

Dear Applicant,

Thank you for your interest in applying for one of the affordable units in our community. Enclosed are application materials for residency in the 99 Lynde Street property located in beautiful Old Saybrook, CT. To make it as easy as possible, a checklist of the application sections and required attachments and supporting documentation is provided below.

- ☐ SECTION A: General Information
- ☐ SECTION B: Household Composition
- ☐ SECTION C: Income
- ☐ SECTION D: Assets
- ☐ SECTION E: Additional Information
- ☐ SECTION F: Reference Information
- ☐ SECTION G: Certification
- ☐ ATTACHMENT A: Authorization to Release Information
- ☐ COPY of Social Security Card for each household member
- ☐ COPY of Birth Certificate for each household member
- ☐ COPY of Picture ID for each adult household member
- ☐ NON-REFUNDABLE APPLICATION FEE OF \$100.00 (certified check or money order) MADE PAYABLE TO HANFORD COMMONS, LLC.

Please do not hesitate to contact us at (475) 279-2087 if you have questions or require assistance with the application process.



HANFORD COMMONS STAFF USE ONLY	Date Received:	Time Received:	ID #:
-----------------------------------	----------------	----------------	-------

## APPLICATION INSTRUCTIONS

Applications are now being accepted. Please fill out the application in full and mail, along with a **non-refundable \$100.00 (certified check or money order) processing fee per adult applicant.**

**COMPLETED APPLICATION MUST BE RETURNED TO:**  
**HANFORD COMMONS, LLC**  
**30 N.E. Industrial Road**  
**Branford, CT 06405**

Please contact us at **(475) 279-2087** for any questions about the application process.

Please complete the attached application form. Answer all questions completely even if the answer is zero OR N/A. Incomplete applications will not be processed. This applies to each person 18 and over who will be living in the apartment.

### **ELIGIBILITY:**

All applicants must meet the required income requirements and are subject to other screening criteria including, credit, criminal, sex offender, and landlord references. All income and asset information will be screened to determine eligibility and cannot exceed the income limits as follows:

Income Level	Maximum Income Limit (by per person household size)			
	1	2	3	4
<b>60%</b>	\$50,190	\$57,360		
<b>80%</b>	\$66,920	\$76,480	\$86,040	\$95,600

***\*Excludes Market units***



**A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email address: \_\_\_\_\_

No. of Bedrooms in current unit: \_\_\_\_\_ Do you: ☐ RENT ☐ OWN (check one)

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

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (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: ☐ One BR ☐ Two BRDo you currently have a Section 8 Voucher: ☐ Yes ☐ No (check one)**B. HOUSEHOLD COMPOSITION:** List all persons, including yourself, who will be living in the apartment.

List head of household first.

Name	Relationship	Gender	Social Security #	Birth Date	Place of Birth
1.	Head				
2.					
3.					
4.					

Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Will any household members be or have been full-time students during 5 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/students? ☐ Yes ☐ No



If yes, please answer the following questions:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<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 'N/A.'

Household Member Name	Sources of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (Source: )	\$
Household Member Name	Sources of Income	Gross Monthly Amount
	Pension (Source: )	\$
	VA Benefits (Claim # )	\$
	VA Benefits (Claim # )	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Contributions to Household	\$
	Full-time Student Income	\$
	Full-time Student Income	\$
	Interest Income (Source: )	\$



	Interest Income (Source: )	\$
	Interest Income (Source: )	\$
	Interest Income (Source: )	\$
	Interest Income (Source: )	\$
	Long-term Medical Care Insurance Payments in excess of \$180/day	\$
	Wages Amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Wages Amount	\$
	Employer:	
	Position Held:	
	How long employed:	
<b>Household Member Name</b>	<b>Sources of Income</b>	<b>Gross Monthly Amount</b>
	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 receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	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 child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income:	\$



	Other Income:	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amount listed above x 12)		\$
TOTAL ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance of any kind (monetary or not) from someone who is not a member of the household as listed in Section B of this application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please explain:		Is this income received? <input type="checkbox"/> Yes <input type="checkbox"/> No

**D. ASSETS:**

Provide the following information for all members of the household (use another sheet of paper if necessary).

**Checking Accounts**

Bank:	Bank:
Address:	Address:
Account No.	Account No.
Int. Rate                      Balance: \$	Int. Rate                      Balance: \$

**Savings Accounts**

Bank:	Bank:
Address:	Address:
Account No.	Account No.
Int. Rate:                      Balance: \$	Int. Rate:                      Balance: \$

**Certificates of Deposit**

Bank:	Bank:
Address:	Address:
Account No.	Account No.



Int. Rate:	Balance: \$	Int. Rate:	Balance: \$
Penalty for early withdrawal:		Penalty for early withdrawal:	
Maturity Date:		Maturity Date:	

**Bonds****Trust Accounts**

Bank:	Bank:
Address:	Address:
Present Value: \$	Account No.
Maturity Date:	Int. Rate:                  Balance: \$

**Life Insurance Policy**

Policy #:	Policy #:
Cash Value: \$	Cash Value: \$

**Stocks****IRA's/401-K's**

Name:	Bank:
Address:	Address:
Value: \$                  Div. Rate:	Value: \$                  Div. Rate:

**Investment Property**

Description:	Description:
Appraised Value: \$	Appraised Value: \$

**Real Estate**

Do you own any property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Type of property:	
Location of property:	
Appraised Market Value	\$
Mortgage or outstanding loan(s) balance due	\$
Amount of annual insurance premium	\$



Amount of most recent tax bill	\$
--------------------------------	----

**Jointly Owned Assets**

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 in Section B of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:
Do they have access to the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Disposal of Property**

Have you sold or disposed of any property in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, type of property:	
Market Value when sold/dispensed: \$	Amount sold/dispensed for: \$
Date of Transaction:	

**Disposal of Assets**

Have you sold or disposed of any other asset(s) in the last two years (for example: given money to relatives, set up Irrevocable Trust Accounts)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe the asset:	
Date of disposition:	Amount disposed for: \$

**Other Assets**

Do you have any other assets not listed above (excluding personal property)? <input type="checkbox"/> Yes <input type="checkbox"/> 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, please describe: \_\_\_\_\_
- Have you or any member of your family ever been evicted from any housing? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_
- Have you ever filed for bankruptcy? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_
- Will you take an apartment when one is available? ☐ Yes ☐ No





**F. REFERENCE INFORMATION**

**List two Landlord References** (Name, Address and Phone No.) for ALL Adults in Household (Attach a sheet of paper if more space is needed):

<b>Current Landlord:</b>	<b>Prior Landlord:</b>
Home Phone:	Home Phone:
Business Phone:	Business Phone:
Address of Apt.:	Address of Apt.:
How long have you lived there?	How long did you live there?
Is this landlord related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this landlord related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No

**List three Credit References** (Name, Address, Phone No., and Account #.) for ALL Adults in Household (Attach a sheet of paper if more space is needed):

Credit Reference 1:	
Address:	
Phone No.:	Account #:
Credit Reference 2:	
Address:	
Phone No.:	Account #:
Credit Reference: 3:	
Address:	
Phone No.:	Account #:

**List three Professional References** (Name, Address and Phone No. and Relationship) for ALL Adults in Household (Attach a sheet of paper if more space is needed):

Professional Reference 1:	
Address:	
Phone No.:	Relationship:
Professional Reference 2:	
Address:	
Phone No.:	Relationship:



**F. REFERENCE INFORMATION** (cont'd)**Professional References** (cont'd)

Professional Reference 3:	
Address:	
Phone No.:	Relationship:

**Other Information** Please provide us with the name, address, and phone number of an emergency contact:

Name:	
Address:	
Phone No.:	Relationship:

**Vehicles:** List any vehicle owned

Type:	Type:
Year/Make:	Year/Make:
Color:	Color:
Phone No.:	Phone No.:
License Plate No.:	License Plate No.:

**Pets: DOGS AND CATS ARE PERMITTED. WEIGHT AND BREED RESTRICTIONS APPLY**

Do you own a pet? ☐ Yes ☐ No

If yes, please describe (include breed and weight): \_\_\_\_\_

**Hanford Commons is a totally Non-Smoking property.**

**G. 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/our 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 of Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Tenant: \_\_\_\_\_ Date: \_\_\_\_\_



## Attachment A

### AUTHORIZATION for Release of Information

#### CONSENT

I authorize and direct the Federal, State or local agency, organization, business, or individual to release and to verify my application for participation and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing and/or any other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by Hanford Commons, LLC in administering and enforcing program rules and policies. I also consent for Hanford Commons, LLC to release information from my file about my rental history to Hanford Commons, LLC, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or Hanford Commons, LLC policies.

#### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status  
Medical or Child Care Allowances  
Residences and Rental Activity

Employment, Income and Assets  
Credit and Criminal Activities

#### GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords including:  
Public Housing Agencies  
Court and Public Offices  
Schools and Colleges  
Law Enforcement Agencies  
Medical and Child Care Providers  
Retirement Systems  
Utility Companies

Past and Present Employers  
Welfare Agencies  
State Unemployment Agencies  
U. S. Social Security Administration  
Support and Alimony Providers  
U. S. Department of Veterans Affairs  
Bank and Other Financial Institutions  
Credit Providers and Credit Bureaus

#### COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that Hanford Commons, LLC may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove correct information. Hanford Commons, LLC may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies, U.S. Department of Defense, U.S. Office of Personnel Managements, the U.S. Postal Service, the U.S. Social Security Administration and State Welfare and food stamp agencies.

#### CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will remain of file with management office. I understand I have a right my file and correct any information that I can prove is incorrect.

#### SIGNATURES:

Head of Household	(Print Name)	(Date)
Adult Member	(Print Name)	(Date)
Adult Member	(Print Name)	(Date)
Adult Member	(Print Name)	(Date)

**NOTE: THIS GENERAL CONSENT MAY NOT USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506T "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARA**

