

**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**  
54 S. Prospect Street  
Hartford, CT 06106  
860-785-4430



**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: \_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_

Address: \_\_\_\_\_

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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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  No
- 2. Would you like to be placed on a priority waiting list for an accessible unit? Yes  No
- 3. Are you seeking admission based on a disability? Yes  No
- 4. Do you require any modifications to the unit? Yes  No

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: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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.**

<b>INCOME SOURCES</b> Insert "N/A" if an income category does not apply to your household.	<b>HOUSEHOLD MEMBER(S) WHO RECEIVES THE INCOME</b>	<b>MONTHLY GROSS AMOUNT</b>	<b>PHONE NUMBER &amp; ADDRESS TO SEND VERIFICATION FORM</b>
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 <b>entitled</b> to receive child support payments? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. <b>If yes</b> , are you <b>currently</b> receiving any child support payments?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. <b>If yes</b> , are your child support payments court ordered?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. <b>If child support is not being received, are you taking legal action to remedy?</b>      | 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: \_\_\_\_\_