

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear _____

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

App Generated: _____

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8561**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

Applicant/s must be 18 years of age and have the legal capacity to sign the lease.

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process and is subject to verification. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, cancel the application or terminate any lease. Landlord's gathering of information from and about prospective residents is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any resident regarding the behavior or character of any other resident or occupant of the community. Additionally, all information provided is subject to verification under the United States Department of Housing and Urban Development, Connecticut Housing Finance Authority, Rhode Island Housing, MassHousing, and/or Maine State Housing requirements. All information provided will be held as confidential.

THE MANAGEMENT AGENT WILL PROVIDE ASSISTANCE WITH COMPLETING THIS APPLICATION UPON REQUEST. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT OR ALTERNATE FORMAT.



The Schochet Companies
175 Federal Street, Suite 700
Boston, MA 02110
617-482-8925



FOR OFFICE USE ONLY:

Received date and time stamp here:

Total household income: \$ _____

(Please print clearly)

Applicant's Full Name: _____ Date of Application: _____

This rental application is for: **Wyllys Lisbon Co-op** _____ Desired Move-In Date: _____

Address: **77 Wyllys Street, Hartford, CT 06106** _____

Bedroom size requested: Studio ☐ 1BR ☐ 2BR ☐ 3BR ☐ Accessible unit ☐

Note: **Please fill in all sections completely.** Failure to do so may result in your application being returned to you as incomplete which may cause further delay in processing.

HOUSEHOLD COMPOSITION

NAME OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY NUMBER	PART or FULL- TIME STUDENT (Y/N)
	HEAD			

****Do you expect any changes to your household in the next 12 months? Yes ☐ No ☐**

Provide all addresses for the previous five (5) years.

CURRENT ADDRESS:

Address: _____

Telephone: _____ Lived There From: _____ to: Present Monthly Payment: \$ _____

E-mail address: _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____

Landlord Telephone/Cell: _____ Comments: _____

PREVIOUS ADDRESS #1

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone/Cell: _____ Comments: _____

PREVIOUS ADDRESS #2

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone/Cell: _____ Comments: _____

Please list all states that applicant(s) has/have lived in: _____

_____**DISABILITY STATUS:**

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Would you or anyone in your household benefit from the features of an accessible unit? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Would you like to be placed on a priority waiting list for an accessible unit? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Are you seeking admission based on a disability? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Do you require any modifications to the unit? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If so, please list the specific modifications needed:

This information will only be used for Fair Housing programs as required by Federal and State laws.

RACE & ETHNICITY:

We are required to collect data on race & ethnicity in accordance with federal regulations. Please check race and ethnicity categories that apply to you and/or your household.

Is the Head of Household (check only one) Hispanic or Latino ☐ Not Hispanic or Latino ☐

Is the Head of Household (select as many as appropriate)

White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian ☐Native Hawaiian /Other Pacific Islander ☐ Other (please specify) _____**STUDENT STATUS:**

Have you or any household member been enrolled as a full-time student during the past five months of the calendar year or planning to within the next 12 months? Yes ☐ No ☐

If yes, please explain: _____

GENERAL INFORMATION:

1. Have you or any member of your household filed for bankruptcy? Yes ☐ No ☐
2. Have you or any member of your household ever been evicted from any housing? Yes ☐ No ☐
3. Have you or any member of your household willfully or intentionally refused to pay rent? Yes ☐ No ☐
4. Have you or any member of your household ever been convicted of a felony? Yes ☐ No ☐

If yes, please explain: _____

5. Are you or any member of your household using an illegal or controlled substance? Yes ☐ No ☐

If yes, please explain: _____

6. Are you or any member of your household required to register as a sex offender? Yes ☐ No ☐

7. Are you currently living in subsidized housing? Yes ☐ No ☐

8. Are you or any member of your household a Veteran of the U.S. Military? Yes ☐ No ☐

9. Have you or any household member, while living in a subsidized apartment, had tenancy or housing assistance terminated for fraud, nonpayment of rent or non-compliance with the terms of the lease? Yes ☐ No ☐

10. Do you have any pets? Yes ☐ No ☐

If yes, describe: _____

11. How did you hear about our apartment community? _____

12. Briefly explain your reasons for applying to our apartment community: _____

13. Will you take an apartment when one becomes available? Yes ☐ No ☐

EMERGENCY CONTACT - Please provide contact information for two people who are not planning to live with you whom we may contact in the event of an emergency or to locate you:

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

INCOME

The U.S. Department of Housing and Urban Development and Section 42 of the Internal Revenue Code regulations require that each applicant/resident disclose all sources of income and assets. Applicants for housing in this property must complete this disclosure form by providing the requested information and certifying to its accuracy. This form must be completed in its entirety. **Please provide the mailing address and phone number for each of these sources in the area provided.** Should you need assistance completing this form, feel free to ask management staff for assistance. **If an income source is received from a foreign country, you must disclose this income as well.**

INCOME SOURCES Insert "N/A" if an income category does not apply to your household.	HOUSEHOLD MEMBER(S) WHO RECEIVES THE INCOME	<u>MONTHLY</u> GROSS AMOUNT	PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM
Employment income including wages, tips, bonuses and commissions.		\$	
Self-employment income		\$	
Workers' Compensation		\$	
Social Security		\$	
Supplemental Security Income (SSI)		\$	
Periodic payments from Disability, Death Benefit, Trust, Pension, Annuity or other type of Retirement Accounts		\$	
Public Assistance (AFDC or TANF)		\$	
Real estate rental income		\$	
Child Support or unearned income from a family member under 17 years of age.		\$	
Alimony		\$	
Veteran's Benefits		\$	
Unemployment compensation		\$	
Interest income earned from assets		\$	
Recurring gifts or family contributions, monetary or not		\$	
Financial Aid (grants & scholarships)		\$	
Other		\$	

Do you anticipate any changes in your household income during the next 12 months? Yes ☐ No ☐

Explanation: _____

CHILD SUPPORT:

We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather received directly from payer.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you or any member of your household entitled to receive child support payments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. If yes , are you currently receiving any child support payments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. If yes , are your child support payments court ordered? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. If child support is not being received, are you taking legal action to remedy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Explanation: _____

ASSETS: Insert "N/A" if an asset category does not apply to your household. If you need additional space, please request an additional form. **You must disclose all household assets including those held by minors and accounts in foreign countries.**

Type of Assets	Balance or Cash Value	Account #	Financial Institution Name and Address
Checking Account			
Checking Account			
Savings Account			
Savings Account			
Cash on Hand			
Trust (Revocable or Non-revocable)			
Certificate of Deposit			
Life Insurance (Whole or Universal)			
Credit Union Account			
IRA or 401k Account			
Pension/Retirement			
Stocks			
Investment Bonds			
Money market account			
Money in a safety deposit box			
U.S. Savings Bonds			
Personal property held as an investment			
Assets held in foreign countries			
Other (Describe)			

REAL ESTATE (including real estate in a foreign country):

Do you own any property? Yes ☐ No ☐

If yes, type of property: _____ Location: _____

Market Value: \$ _____

Do you receive any rental income from your property? Yes: ☐ No: ☐

If yes, type of property: _____ Location: _____

Amount received per month: \$ _____

Assets disposed of within past two years:

Applicants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of an income certification. This includes, but is not limited to, assets or money given away or sold for less than their true value if they were to be offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above? Yes ☐ No ☐

If yes, did you dispose of any assets for less than fair market value? Yes ☐ No ☐

Please list assets disposed of within past two years:

TYPE OF ASSET	MARKET OR CASH VALUE	AMOUNT RECEIVED	DATE DISPOSED
	\$	\$	
	\$	\$	

Jointly held assets: Do you or any household member have an asset owned jointly with a person who is not a member of the household as listed on page 1? Yes ☐ No ☐

If yes, please explain: _____

NOTE:

In considering this application from you, the Landlord will rely heavily on the information you have provided. It is most important that this information is accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize the Management Agent to verify all information you provided.

I/we do hereby certify that the information provided on this application and the questions answered are true and complete to the best of my/our knowledge. I/we further certify that I/we have disclosed all sources of income and assets currently held or previously disposed of and that I/we have no other income or assets than those listed on this form (other than personal property).

Under penalties of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud and is punishable by law. False, misleading or incomplete information may result in the cancellation of this application or termination of tenancy after occupancy.

I/we understand that providing false information and Urban Development has also established a process to match resident wage and benefit date with federal and state records to assure that applicants/residents are fully disclosing income.

I/we hereby certify that if I/we are applying for a federally-subsidized apartment, it will serve as my permanent residence, and that I/we will not maintain a separate subsidized rental unit in a different location. All adult applicants, age 18 or older must sign application.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

Consent for the Release of Information

Your signature on this form authorizes Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex in which you have applied. Any individual or organization may be asked to release information. Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income
Self-Employment Income	Disability Income
Pension Income	Other Sources of Income
Assets of Any Kind	Student Status
Family Composition	Landlord References
Federal, State, Tribal, and Local Benefits	Credit References
Criminal History	

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

Please Complete This Section:

I/We understand that failure to consent to the release of this information will render me ineligible for the property at which I/We have applied. I give my permission for Landlord, as mentioned above, to obtain any information that is pertinent to my/our eligibility and to any reference or entity I have identified to release such information to Landlord.

Applicant Information:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security # _____ Birth date: _____

Driver's License or Photo ID # _____ State Issued: _____

Signature: _____ Date: _____

Co-Applicant Information:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Social Security # _____ Birth date: _____

Driver's License or Photo ID # _____ State Issued: _____

Signature: _____ Date: _____