

THE APPLICATION PROCESS

Thank you for your interest in Woodland Hills Apartments!

STEP 1 – To start the application process, you must complete the following:

- Fill out the Application for Housing form in full and have all future household members, age 18 or older, sign on page 7.
- Attach to the application copies of the following:
 - Birth Certificates for all household members;
 - Social Security Cards for all household members;
 - Alien Registration Cards (front and back) for all non-citizens in the household.
- If you need more space to respond to an item on the application, please use the back of the application.
- Drop off or mail the completed application form to:
 - Woodland Hills Apartments, Rental Office, 330 Highland Avenue, Torrington, CT 06790

STEP 2 – Once we receive your completed application, we will

- Review the application for your household's eligibility for the community;
- Complete a credit/criminal/eviction background check on all those age 18 or older;
- Notify you if your application is ineligible or has been rejected due to your credit/criminal/eviction background check. If it is rejected, you may request a hearing within 14 days. If it has not been rejected, your name will be placed on the waiting list.

STEP 3 – When your name is near the top of the waiting list, we will:

- Ask you to come in for an interview. At the interview, you will be asked to sign verification forms so we may obtain proof of the information you provided on your application. You will also be asked to sign a declaration of citizenship. *The interview appointment does not guarantee the assignment of an apartment.*
- Rescreen credit/criminal/eviction background check on all those age 18 or older if application is more than 6 months old
- Mail out the verification forms.

STEP 4 – When an apartment becomes available, we will:

- Review all documentation submitted to date as well as the verification forms that have been returned.
- Notify you if you are accepted or rejected for an apartment. If rejected, you may request a hearing within 14 days. If approved, we will show you the next available apartment.
- Show you an apartment that you may accept or reject. If you reject a unit, your name will be placed at the bottom of the waiting list.

**PLEASE NOTE: Incomplete or ineligible applications will be returned!
To keep your application active, you must notify us of any changes in your information!**

I certify that the following information is given freely and to the best of my knowledge is true. Landlord or his agent is authorized to verify the accuracy and correctness of these statements and to check my credit & criminal history, as well as a search for any prior landlord history. I expect you to rely on this information, and I agree that if any information herein contained is false, that any contract made on the strength of this application may, at your option, be terminated. I also understand that this application must be approved before occupancy will be allowed.

Application Signature	_____	Date	_____
Application Signature	_____	Date	_____
Application Signature	_____	Date	_____
Application Signature	_____	Date	_____

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit & Housing and Urban Development Property

Please Print Clearly

This is an application for housing at:	Project: WOODLAND HILLS APARTMENTS
	Address: 330 HIGHLAND AVE TORRINGTON, CT 06790
Please complete this application and return to:	Name: WOODLAND HILLS APARTMENTS
	Address: 330 HIGHLAND AVE TORRINGTON, CT 06790

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** **OWN** (circle one)

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

If owned, do you receive monthly rental income from property? Yes No (circle one)

Circle 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#	Student Y/N
Head						
Co-T						
3						
4						
5						
6						
7						
8						

Are there any household members not claiming eligible immigration status?	Yes	No
Were any household members age 62 or older as of January 31, 2010?	Yes	No
If yes, does the household member have a SSN?	Yes	No
If no, was this household member receiving HUD rental assistance at another location as of January 31, 2010?	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 the 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 correspondence school) with regular faculty and students?	Yes	No
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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 Title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent 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 N/A.		
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	\$
	Contributions to the Household (monetary or not)	\$

	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	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 the 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	\$
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	Other Income	\$
	Other Income	\$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$
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TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$
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Do you anticipate any changes in this income in the next 12 months?	Yes	No
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Is any member of the household legally entitled to receive income assistance?	Yes	No
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Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 2 etc)?	Yes	No
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If yes to any of the above, explain:

Is the income received?	Yes	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 N/A.

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Trust Accounts	#	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 \$
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Life Insurance Policy	#	Cash Value \$
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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: Do you own any property?	Yes	No
If yes , 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
If yes , describe:		
Do they have access to the asset(s)?	Yes	No

Have you sold/disposed of any property in the last 2 years?	Yes	No
If yes , type of property:		
Market value when sold/disposed	\$	
Amount sold/disposed 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
If yes , describe the asset:		
Date of disposition:		
Amount disposed	\$	

Do you have any other assets not listed above (excluding 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
<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>		
Are you or any member of your household subject to State lifetime sex offender registration in any state?	Yes	No

List all States you or any member of your household has resided:

F. REFERENCE INFORMATION		
Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Previous 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
If yes describe:	

CERTIFICATION

I/We herby 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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.