



SHELDON OAK

A Non-Profit Housing Development Corporation

Sheldon Oak Communities accepts **completed** applications on a first-come first-served basis. We are unable to hold any apartment until an approved application is processed.

In order to process an application, management staff must first receive a **completed application** along with copies of the following documents.

- ☐ Social Security Card(s) for all members of the household
- ☐ Birth certificate(s) for all members of the household
- ☐ Government-issued Photo ID/Drivers License for all members 18yrs +
- ☐ A 25.00 application fee in the form of a money order for each household member over 18yrs
- ☐ Proof of Section 8 voucher/move in packet if you are a voucher holder
- ☐ Proof of income for all members of the household
 - Last 6 consecutive pay stubs (if applicable)
 - Unemployment print out (if applicable)
 - DSS benefit letter (if applicable)
 - SS/SSI benefit letter (if applicable)

Size Apartment Interested In: ☐ 1 Bed ☐ 2 Bed ☐ 3 Bed ☐ 4 Bed

Name (Head of Household): _____

Current Address: _____

Phone: _____ Email: _____

Would you be interested in a handicapped accessible unit? ☐ Yes ☐ No

Please list all persons who will occupy the apartment:

Name	Relationship	Date of Birth	SS #
		/ /	- -
		/ /	- -
		/ /	- -
		/ /	- -
		/ /	- -

Date Apartment is Needed? _____

Date / Time Received: _____

Sheldon Oak Communities is an Equal Opportunity Housing provider and follows all federal and State of Connecticut laws regarding reasonable accommodations. For additional information, please see our Reasonable Accommodation Policy.
Si necesitas ayuda llame 860-785-4430

Sheldon Oak Communities
54 S Prospect St • Hartford, CT 06106 • (860) 785-4430
North End Office • 4 Vine St St • Hartford, CT 06112 • (860) 773-0249

Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

Date: _____

Property Name:	Northeast Hartford Affordable Housing	Telephone:	860-785-4430
Address:	54 S. Prospect Street	Fax:	
Address 2:	Hartford, CT 06106	TTD/TTY:	711 National Voice Relay
Property Web Site	www.sheldonoak.org	Email	mlandry@millennium-realty.com

(Please return this form to the above address)

For Office Use Only:		
Date application received _____	Time application received _____	By _____

Applicant Name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Current Address			
Address Line 2			
City, State, Zip			
Home Phone			
Cell Phone			
Email address			
Work Phone			
May we contact you at work?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth date			
Social Security Number			
If you have no Social Security Number, you claim you are exempt because			
<input type="checkbox"/> You are an ineligible non-citizen			
<input type="checkbox"/> You were 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010			



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

Is the Head-of household or co-head/spouse 62 or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a student enrolled in an institute of higher education?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a victim of a recent presidentially declared disaster?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	
Are you or is <u>any</u> member of the household required to register with any state lifetime sex offender or other sex offender registry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when			

PREFERENCES: The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for a unit transfer preference.

I currently live on this property. ☐ Yes ☐ No

Unit Number _____



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

RENTAL HISTORY:

Are you currently homeless? <i>If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Present Landlord		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving housing assistance from HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Previous Landlord #1		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you live at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

Previous Landlord #2		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

UTILITY PROVIDERS: You may not live in the unit unless you can establish utilities in the unit.

Do you have any current outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish utilities in your unit?		
Electric.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and all other people who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member. Because residents who live on this property are subject to citizen/non-citizen eligibility requirements, please indicate the citizen/non-citizen eligibility status. Please provide a complete list of states where each member has lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed. Failure to provide a complete and accurate list will result in the rejection of the application.

HOUSEHOLD MEMBER #	HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE
1		Head of Household	
SSN			
Citizenship Status	<input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen		
Please indicate each state where this person has lived: <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;"><input type="checkbox"/> Alabama</div> <div style="width: 25%;"><input type="checkbox"/> Alaska</div> <div style="width: 25%;"><input type="checkbox"/> Arizona</div> <div style="width: 25%;"><input type="checkbox"/> Arkansas</div> <div style="width: 25%;"><input type="checkbox"/> California</div> <div style="width: 25%;"><input type="checkbox"/> Colorado</div> <div style="width: 25%;"><input type="checkbox"/> Connecticut</div> <div style="width: 25%;"><input type="checkbox"/> Delaware</div> <div style="width: 25%;"><input type="checkbox"/> Florida</div> <div style="width: 25%;"><input type="checkbox"/> Georgia</div> <div style="width: 25%;"><input type="checkbox"/> Hawaii</div> <div style="width: 25%;"><input type="checkbox"/> Idaho</div> <div style="width: 25%;"><input type="checkbox"/> Illinois</div> <div style="width: 25%;"><input type="checkbox"/> Indiana</div> <div style="width: 25%;"><input type="checkbox"/> Iowa</div> <div style="width: 25%;"><input type="checkbox"/> Kansas</div> <div style="width: 25%;"><input type="checkbox"/> Kentucky</div> <div style="width: 25%;"><input type="checkbox"/> Louisiana</div> <div style="width: 25%;"><input type="checkbox"/> Maine</div> <div style="width: 25%;"><input type="checkbox"/> Maryland</div> <div style="width: 25%;"><input type="checkbox"/> Massachusetts</div> <div style="width: 25%;"><input type="checkbox"/> Michigan</div> <div style="width: 25%;"><input type="checkbox"/> Minnesota</div> <div style="width: 25%;"><input type="checkbox"/> Mississippi</div> <div style="width: 25%;"><input type="checkbox"/> Missouri</div> <div style="width: 25%;"><input type="checkbox"/> Montana</div> <div style="width: 25%;"><input type="checkbox"/> Nebraska</div> <div style="width: 25%;"><input type="checkbox"/> Nevada</div> <div style="width: 25%;"><input type="checkbox"/> New Hampshire</div> <div style="width: 25%;"><input type="checkbox"/> New Jersey</div> <div style="width: 25%;"><input type="checkbox"/> New Mexico</div> <div style="width: 25%;"><input type="checkbox"/> New York</div> <div style="width: 25%;"><input type="checkbox"/> North Carolina</div> <div style="width: 25%;"><input type="checkbox"/> North Dakota</div> <div style="width: 25%;"><input type="checkbox"/> Ohio</div> <div style="width: 25%;"><input type="checkbox"/> Oklahoma</div> <div style="width: 25%;"><input type="checkbox"/> Oregon</div> <div style="width: 25%;"><input type="checkbox"/> Pennsylvania</div> <div style="width: 25%;"><input type="checkbox"/> Rhode Island</div> <div style="width: 25%;"><input type="checkbox"/> South Carolina</div> <div style="width: 25%;"><input type="checkbox"/> South Dakota</div> <div style="width: 25%;"><input type="checkbox"/> Tennessee</div> <div style="width: 25%;"><input type="checkbox"/> Texas</div> <div style="width: 25%;"><input type="checkbox"/> Utah</div> <div style="width: 25%;"><input type="checkbox"/> Vermont</div> <div style="width: 25%;"><input type="checkbox"/> Virginia</div> <div style="width: 25%;"><input type="checkbox"/> Washington</div> <div style="width: 25%;"><input type="checkbox"/> West Virginia</div> <div style="width: 25%;"><input type="checkbox"/> Wisconsin</div> <div style="width: 25%;"><input type="checkbox"/> Wyoming</div> <div style="width: 25%;"><input type="checkbox"/> Washington D.C.</div> </div>			
2		<input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child, <input type="checkbox"/> Other adult, <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above	
SSN			
Citizenship Status	<input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen		
Please indicate each state where this person has lived <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 25%;"><input type="checkbox"/> Alabama</div> <div style="width: 25%;"><input type="checkbox"/> Alaska</div> <div style="width: 25%;"><input type="checkbox"/> Arizona</div> <div style="width: 25%;"><input type="checkbox"/> Arkansas</div> <div style="width: 25%;"><input type="checkbox"/> California</div> <div style="width: 25%;"><input type="checkbox"/> Colorado</div> <div style="width: 25%;"><input type="checkbox"/> Connecticut</div> <div style="width: 25%;"><input type="checkbox"/> Delaware</div> <div style="width: 25%;"><input type="checkbox"/> Florida</div> <div style="width: 25%;"><input type="checkbox"/> Georgia</div> <div style="width: 25%;"><input type="checkbox"/> Hawaii</div> <div style="width: 25%;"><input type="checkbox"/> Idaho</div> <div style="width: 25%;"><input type="checkbox"/> Illinois</div> <div style="width: 25%;"><input type="checkbox"/> Indiana</div> <div style="width: 25%;"><input type="checkbox"/> Iowa</div> <div style="width: 25%;"><input type="checkbox"/> Kansas</div> <div style="width: 25%;"><input type="checkbox"/> Kentucky</div> <div style="width: 25%;"><input type="checkbox"/> Louisiana</div> <div style="width: 25%;"><input type="checkbox"/> Maine</div> <div style="width: 25%;"><input type="checkbox"/> Maryland</div> <div style="width: 25%;"><input type="checkbox"/> Massachusetts</div> <div style="width: 25%;"><input type="checkbox"/> Michigan</div> <div style="width: 25%;"><input type="checkbox"/> Minnesota</div> <div style="width: 25%;"><input type="checkbox"/> Mississippi</div> <div style="width: 25%;"><input type="checkbox"/> Missouri</div> <div style="width: 25%;"><input type="checkbox"/> Montana</div> <div style="width: 25%;"><input type="checkbox"/> Nebraska</div> <div style="width: 25%;"><input type="checkbox"/> Nevada</div> <div style="width: 25%;"><input type="checkbox"/> New Hampshire</div> <div style="width: 25%;"><input type="checkbox"/> New Jersey</div> <div style="width: 25%;"><input type="checkbox"/> New Mexico</div> <div style="width: 25%;"><input type="checkbox"/> New York</div> <div style="width: 25%;"><input type="checkbox"/> North Carolina</div> <div style="width: 25%;"><input type="checkbox"/> North Dakota</div> <div style="width: 25%;"><input type="checkbox"/> Ohio</div> <div style="width: 25%;"><input type="checkbox"/> Oklahoma</div> <div style="width: 25%;"><input type="checkbox"/> Oregon</div> <div style="width: 25%;"><input type="checkbox"/> Pennsylvania</div> <div style="width: 25%;"><input type="checkbox"/> Rhode Island</div> <div style="width: 25%;"><input type="checkbox"/> South Carolina</div> <div style="width: 25%;"><input type="checkbox"/> South Dakota</div> <div style="width: 25%;"><input type="checkbox"/> Tennessee</div> <div style="width: 25%;"><input type="checkbox"/> Texas</div> <div style="width: 25%;"><input type="checkbox"/> Utah</div> <div style="width: 25%;"><input type="checkbox"/> Vermont</div> <div style="width: 25%;"><input type="checkbox"/> Virginia</div> <div style="width: 25%;"><input type="checkbox"/> Washington</div> <div style="width: 25%;"><input type="checkbox"/> West Virginia</div> <div style="width: 25%;"><input type="checkbox"/> Wisconsin</div> <div style="width: 25%;"><input type="checkbox"/> Wyoming</div> <div style="width: 25%;"><input type="checkbox"/> Washington D.C.</div> </div>			



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

3		<input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child, <input type="checkbox"/> Other adult, <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above
SSN		
Citizenship Status	<input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen	
Please indicate each state where this person has lived:		
<input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> Florida <input type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky <input type="checkbox"/> Louisiana <input type="checkbox"/> Maine <input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming <input type="checkbox"/> Washington D.C.		
4		<input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child, <input type="checkbox"/> Other adult, <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above
SSN		
Citizenship Status	<input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen	
Please indicate each state where this person has lived:		
<input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> Florida <input type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois <input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky <input type="checkbox"/> Louisiana <input type="checkbox"/> Maine <input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming <input type="checkbox"/> Washington D.C.		



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit? ☐ Yes ☐ No

If No, please move on to the next section. If yes, please provide the following information.

ANIMAL TYPE (I.E. DOG, CAT, TURTLE, ETC.)	BREED (IF APPLICABLE)	HEIGHT (MEASURED AT WITHERS IF APPLICABLE)	WEIGHT

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member? ☐ Yes ☐ No

UNIT SIZE: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1. Please indicate unit size preferences below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

Unit Size

<input type="checkbox"/> Studio Unit
<input type="checkbox"/> 1 Bedroom Unit
<input type="checkbox"/> 2 Bedroom Unit
<input type="checkbox"/> 3 Bedroom Unit

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> Special features: Please list below:



**Northeast Hartford Affordable Housing
Application for Admission and Rental Assistance**

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
Employer #1			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	
Employer #2			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	
Employer #3			
Address			
Address 2			
City, State, Zip			
Phone			
How much employment income do you expect to receive in the next 12 months?		\$	



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

How much do you expect to receive in other income in the next 12 months?

Please write in 0.00, NA or None if you will receive no income from these sources.

THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.

Monthly Social Security? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Retirement Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly VA Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Unemployment Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Are you entitled to Child Support? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Child Support Amount	\$	
Are you entitled to Alimony? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Alimony Amount	\$	
Monthly Public assistance? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Income from a pension or annuity or other asset?	\$	
Regular contributions from organizations or from individuals not living in the unit?	\$	
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$	
Contributions from family for rent, child care or other bills.	\$	
Any lump sum amounts from delay of payments for SSI or VA Disability	\$	
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annual amount of education assistance.	\$	
Other?	\$	
Other?	\$	
Other?	\$	
Other?	\$	



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

Assets

Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any benefits deposited in to a Direct Express Debit Card account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		
Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Balance - Please write in 0.00, NA or None if the account balance is zero.	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount	\$	
Do you own a home or other property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have business income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value of Business - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

DEDUCTIONS: Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

Households in which the **head-of-household, co-head of household or spouse are disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1 – annual premium	\$	
Health Insurance - 1 – annual deductible	\$	
Health Insurance - 2 – annual premium	\$	
Health Insurance - 2 – annual deductible	\$	
Dr. visit/medical treatments - annual out-of-pocket expense	\$	
Prescription Drugs - annual out-of-pocket expense	\$	
Do you have an HMO , a medical plan , or health insurance policy , which pays all or part of the cost of your medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give the name of the HMO, plan, or insurance company. <hr/> <hr/> <hr/>		
What amount (or percentage) of the cost must YOU pay?	\$	%
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who reimburses you? <hr/> <hr/> <hr/>		



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense <i>(i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)</i>	\$
Personal use items annual out-of-pocket expense <i>(i.e. glasses, incontinent supplies, hearing aids)</i>	\$
Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense	\$
Mileage to and from medical appointments	\$
Other	\$
Other	\$
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?	
Other?	\$
Other?	\$
Other?	\$
Other?	\$

Annual Child Care for a minor 12 years of age or younger Child care is used to care for the child because the parent/guardian is: <input type="checkbox"/> Employed <input type="checkbox"/> Seeking employment <input type="checkbox"/> Going to school		\$ _____
Provider Name		
Provider Address		
Provider Address 2		
City, State, Zip		
Phone		



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

Annual Cost of Care for a disabled family member to allow any adult family member to work		\$
Provider Name		
Provider Address		
Provider Address 2		
City, State, Zip		
Phone		
Expenses for auxiliary aides for a disabled family member		\$

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agents resident selection criteria.

☐ No
 ☐ Yes
 ☐ Paper copy
 ☐ Electronic copy

Applicant Name (please print) _____

Signature _____ Date _____



Northeast Hartford Affordable Housing Application for Admission and Rental Assistance

Northeast Hartford Affordable Housing 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. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Frank Stellato

P.O. Box 973

Rocky Hill

Connecticut

06067

Telephone – Voice 860-529-1111 xt. 106

Telephone – TTY 711 National Voice Relay

See HUD Handbook 4350.3 Revision 1, Paragraph 2-29-c-3 & 4 for information about the requirements to include this information.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input checked="" type="checkbox"/> Other: <u>Next of Kin Notification / Death of Family Member</u> </td> </tr> </table>		<input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input checked="" type="checkbox"/> Other: <u>Next of Kin Notification / Death of Family Member</u>
<input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input checked="" type="checkbox"/> Other: <u>Next of Kin Notification / Death of Family Member</u>		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

CERTIFICATION

I/We, the undersigned, state that I/We have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit in the above rental development for which application is made, all of whom are listed above.

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application below.

I/We further understand that as part of the application process my credit and background references will be checked without further authorization and that:

I hereby authorize the release of the requested information about us. A photocopy of this shall be as valid as the original. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

LANDLORD REFERENCE

Current / Previous Landlord: _____
Telephone: _____ Fax: _____
Email: _____
Applicant / Tenant Name: _____
Previous Address: _____

I authorize Sheldon Oak Communities, its subsidiaries, or its managing agents to investigate my rental history.
The investigation may include, but is not limited to, the questions listed below.

Signature of Applicant

Date

TO BE COMPLETED BY LANDLORD

Are you related to this applicant / family? Yes No
Lease Start Date: _____ Vacated Date: _____
Was adequate notice given? Yes No
Monthly Rent Amount: \$ _____ Tenant's Portion: \$ _____
Was the rent paid on time? Yes No How many times was the rent paid late? _____
Have you ever started eviction proceedings against this tenant? Yes No
If yes, for what reason? _____
Was there anyone else living in the apartment other than those listed on the lease? Yes No
Was the unit maintained in a safe, neat, orderly, and sanitary manner? Yes No
Were there any tenant/guest/family caused damages to the unit? Yes No
What condition did the tenant leave the apartment in? Good Fair Poor
Were there any complaints from other tenants? Yes No
If yes, please explain: _____
Did the tenant and their guests obey house rules? Yes No
If no, please explain: _____
Did the tenant violate the lease agreement in any way? Yes No
If yes, please explain: _____
Was the tenant on time and compliant with recertifications? Yes No N/A
Did the tenant have any pets? Yes No What Kind / How Many _____
To your knowledge, did the tenant and/or their guests engage in any illegal activity? Yes No
If yes, please explain: _____
Would you rent to this person again? Yes No
If no, please explain: _____
Do you have any other information to provide? _____

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Landlord's Signature

Date

Printed Name

Title

Sheldon Oak Communities
54 S Prospect St • Hartford, CT 06106 • (860) 785-4430
North End Office • 4 Vine St St • Hartford, CT 06112 • (860) 773-0249

AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # _____
Property Name: _____
Address: _____

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

_____	_____
Authorized Signature	Title
_____	_____
Print Name	Date

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information.

_____	_____
Signature	Date

Verification form is attached.


MILLENNIUM
REAL ESTATE SERVICES LLC

Property:	Unit #:
Applicant Name:	

Date Application Taken: _____
Requested Move- In Date: _____
Hold Deposit Received: _____

I understand that the application process could take up to one (1) month from the date that we receive a complete application. I have also provided all necessary and supporting paperwork to the Manager. I understand that the potential move in date (assuming all supplemental information has been provided) will be _____. The Property Manager has explained the process clearly and I understand that if I have any further questions regarding my occupancy I should contact the Manager directly at: _____.

I have ☐ I have not ☐ submitted a \$200 money order as my deposit to hold the apartment. I also understand that if I choose not to move forward with the apartment, my deposit is non refundable.

Property Manager

Applicant

Compliance Department Use Only

Date Application received: _____

Residential & Commercial
Property Management, Development and Tax Credit Compliance