Marshall Commons

INSTRUCTIONS FOR APPLICATION

PLEASE READ CAREFULLY. INCOMPLETE APPLICATIONS **WILL NOT BE ACCEPTED**.

- 1. **COMPLETE ALL AREAS**. If an item does not apply to you, answer "NO or N/A" on that question or mark with a "0" if it is a dollar amount line or section.
 - a) All sources of earned income must be reported for all household members 18 years and older.
 - b) All unearned income and assets must be reported for all household members, including minors.
- 2. **SIGNATURES** are required by all adult applicants (18 and older).

RETURN YOUR APPLICATION TO:

New Neighborhoods Inc. office, located at 76 Progress Drive Suite: 140, Stamford, CT 06902 Office hours are Monday-Friday 9:00 a.m.-5:00 p.m.

NOTE: Applications will be Date/Time stamped and processed in order received. ALL Adult applicants will go through the income verification, interview and background check process in order to establish eligibility.

If you have any questions, please feel free to contact the office at 203-359-2215 or visit the NNI office during office hours.

How many people will live in the unit?	
, · ·	
How many bedrooms are you seeking?	
Do you currently have a Mobil/Choice Voucher?	
Are any tenants 62 years of age or older?	
Do you receive SSI - Disability payments?	
How much are your annual household earnings?	

Mars	shall Commons	Stamford, CT	60% AMI	LIHTC	18	Apartments		Choice
	OPEN LIST	Monthly Rent Payments:	1	2	3	4	5	6
2	Bedroom Apartments	\$1,623	Person	People	People	People	People	People
	Income Qualifications:	Max Annual Income Limits	N/A	\$69,300	\$77,940	\$86,580	N/A	N/A
		Min Annual Income Required	N/A	\$54,001	\$60,751	\$67,451	N/A	N/A

Mars	shall Commons	Stamford, CT	60% AMI	LIHTC	10	Apartments		Choice
	OPEN LIST	Monthly Rent Payments:	1	2	3	4	5	6
3	Bedroom Apartments	\$1,876	Person	People	People	People	People	People
	Income Qualifications:	Max Annual Income Limits	N/A	N/A	\$77,940	\$86,580	\$93,540	\$100,440
		Min Annual Income Required	N/A	N/A	\$60,751	\$67,451	\$72,851	\$78,251

Marshall Commons		Stamford, CT	60% AMI	LIHTC	9	9 Townhouses		Townhouses Ch		Choice
	OPEN LIST	Monthly Rent Payments:	1	2	3	4	5	6		
3	Bedroom Townhouses	\$2,026	Person	People	People	People	People	People		
	Income Qualifications:	Max Annual Income Limits	N/A	N/A	\$77,940	\$86,580	\$93,540	\$100,440		
		Min Annual Income Required	N/A	N/A	\$67,540	\$71,513	\$75,983	\$81,048		

^{*}The figures on this sheet are estimated based on information available at the time of posting. Rents and/or Income Requirements can and will change from time to time. Property Managers will confirm official numbers and your eligibility at the time you are selected for a unit.

Last Updated: 6/7/2019

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APPLICATION FOR HOUSING



Please Print Clearly

This is an application for housing at:	Project:
Please complete this application and return to:	New Neighborhoods Inc. 76 Progress Drive Suite: 140 Stamford, CT 06902

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s):				
Address:				
Street	Apt.#	City	State	ZIP
Daytime Phone:		_ Evening Pho	one:	
Email:				
No. of BR's in current unit:		_ Do you	RENT or	OWN (check one)
Amount of current monthly renta	ıl or mortgage paym	nent: \$		
If owned, do you receive monthly	y rental income froi	m property?	l'es	No (check one)
Check utilities paid by you: H	leat Electri	icity Gas	Other	(specify)
Approximate monthly cost of uti	lities paid by you (excluding phone	and cable T	V): <u></u> \$
Bedroom size requested: O	ne BR Two Bl	R Thr	ee BR	Handicap Unit
Do you have a Section 8	Voucher or any other	er type of vouche	r? Yes	No
How did you hear about t	his property? Loca	l Newspaper N	NI Website	
Other:				

На	ave there been any changes to the	ne household	composition in las	t twelve m	nonths?	Yes No	
	yes, explain						
	Do you anticipate any changes in	n household co	omposition in the	next twelv	e mon	ths? Yes	No
	f yes, explain						
	s there someone not listed abov	e who would i	normally be living	with the l	nouseh	old? Yes	No
I	f yes, explain						
List A	I ALL persons who will live in th		OLD COMPOSIT		ïrst.		
	Name	Relationship to head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Со-Т							
3.							
4.							
5.							
6.							
7.							
8.							
	nyone in the household 62 years iving HUD rental assistance a c						ity number

Will <u>ALL</u> 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:

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the		
Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is		
not a Dependent on another's tax return?	Yes	No

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)?	Yes	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	
	Social Security	\$	
	SSI Benefits	\$	
	SSI Benefits	\$	
	SSI Benefits	\$	
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$	
	Pension (list source)	\$	
	Pension (list source)	\$	
	Pension (list source)	\$	
	Veteran's Benefits (list claim #)	\$	
	Veteran's Benefits (list claim #)	\$	
		\$	
	Unemployment Compensation	\$	
	Unemployment Compensation	\$	
	Title IV/TANF	\$	
	Title IV/TANF	\$	
	Contributions to the Household (monetary or not)	\$	
	Full-Time Student Income (18 & Over Only)	\$	
	Full-Time Student Income (18 & Over Only)	\$	
	Financial Aid (excluding Loans)		
	Annuities (list sources)	\$	
	Interest Income (source)	\$	
	Interest Income (source)	\$	
	Scheduled Payments from Investments	\$	

Household Member Name	Source of Income		onthly nount
	Employment amount	\$	
	Employer:		
	Position Held		
	How long employed:		
	Employment amount	\$	
	Employer:		
	Position Held		
	How long employed:		
	Employment amount	\$	
	Employer:	φ	
	Position Held		
	How long employed:		
	Thow long employed.		
	Alimony		
	Are you <i>entitled</i> to receive alimony?	Yes	No
	If yes, list the amount you are <i>entitled</i> to receive.	\$	110
	Do you receive alimony?	Yes	No
	If yes list amount you receive.	\$	110
	Child Support	1	
	Are you <i>entitled</i> to receive child support?	Yes	No
	If yes list the amount you are <i>entitled</i> to receive.	\$	110
	Do you receive child support?	Yes	No
	If yes, list the amount you receive.	\$	110
	Other Income		
	Other Income Other Income	\$	
	Other Income Other Income	\$	
	Other income	φ	
OTAL GROSS ANNUAL INCOME (Ba	sed on the monthly amounts listed above x 12)	\$	
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR			
o you anticipate any changes in this in	ncome in the next 12 months?	\$ Yes	No
yes, explain:			
			No

Is any member of the household likely to receive income or assistance (monetary or not	Yes	No
From someone who is not a member of the household listed on page 5 etc.?		
If yes to any of the above, explain:		
Is the income received?	Yes	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.								
Checking Accounts (last 4 digits of account	#		Bank		Balar	nce \$		
	#		Bank		Balar	nce \$		
number only)		#		Bank		Balar	nce \$	
Savings Accounts	#		Bank		Balar	nce \$		
(last four digi		#		Bank		Balar	nce \$	
number only)		#		Bank		Balar	Balance \$	
Trust Accoun	t	#		Bank		Balar	nce \$	
		#		Bank		Balance \$		
Certificates		#		Bank		Balance \$		
		#		Bank		Balance \$		
		#		Bank		Balar	nce \$	
Credit Union (last four digits of account number only)		#		Bank		Balance \$		
		#		Bank		Balance \$		
37	number only)			Maturity Date		Value \$		
Savings Bond	ls	#		Maturity Date		Value \$		
		#		Maturity Date		Value	e \$	
Life Insurance Policy #		#				Cash	Value \$	
Life Insurance Policy		#	-			Cash	Value \$	
Mutual Funds	Name:	ime:			Interest or Dividend \$		Value \$	
	Name:	#Shares:			Interest or Dividend \$		Value \$	
	Name:		#Shares:		Interest or Dividend \$		Value \$	

	Name:	#Shares:	Dividend Paid \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property		•		Appraised Value \$
Real Estate I	Property: Da va	ı own any property?		Yes No
If yes, Type		i own uny property.		105 110
Location of				
Appraised M	· · ·			\$
	outstanding loar	is balance due		\$
Amount of annual insurance premium				\$
Amount of n	\$			
NOT a mem If yes, descri	ber of the housel	nold?	wned jointly with a person w	Yes No Yes No
Have you so <i>If yes</i> , Type		y property in the last 2 y	rears?	Yes No
Market value	e when sold/disp	osed		\$
Amount sold/disposed for			\$	
Date of trans	saction			
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?				
				Yes No
If yes, descri				
Date of dispo				Φ.
Amount disp	oosed			\$
•		not listed above (exclud	ing personal property)?	Yes No
If yes, please list:				
				_

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
If yes, describe		
Have you or any member of your family ever been evicted from any housing?	Yes	No
If yes, describe		
List all states that you or a member of your household has lived in:		
Are you, or any member of your household required to register on the lifetime		
sex offender registry in any state?	Yes	No
Have you ever filed for bankruptcy?	Yes	No
If yes, describe		
Will you take an apartment when one is available?	Yes	No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

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

Account #:	Phone #:		
Credit Reference #2:			
Address:			
Account #:	ount #: Phone #:		
Credit Reference #3:			
Address:			
Account #:	Phone #:		
Personal Reference #1:			
Address:			
Relationship:	Phone #:		
Personal Reference #2:			
Address:			
Relationship:	Relationship: Phone #:		
Personal Reference #3:			
Address:			
Relationship:	Phone #:		
In case of emergency notify:			
Address:			
Relationship:	Phone #:		
G. VEHICLE AND PET IN	FORMATION (if applicable	.)	
List any cars, trucks, or other vehicles owned. Parking wi Management will be necessary for more than one vehicle.	il be provided for one vehicle	. Arrangements	with
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?		Yes	No
If yes, describe:		- 17	
Is your pet moving into the apartment?			
Is your pet current with all vaccines?			

CERTIFICATION

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.

SIGNATURE (S):	
(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

AUTHORIZATION FOR RELEASE OF CREDIT, CRIMINAL, & SEX OFFENDER REPORTS

Your signature on this form, and the signatures of each member of your household who is 18 year of age or older, authorizes the U.S. Department of Housing and Urban Development (HUD) and New Neighborhoods, Inc. to obtain credit, criminal and sex offender information.

Sensitive Information: the consent granted by this form may be used as basis to collect sensitive information which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD except to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

Instructions: Each adult member of the household must sign the form as part of the application process. Additional signatures must be obtained from new adult members whenever they join the household.

Conditions: I agree that photocopies of this authorization may be used to obtain necessary credit and criminal information. If I or any adult member of my household fails to sign this authorization, I understand that this action may constitute ground s for denial of eligibility.

**Head of Household		_	
Print		Signature	
Date of Birth	SS#		
Driver's License #			
**Other Adult Member			
Print		Signature	
Date of Birth	SS#		
Driver's License #			
**Other Adult Member			
Print		Signature	
Date of Birth	SS#		
Driver's License #			
**Other Adult Member	· · · · · · · · · · · · · · · · · · ·		
Print		Signature	
Date of Birth	SS#		
Driver's License #			

New Neighborhood, Inc. does not discriminate on the basis of handicapped status, race, gender, religion, or ethnic background.