

# HOUSING APPLICATION FOR OLD TALCOTT MILL APARTMENTS

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## **Application:**

Please complete the application in its entirety and sign and date all consent forms. Check all applicable boxes and fill in all lines even if the answer in "Not Applicable" (N/A) or zero. Incomplete applications cannot be processed. Return all required forms and make copies for your records. **Complete household information is required.**

## **Identification:**

We require copies of three (3) forms of identification as described below. Do not send originals. The originals will be reviewed at the time of final application processing.

Acceptable forms of ID are:

- Picture **ID** (driver's license) or State Issued Identification
- Birth Certificate \*\*
- Social Security Card, for all adult household members

For minors under 18 years of age Birth Certificate and social security cards.

\*\* Other acceptable forms of identification with date of birth include: Baptismal Certificate, Valid Passport, and Naturalization Certificate.

## **Verifications:**

An individual or a service provider working with an applicant can assist with completing this application.

## **Qualifications:**

To qualify for tenancy at Old Talcott Mill Apartments, an applicant **MUST** be a U. S. Citizen, National or Eligible Non-Citizen and have a gross annual income per the established guidelines as stated below. All household members age 18 or older must complete & sign the application and provide proof of income. Eligibility is recertified every 12 months and annual household income will be verified.

### **Maximum Income Limits as of 04/1/2018:**

#### **Income limits per the size of Household**

*Area Median Income (AMI)*

<b>Income Limit</b>	<b>1 person</b>	<b>2 person</b>	<b>3 person</b>	<b>4 person</b>
<b>60% AMI</b>	<b>\$40,680</b>	<b>\$46,500</b>	<b>\$52,320</b>	<b>\$58,080</b>

**NOTE:** PET FRIENDLY COMMUNITY. Pets up to 20lbs. \$300 pet deposit required. **(documentation is required)**

**Old Talcott Mill Apartments is a Smoke Free Community**

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## Income Sources

All sources of Income must be disclosed at the time of application. Please provide copies of the following:

Copy of Most Recent Federal Tax Return  
Paycheck stubs (4-6) ( **(6) Weekly Pay (4) Bi-Weekly Pay**)  
Workman's Compensation  
Social Security / SSI Payments  
Unemployment  
Pensions  
Budget Sheet (TANF/SAGA)  
Court Records Child Support or Alimony  
Six Months of Bank Statements

## All sources of Assets must be verified:

Checking Accounts ( **Six (6) Months bank Statements Required**)  
Savings Accounts  
Certificate of Deposits (CD'S)  
401K Accounts  
IRA/Roth Accounts  
Real Estate (own a home/condo/land)  
Stock or Bonds  
Mutual Funds  
Life Insurance Whole or Universal Policy Only

Applications may be denied if any of the following apply: You are NOT eligible if:

- Your income is too high
- You do not meet the maximum or minimum occupancy standards
- You are not a citizen, or an eligible immigrant as defined for purposes of program selection
- You have not completely filled out the application
- You have failed to provide current and accurate information
- Failure to supply requested documentation
- You are anyone in the household is a registered Sex Offender
- You did not sign all verification and consent forms
- Unfavorable criminal background and/or credit check
- Unfavorable reference(s): landlord or personal
- Reasonable doubts as to ability to pay rent
- You are a Full-time student and the head of household with no qualifying dependent





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**C. INCOME**

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

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	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)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

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Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (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?	<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 ( <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
<b>If yes to any of the above, explain:</b>		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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**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 \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$

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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>	
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>	
Date of disposition:	
Amount disposed	\$

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>	

<b>E. ADDITIONAL INFORMATION</b>		
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, describe:</i>		
List all states that you or a member of your household has lived in:		



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Are you, or any member of your household subject to a lifetime sex offender registration requirement in any state?  _____ Yes      _____ No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i><b>If yes, explain</b></i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i><b>If yes, describe</b></i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i><b>Briefly describe your reasons for applying:</b></i>		

### F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Personal Reference #1:		
Address:		
Relationship:	Phone #:	
Personal Reference #2:		
Address:		
Relationship:	Phone #:	
In case of emergency notify:		
Address:		
Relationship:	Phone #:	

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**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
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**NOTE: PETS ARE ONLY ALLOWED FOR PERSONS WITH DISABILITIES WHO REQUIRE A SERVICE ANIMAL. (documentation is required)**

**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
_____	_____

**\*\* OFFICE USE ONLY \*\***

**DATE RECEIVED** \_\_\_\_\_

**TIME RECEIVED** \_\_\_\_\_

**DMC STAFF SIGNATURE** \_\_\_\_\_

**DATE LOGGED** \_\_\_\_\_ / **APPLICATION #** \_\_\_\_\_

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**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I, THE ABOVE NAMED INDIVIDUAL, HAVE AUTHORIZED DEMARCO MANAGEMENT AGENT FOR HISTORIC TALCOTT MILL, LLC TO VERIFY THE ACCURACY OF THE INFORMATION WHICH I HAVE PROVIDED TO THEM FROM THE FOLLOWING SOURCES THAT CAN NOT GO BEYOND THE NEEDS FOR REQUIRED DEPARTMENT OF HOUSING (DOH) AND CONNECTICUT HOUSING FINANCE AGENCY (CHFA) INITIAL AND ANNUAL INCOME RECERTIFICATION VERIFICATIONS (I.E., ASSETS, ALL INCOME, LANDLORD VERIFICATION, YEAR TO DATE TAXES, AND CRIMINAL/CREDIT RECORDS.)

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO DEMARCO MANAGEMENT SUBJECT TO THE CONDITION THAT IT BE KEPT CONFIDENTIAL. I WOULD APPRECIATE YOUR PROMPT ATTENTION IN SUPPLYING THE INFORMATION REQUESTED ON THE ATTACHED PAGE TO DEMARCO MANAGEMENT WITHIN FIVE (5) DAYS OF RECEIPT OF THIS REQUEST.

I UNDERSTAND THAT A PHOTOCOPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL.

THANK YOU FOR YOUR ASSISTANCE AND COOPERATION IN THIS MATTER.

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM  
THE DATE NOTED ABOVE.**