

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
 2. Removing staples from 1000 applications a week adds too much work.
 3. Some providers *scan* the application, and can't do this if you staple.
 4. If you include a letter, don't staple that either!

Fold here.
Suggestion: Use #10
double-window
envelopes.

Dear

I am applying to the following waitlist, which I believe is open: *App Generated:*



ATTN: WAITLIST ADMINISTRATOR



Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: Our only open waitlists at present are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

*If you advise applicants to use our free search to locate OTHER HOUSING OPTIONS,
you eliminate hundreds of phone calls and reduce frivolous applications.*

www.housingworks.net



DO NOT LEAVE A SINGLE QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)

☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If “Yes” you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER
- ☐ HEAD OF HOUSEHOLD's DATE OF BIRTH
- ☐ GENDER

- ☐ ETHNICITY
- ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:

☐ Fully Accessible Wheelchair Unit

☐ Blind Accessible Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Deaf Accessible Unit

☐ Domestic Violence Victim

☐ First-Floor unit only

☐ Unit designed for Environmental Allergies

- ☐ HoH's CAREER STAGE

☐ ANY VETERANS in HH?

☐ Yes

☐ No
- ☐ Employed

☐ Unemployed

☐ Retired

☐ FT Student

☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any

☐ I do not have mobile rental assistance

☐ Mobile Section 8 voucher

☐ MRVP

☐ AHVP

☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No

Any **Misdemeanor Conviction?** ☐ Yes ☐ No

Other Members: Any **Felony Convictions?** ☐ Yes ☐ No

Any **Misdemeanor Conviction?** ☐ Yes ☐ No

Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No

Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION

☐ ANNUAL INCOME

☐ DOCUMENTED DISABILITY?
- _____ ← # Adults

_____ ← # Children

_____ ← Total # in Household

☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS

☐ Homeless

☐ Housing Loss in 14 days

☐ Homeless under other federal status

☐ Homeless because Fleeing domestic violence

☐ At risk of homelessness

☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE

☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE (OR BACKUP MAILING ADDRESS)

- ☐ PREFERRED MAILING ADDRESS

- ☐ # BEDROOMS NEEDED?

☐ SPECIAL CIRCUMSTANCES? (some programs may grant you priority status)
- ☐ Disability

☐ Elder

☐ Veteran

☐ Fleeing Domestic Violence

☐ Rent-burdened

☐ Displaced by: _____

☐ Other



Dear Applicant:

Thank you for your recent inquiry of occupancy at a ***Carabetta Management Company*** apartment community. Due to the nature of Federal Assistance provided for these properties, we are required by the U.S. Department of Housing and Urban Development's (HUD) regulations to determine your eligibility for occupancy based on a number of factors, which includes verification of your income and expenses. In addition to performing credit checks, we also perform a criminal history background check. Please review the enclosed Rental Application, and provide us with all of the information requested as completely as possible. If any questions do not apply to you or your household, please mark "N/A". Any persons 18 years of age **AND/OR** older must sign the application.

PLEASE SUBMIT ONLY ONE (1) APPLICATION PER HOUSEHOLD – EVEN IF YOU ARE INTERESTED IN MORE THAN ONE (1) PROPERTY. THANK YOU.

We would also like to take this opportunity to advise you that the Owner's and/or Managing Agent and Federal and State agencies discourage the use of illegal drug use, sale or trafficking on the Property. The Managing Agent has the responsibility to actively promote a drug-free lifestyle and will work with Local and State Authorities to prosecute anyone involved with illegal drug use, sale or trafficking. **Therefore, in the event that you are involved with the foregoing, we strongly discourage you from completing and returning the application.**

Again, ***Carabetta Management Company*** would like to thank you for your inquiry. If you have any questions regarding the requirements of the application, please feel free to contact our office at: (203) 237-7400.

Sincerely,

CARABETTA MANAGEMENT COMPANY



Return to:
Carabetta Management Company
P.O. BOX C-1011
Meriden, CT 06450
LEASING DEPARTMENT

Rental Application

Dated: _____

Received: _____

Property: _____

Complex Name(s): _____ **Date:** _____

Applicant: _____ **Co-Applicant:** _____
(Name) (Name)

(Address) (Address)

(City/State) (City/State)

(Telephone) (Telephone)

(Social Security Number) (Social Security Number)

Head of Household ☐ yes ☐ no **Head of Household** ☐ yes ☐ no

List all household members who will be living in the unit together with the information listed below:

| Name | Relationship | Date of Birth | Sex | Social Security Number |
|------|--------------|---------------|-----|------------------------|
|------|--------------|---------------|-----|------------------------|

EMPLOYMENT HISTORY:

Head of Household:

Name: _____

Street: _____

City/ST: _____

Position: _____

How Long:_____

Annual Income:_____

LANDLORD HISTORY:

Current:

Name: _____

Street: _____

City/ST: _____

Length of Occupancy:_____

to Present

Rent: \$

(Annual/Monthly)

Spouse/Co-Head:

Name: _____

Street: _____

City/ST: _____

Position: _____

How Long: _____

Annual Income:_____

Prior:

Name: _____

Street: _____

City/ST: _____

Length of Occupancy:_____

Rent: \$_____

(Annual/Monthly)

Federally Subsidized ☐ yes ☐ no Federally Subsidized ☐ yes ☐ no

PERSONAL HISTORY:

| | |
|--|--|
| Applicant: | Applicant: |
| Date of Birth: _____ | Date of Birth: _____ |
| Driver License #: _____ | Driver License #: _____ |
| Sex: <input type="checkbox"/> male <input type="checkbox"/> female | Sex: <input type="checkbox"/> male <input type="checkbox"/> female |
| Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic | Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Black <input type="checkbox"/> Alaskan Native |
| <input type="checkbox"/> American Indian <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian <input type="checkbox"/> Asian |
| Familial Status: | Familial Status: |
| <input type="checkbox"/> married <input type="checkbox"/> single | <input type="checkbox"/> married <input type="checkbox"/> single |
| <input type="checkbox"/> widowed <input type="checkbox"/> divorced | <input type="checkbox"/> widowed <input type="checkbox"/> divorced |

- A)** Do you wish to be considered for a handicap accessible unit? ☐ yes ☐ no
- B)** Do you have reason to believe that you may be entitled to a \$400 disability/handicap adjustment to your income? ☐ yes ☐ no
- C)** Will you require "reasonable accommodation" as defined in the Fair Housing Act Amendment to a unit that is not designed as a handicap accessible unit? ☐ yes ☐ no
- D)** Will you require "reasonable accommodation" as defined in the Fair Housing Act Amendment in any common areas? ☐ yes ☐ no

Note: The information solicited under the Personal History section of the Application is requested by the Owner and/or its Agent (Carabetta Management Co.) in order to assure the Federal Government that Federal laws prohibiting discrimination against resident 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 you 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 and/or its Agent is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

BANK REFERENCES:

| | |
|---------------------|---------------------|
| Name of Bank: _____ | Name of Bank: _____ |
| Street: _____ | Street: _____ |
| City/ST: _____ | City/ST: _____ |
| Telephone: _____ | Telephone: _____ |
| Account #: _____ | Account #: _____ |
| Type of Acct: _____ | Type of Acct: _____ |

VEHICLES:

| | |
|------------------|------------------|
| Model: _____ | Model: _____ |
| Year: _____ | Year: _____ |
| Color: _____ | Color: _____ |
| License #: _____ | License #: _____ |

MISCELLANEOUS:

- A)** Have you ever lived at the apartment complex before? ☐ yes ☐ no
- B)** Have you ever lived at an apartment complex managed by Carabetta Management Co. before? ☐ yes ☐ no
- C)** Will a credit or prior landlord investigation reveal any information that you think might be negative? ☐ yes ☐ no

D) Source of Credit:

| | |
|---------------------------|---------------------------|
| Name: _____ | Name: _____ |
| Street: _____ | Street: _____ |
| City/ST: _____ | City/ST: _____ |
| Telephone: _____ | Telephone: _____ |
| Purpose: _____ | Purpose: _____ |
| Date Opened/Closed: _____ | Date Opened/Closed: _____ |

E) Have you ever been a party to an eviction proceeding? [] yes [] no

F) Do you have any pets? [] yes [] no If yes, what type?

G) Management may conduct a home visit as a part of its application process. [] yes [] no

H) Person to Contact in Case of Emergency:

| | |
|---------------------|---------------------------|
| Name: _____ | Name: _____ |
| Street: _____ | Street: _____ |
| City/ST: _____ | City/ST: _____ |
| Telephone: _____ | Telephone: _____ |
| Relationship: _____ | Personal Physician: _____ |

I) References:
Relative Not Living With You:

Name: _____

Street: _____

City/ST: _____

Telephone: _____

Relative Not Living With You:

Name: _____

Street: _____

City/ST: _____

Telephone: _____

Friend:

Name: _____

Street: _____

City/ST: _____

Telephone: _____

Relative of the Spouse/Co-Head Not Living With You:

Name: _____

Street: _____

City/ST: _____

Telephone: _____

J) How did you learn about us? [] newspaper [] referral [] drive by [] sign

K) By signing below, you agree to be bound by the terms of the Lease.

L) By signing below, you certify that the apartment you may occupy will be your permanent residence and that you will not maintain a separate, subsidized rental unit in another location.

M) By signing below, you agree that the apartment cannot be occupied until the Lease is signed and one month's security plus the first month's rent is paid by **check or money order; CASH IS NOT ACCEPTED**. If, after being approved for occupancy, you elect not to occupy the apartment, you agree to forfeit your deposit.

N) Upon completion of this application, we/I understand we/I have seven (7) working days to return any and all income and expense verification documentation as may be requested by Management to confirm our/my eligibility for occupancy. We/I also agree to provide copies of birth certificates and social security cards for all individuals who will be residing in the unit as a household member within seven (7) working days. Should we/I fail to submit the requested information within seven (7) working days, we/I understand that our/my application will no longer be considered for occupancy.

It is understood that in order to determine eligibility for residency in subsidized communities, certain information must be verified on appropriate forms provided by Management prior to occupancy. Incomplete applications cannot be considered. These procedures are followed by every applicant, regardless of rent structure or subsidy, and the additional information is used for determining rent amounts; it is not basis for granting or denying tenancy.

We/I hereby certify that only those persons listed in this application will occupy the premises. Further, we/I agree that if any other information herein contained is false, Management may, at its option and without notice, cancel any lease made on the basis of information provided as part of this application.

We/I hereby certify that we/I am 18 years of age or older. We/I hereby apply for an apartment at the above-mentioned location with our/my signature(s) below. We/I hereby authorize and request all credit reporting agencies, employers, credit, and personal references to release all pertinent information about us/me.

APPLICANT'S SIGNATURE:_____ **DATE:**_____

PRINT NAME: _____

CO-APPLICANT'S SIGNATURE:_____ **DATE:**_____

PRINT NAME: _____

APPLICATIONS THAT HAVE BEEN ON A WAITING LIST FOR A SIX (6) MONTH PERIOD MAY BE DISCARDED, UNLESS RENEWED BY THE APPLICANT BY MAIL. ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF THIS APPLICATION.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

APPLICANT STATEMENT OF AUTHORIZATION

As a condition of residency, I / We authorize Carabetta Management Company or any investigative service to investigate my background to determine suitability for residency. I/We understand that inclusion of any false or misleading information on my application may be grounds for the denial of my application.

I/We have reviewed this form, fully understanding the intent of this authorization and give my full consent for the disclosure of all my records (whether personal or otherwise) from current and/or previous employment, educational institutions, credit and financial institutions, Department of Motor Vehicles, criminal law and law enforcement agencies, military records (which could include a copy of my DD-214 Separation Form).

I fully understand the information provided by the agent is accurate only as to what was provided to them, and therefore do not hold the agent, Carabetta Management Company liable in anyway.

A photocopy of this release will be valid as an original, even though said photocopy does not contain an original writing of my signature.

EVERYONE EIGHTEEN YEARS AND OVER MUST SIGN

X_____

Applicant Signature

X_____

Co- Applicant Signature

Date of Birth

Date of Birth

Social Security Number

Social Security Number

Date

Date

(The inclusion of your birth date is voluntary, but could assist in verifying records obtained)

Please indicate below if you have been employed or educated under another name, and the dates this name was used, i.e. maiden name, nickname, alias, etc.

=====

HELLO! Providing us with the following brief information will greatly assist our Leasing Staff in helping you find the perfect unit.

Today’s Date: _____

Name(s): _____

Address: _____

City/State: _____

Phone: Home () _____

Work () _____

How did you hear about us?

(Name of Complex, if applicable)

_____ Resident Referral

_____ Newspaper

_____ Sign in front of building.

_____ Other ? Please explain

What prompts you to look for an apartment?

Are you looking for a: Studio: _____ 1BD: _____

Date you need to move by: _____

Do you own pet(s)? Yes [] No []

If Yes, What kind? _____

Affordable rent range for you: \$ _____

Your Occupation: _____

For How Long: _____

What is the most important feature in your new apartment?

Size: _____ Closet Space: _____

View: _____ Other: _____

=====

FOR STAFF USE ONLY

Application Given: _____

Apartment Shown: _____

Staff person taking this information: _____ Date: _____