



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



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

Date Received: _____

Time Received: _____

<h1 style="margin: 0;">APPLICATION FOR HOUSING</h1> <p style="margin: 0;">Low-Income Housing Tax Credit Property</p> <p style="margin: 0;"><u>Please Print Clearly</u></p>

This is an application for housing at:	Project: Address:
Please complete this application and return to:	Name: Address:

*Applications are placed on the waiting list based on the order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when a question or item is not applicable to you and/or your household.*

A. GENERAL INFORMATION

Applicant Name: _____

Address: _____

Street
Apt.#
City
State
ZIP

Cell Phone: _____ Home Phone: _____

Email: _____ Work Phone: _____

Bedroom size requested: Studio One BR Two BR Three BR _____

Are you qualified for a dwelling available to a person with disabilities? Yes No _____

Will this be your only place of residence? Yes No _____

Will you take an apartment when one is available? Yes No _____

Briefly describe your reasons for applying:



B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS #	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit 100% of the time? Yes No

If not, explain custody agreement (proof of custody may be required): _____

1. Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
2. Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
3. Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
4. Are you living with anyone now who will not be moving into this unit with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>



5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	\$
12.	Social Security	\$
13.	Social Security	\$
14.	SSI Benefits	\$
15.	SSI Benefits	\$
16.	SSI Benefits	\$
17.	Pension (list source)	\$
18.	Pension (list source)	\$
19.	Veteran's Benefits (list claim #)	\$
20.	Veteran's Benefits (list claim #)	\$
21.	Workman's Compensation (list claim #)	\$
22.	Workman's Compensation (list claim #)	\$
23.	Medical Disability (list claim #)	\$
24.	Medical Disability (list claim #)	\$
25.	Cash Assistance (Title IV/TANF etc.)	\$
26.	Cash Assistance (Title IV/TANF etc.)	\$
27.	Contributions to the Household (monetary or not)	\$
28.	Annuities (list sources)	\$
29.	Scheduled Payments from Investments (list sources)	\$
30.	Financial Aid (excluding loans)	\$
31.	Unemployment Compensation	\$
32.	Unemployment Compensation	\$



Household Member Name	Source of Income	Monthly Amount
33.	Previous Employment amount (last 60 days)	\$
	Employer:	
	Position Held:	
	How long employed:	
34.	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
35.	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
36.	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
37.	Self-Employment Income	
	Do you work for yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list monthly income (after expenses).	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
38.	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you file tax returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please list previous years income from business.	\$
39.	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive formal/informal (money, items, etc.) child support? <i>If court order exists, it will need to be provided with a current payment history from the enforcement agency.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
40.	Other Income (list source)	\$
41.	Other Income (list source)	\$
42.	Other Income (list source)	\$
42.	Other Income (list source)	\$
43.	TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$
44.	TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do NOT leave this blank)	\$
45.	Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46.	Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No



47. Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48. <i>If yes to any of the above, explain:</i>		
49. Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

50. Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
51. Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
52. Direct Deposit Cards for SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
53. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
54. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
55. 401K / IRA	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
56. Trust Accounts	#	Bank	Balance \$	
57. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
58. Life Insurance Policy	#		Cash Value \$	
59. Life Insurance Policy	#		Cash Value \$	
60. Life Insurance Policy	#		Cash Value \$	
61. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
62. Stocks/ Bonds	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$



63. Does any member of the household have an asset(s) owned jointly with a person who NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
64. Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
65. Who do the asset(s) belong to?	
66. Real Estate Property: Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
67. Location of property	
68. Appraised Market Value	\$
69. Mortgage or outstanding loans balance due	\$
70. Amount of annual insurance premium	\$
71. Amount of most recent tax bill	\$
72. Is the property subject to foreclosure, bankruptcy or eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
73. Is this an investment property	<input type="checkbox"/> Yes <input type="checkbox"/> No
74. Are you receiving monthly income from this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, how much is the monthly (net profit after expenses)?</i>	

75. Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property and address:</i>	
76. Market value when sold/disposed	\$
77. Amount sold/disposed for	\$
78. Date of transaction:	

79. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>	
80. Date of disposition:	
81. Amount disposed	\$

82. Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	



E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
Have any of the applicants ever received rent assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		
Has assistance ever been terminated for fraud, non-payment of rent, failure to re-certify or other lease violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:	Phone #:	



Credit Reference #2:	
Address:	
Account #:	Phone #:
Credit Reference #3:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		

H. APPLICATION ASSISTANCE

Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, who assisted and what was the reason for the assistance:</i>		



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



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.



APPLICANT CLARIFICATION

Dear Applicant/ Relocation Tenant:

When you fill out the enclosed application, please include the following information:

Contact information of employers for all members of the household over 18:

Tenant Name: _____
Employer's Name: _____
Employer's Address: _____

Employer's Phone Number: _____
Employer's Fax Number: _____

Tenant Name: _____
Employer's Name: _____
Employer's Address: _____

Employer's Phone Number: _____
Employer's Fax Number: _____

Tenant Name: _____
Employer's Name: _____
Employer's Address: _____

Employer's Phone Number: _____
Employer's Fax Number: _____

Bank account information for all members of the household over 18:

Tenant Name: _____
Name of Bank: _____
Account Number: _____

Tenant Name: _____
Name of Bank: _____
Account Number: _____

Tenant Name: _____
Name of Bank: _____
Account Number: _____

Tenant Name: _____
Name of Bank: _____
Account Number: _____

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? _____

Title 18, section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government, HUD, and any owner (or any employees of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests or obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. 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 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).

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