

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line —

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

This waitlist is closed. The only waitlists open at present are:

This is not the right application. We have enclosed the correct application.

You do not appear to qualify for this property, because: _____

Name of Waitlist Administrator *optional* _____

Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY 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 for Environmental Allergies
 - Personal Care Attendant

- 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
 - Other Members:** Any **Felony Convictions?** Yes No
 - Any **Misdemeanor Conviction?** 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 ADDRESS

AddressLine 1 Apt # or "care of" name
City State Zip

- BEST MAILING ADDRESS

Address Line 1 Apt # or "care of" name
City State Zip

- # BEDROOMS NEEDED? SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
 - Disability Elder Local Resident Local Employee Local Student Homeless Vet. Fleeing Dom. Viol.
 - Rent-burdened 40% Rent-burdened 50% HUD VAWA Certification Victim of Hate Crime.
 - Displaced by: Urban Renewal Sanitary Code Natural Forces Other _____

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)
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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: _____

Spouse:
 Name: _____
 Street: _____
 City/ST: _____
 Position: _____
 How Long: _____
 Annual Income: _____

LANDLORD HISTORY:

Current:
 Name: _____
 Street: _____
 City/ST: _____
 Length of Occupancy: _____ to present
 Rent: \$ _____

Prior:
 Name: _____
 Street: _____
 City/ST: _____
 Length of Occupancy: _____
 Rent: \$ _____

(Annual/Monthly)

(Annual/Monthly)

Federal Subsidized yes no

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 01/25/2007

PRINT NAME _____

CO-APPLICANT'S SIGNATURE _____

DATE 01/25/2007

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 it jurisdiction.

