

VISIT THE NNI WEBSITE AT WWW.NNISTAMFORD.ORG FOR MORE INFORMATION!

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 once an apartment becomes available. **(\$35.00 application fee due at interview for all members 18 and older)**

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

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: Stillwater Heights
	Address: 53 – 55 Stillwater Avenue Stamford, CT 06902
Please complete this application and return to:	Name: New Neighborhoods Inc.
	Address: 76 Progress Drive, Suite 140 Stamford, CT 06902
	203-359-2215

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 Phone: _____

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

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

If owned, do you receive monthly rental income from property? (check one)

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

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

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

B. HOUSEHOLD COMPOSITION

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

Will all listed minors be living in the unit at least 50% of the time? Yes No

Have there been any changes in household composition in the last twelve months?	Yes	No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	Yes	No
<i>If yes, explain:</i>		
Is there someone not listed above who would normally be living with the household?	Yes	No
<i>If yes, explain:</i>		

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:

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 child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	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	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	Yes No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	Yes	No
Is any member of the household legally entitled to receive income assistance?	Yes	No
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)?	Yes	No
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	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	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 \$
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Real Estate Property: <i>Do you own any property?</i>	Yes	No
<i>If yes</i> , Type of property		
Location of property		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	Yes	No
<i>If yes</i> , describe:		
Do they have access to the asset(s)?	Yes	No

Have you sold/dispensed of any property in the last 2 years?	Yes	No
<i>If yes</i> , Type of property:		
Market value when sold/dispensed	\$	
Amount sold/dispensed for	\$	
Date of transaction:		

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
<i>If yes</i> , describe the asset:		
Date of disposition:		
Amount disposed	\$	

Do you have any other assets not listed above (excluding personal property)?	Yes	No
<i>If yes</i> , please list:		

E. ADDITIONAL INFORMATION

Have you or any member of your family ever been evicted from any housing?	Yes	No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	Yes	No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

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 #:
Personal Reference #3:	
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?	Yes	No	
<i>If yes, describe:</i>			

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
(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# _____

**Other Adult Member _____
Print Signature
Date of Birth _____ SS# _____

**Other Adult Member _____
Print Signature
Date of Birth _____ SS# _____

**Other Adult Member _____
Print Signature
Date of Birth _____ SS# _____

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