 landlord, 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.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Relation</th>
<th>Sex</th>
<th>Birth Date</th>
<th>Soc. Sec. Number</th>
</tr>
</thead>
<tbody>
<tr>
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<td>SELF</td>
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</table>

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.

<table>
<thead>
<tr>
<th>HH Member</th>
<th>Place of Employment</th>
<th>Employer Phone Number</th>
<th>Supervisor</th>
<th>Est. Tot. Earn. Coming Year $</th>
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</tbody>
</table>

19. Income from All Other Sources

<table>
<thead>
<tr>
<th>HH Member</th>
<th>Source of Income or Household Support</th>
<th>Contact Person Name and Phone Number</th>
<th>Total Received Per Year</th>
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</tbody>
</table>
20. **Assets**

List assets of all household members, including bank accounts, stocks, bonds, credit union shares, land, and real estate:

<table>
<thead>
<tr>
<th>HH Member</th>
<th>Description of Asset</th>
<th>Est Current Value</th>
<th>Est Annual Income from Assets</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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:

<table>
<thead>
<tr>
<th>Current Street Address</th>
<th>City, State, and Zip</th>
<th>Monthly Rent</th>
<th>Name Rented Under</th>
<th>Landlord Name</th>
<th>Landlord Phone #</th>
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<tr>
<th>Names of Household Members</th>
<th>Reason for Moving</th>
<th>Move-in Date</th>
<th>Move-out Date</th>
<th>Did you fulfill the lease term?</th>
<th>Security Dep. $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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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
2. Rape or Child Molesting
3. Burglary/Robbery/Larceny
4. Threats or Harassment
5. Destruct. Of Prop. /Vandalism
6. Assault or Fighting
7. Drug Trafficking/Use/Possession
8. Child Abuse/Domestic Violence
9. Public Intox./Drunk & Disorderly
10. Receiving Stolen Goods
11. Fraud
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 #1 1:

__________________________

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?

Statement 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.
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: __________