

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

Return to:
CARABETTA MANAGEMENT CO.
P.O Box C-1011
Meriden, CT 06450
ATTN: Leasing Department

RESIDENT APPLICATION

Applicant: _____
(Name)

(Address)

(City/State)

(Telephone)

(Social Security Number)

Applicant: _____
(Name)

(Address)

(City/State)

(Telephone)

(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
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EMPLOYMENT HISTORY:

Head of Household:

Name: _____

Street: _____

City/ST: _____

Position: _____

How Long: _____

Annual Income: _____

Spouse:

Name: _____

Street: _____

City/ST: _____

Position: _____

How Long: _____

Annual Income: _____

LANDLORD HISTORY:

Current:

Name: _____

Street: _____

City/ST: _____

Length of Occupancy: _____

Rent: \$ _____

(Annual/Monthly)

Federal Subsidized ☐ yes ☐ no

Prior:

Name: _____

Street: _____

City/ST: _____

Length of Occupancy: _____

Rent: \$ _____

(Annual/Monthly)

Federal Subsidized ☐ yes ☐ no

PERSONAL HISTORY:

Applicant:

Date of Birth: _____

Driver License #: _____

Sex: Male Female

Race: Caucasian Hispanic

Black Alaskan Native

American Indian Asian

Familial Status:

☐ married ☐ single

☐ widowed ☐ divorced

Applicant:

Date of Birth: _____

Driver License #: _____

Sex: Male Female

Race: Caucasian Hispanic

Black Alaskan Native

American Indian Asian

Familial Status:

☐ married ☐ single

☐ widowed ☐ 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 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:_____	Name:_____
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

- G) Management may conduct a home visit as a part of its application process.

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: _____

Friend:

Name: _____

Street: _____

City/ST: _____

Telephone: _____

Relative Not Living With You:

Name: _____

Street: _____

City/ST: _____

Telephone: _____

Relative of Spouse/Roommate 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 that 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 the 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 of the United States as to any matter within its jurisdiction.



Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A