



Dear Prospective Tenant.

Thank you for your interest in Deer Meadow. Our neighborhood consists of 48 two and three bedroom units spread out over five resident buildings constructed in 1992. Whether you are applying for immediate occupancy or for the waiting list, we look forward to working with you.

Please review the enclosed application carefully and be sure to **complete all sections** thoroughly and return to me for processing.

We wish to emphasize that our rents do not include utilities and that you will be responsible for the following: gas, electricity, telephone and cable TV. Naturally, the costs for these services will vary depending upon your usage. We also wish to point out to you, that despite the fact that you may be eligible for occupancy, because your income does not exceed the allowable maximum, we still have to be satisfied as to your ability to pay the rent and utility charges for which you will be responsible if we lease a unit to you. Your sources of income must be adequate enough to meet these obligations. And, of course, your credit history and prior landlord references are important to our decision on your application.

A \$35.00 non-refundable processing fee, in the form of a **money order or certified bank check**, no personal checks, is due at the time you submit your application. Please have the money order or bank check made payable to the order of: **Deer Meadow Apartments of Bloomfield, L.P.**

If you have any questions please feel free to call. I look forward to hearing from you. Once again thank you for considering Deer Meadow.

Sincerely,

Marilynn Everett
Site Manager

Deer Meadow Drive
Bloomfield, Connecticut 06002
860-666-4567

DEER MEADOW APARTMENTS APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: Deer Meadow Apartments
	Address: Deer Meadow Drive
	Bloomfield, CT. 06002
PH: (860) 666-4567 FX: (860) 666-4569	
Please complete this application and return to:	Name: Marilyn Everett
	Address: 10 Griswold Hills Drive
	Newington, CT. 06111
NOTE: Families may complete one application for the entire family; roommates must each complete a separate application. Each application must be accompanied by a \$35.00 Money Order or Bank Check, payable to Deer Meadow Apartments. <u>NO PERSONAL CHECKS ACCEPTED</u>	

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? 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: ___Studio ___One BR ___Two BR ___Three BR ___Handicap BR ___

Applicant #1 Drivers License Number: _____

Applicant#2 Drivers License Number: _____

B. HOUSEHOLD COMPOSITION

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

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 minor child 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	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships	\$
	exceeding of the amount of tuition may have to	
	be included in total income)	
	Interest Income (source)	\$
	Interest Income (source)	\$
	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 \$	
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 \$	
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 \$	

Application

Real Estate Property: <i>Do you own any property?</i>	LI Yes	LI No
<i>If yes, Type of property</i>		
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?	LI Yes	LI No
<i>If yes, describe:</i>		
Do they have access to the asset(s)?	LI Yes	LI No

Have you sold/dispensed of any property in the last 2 years?	LI Yes	LI 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: Irrevocable Trust Accounts)?	Given away money to relatives, set up	
		LI Yes LI 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)?	LI Yes	LI No
--	--------	-------

If yes, please list:

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	LI Yes	LI No
Have you or any member of your family ever been convicted of a felony?	LI Yes	LI No
<i>If yes, describe:</i>		

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

CONSUMER AUTHORIZATION

To Whom It May Concern:

I hereby Authorize and request any present or former employer, school, police department, financial institution, landlord, or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for tenancy in a residential apartment. I am willing that a photocopy of this authorization be accepted with the same authority as the original and I specifically waive any written notice from any present or former employer or landlord who may provide information based on this request. I understand that this Authorization is to be part of the written tenant application, which I sign.

I have been given a stand-alone, consumer notification that a report will be requested and used for the purpose of evaluating me for tenancy in a residential apartment.

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

If name changed

(through marriage or otherwise) print former name here: _____

Applicant's Printed Name _____

Applicant's Signature _____ Date _____

If name changed

(through marriage or otherwise) print former name here: _____