APPLICATION FOR HOUSING

(Low-Income Housing Tax Credit Property)

This is an application for housing at:	Ridgefield Housing Authority 25 Gilbert Street Ridgefield, CT 06877
Please complete the application and return to:	Ridgefield Housing Authority 25 Gilbert Street Ridgefield, CT 06877

Applications are placed in order of the date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s):					
Address:					
Daytime Phone:		Eve	ning Phone:		
# of Bedrooms in Current Unit	:		Do you own or rent:	□ Own	□ Rent
Amount of Current Monthly R	ental or Mortgag	e Payment?	\$	i	
If owned, do you receive mont	thly rental incom	e from the prop	erty? 🗆 Yes	□ No	
Check Utilities Paid by You:	□ Heat □ Elec	tric 🗆 Gas 🛭	□ Other: (Specify)		
Approximate monthly cost of t	utilities paid by y	ou (excluding ph	one and cable TV):	\$	
Do you require an accessible u	nit? □ Yes	□ No	If yes, type:		
Are you currently homeless?	□ Yes	□ No			
Bedroom Size Requested:	□ 1 Bedroom	□ 2 Bedroom	□ 3 Bedroom		

B. HOUSEHOLD COMPOSITION

Head		••	Relationship to	D: 11 D .	Age	SS#	,	Student
Aca en y full-time student(s) a ranker or a latile IV recipient? Are any full-time student(s) a single parent living with hisher child(rent) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent? 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)? Charace: Monthly Amount?	Head	Name	Head	Birth Date	(Optional)	(last 4 dig	gits)	(Yes or No
3.								
4. 5. 6. 7. 8. Ves No (yes, explain: Do you anticipate any changes in household composition in the last twelve months? Yes No (yes, explain: Do you anticipate any changes in household composition in the next twelve months? Yes No (yes, explain: Sthere someone not listed above who would normally be living with the household? Yes No (yes, explain: Will all of the persons in the household be or have been full time students during the 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? If yes, answer the following questions? Are any full-time student(s) married and filing a joint tax return? Are any full-time student(s) as ingle parent living with his/her child(rent) who is not a (yes No	Co-Head							
5. 6. 7. 8. Have there been any changes in household composition in the last twelve months? f yes, explain: Oo you anticipate any changes in household composition in the next twelve months? f yes, explain: S there someone not listed above who would normally be living with the household? f yes, explain: Will all of the persons in the household be or have been full time students during the 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? f yes, answer the following questions? Are any full-time student(s) married and filing a joint tax return? Are any full-time student(s) are included in a job-training program receiving assistance under the Job Training Partnership Act? Are any full-time student(s) a single parent living with his/her child(rent) who is not a great living with his/her c	3.							
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Name:		Monthly Amount?			
Position Held:		How Long Employed:			
Employer:		1			
Name:		Monthly Amount?			
Position Held:		How Long Employed:			
Employer:		1			
-	the household receive Social splease list the household member's Type:		Amount:	□ Yes	□ No
Name:	Type:		Amount:		
-	the household receive a pensisplease list the household member's Type:		Amount:	□ Yes	□ No
Name:	Туре:		Amount:		
If you answered yes	the household receive Vetera please list the household member's Type:		Amount:	□ Yes	□ No
Name:	Type:		Amount:		
-	the household receive Unemp please list the household member's Type:	•	Amount:	□ Yes	□ No
Name:	Туре:		Amount:		
	the household receive Public please list the household member's Type:		=	□ Yes	□ No
Name:	Туре:		Amount:		
•	the household receive an Anna please list the household member's Type:	-	Amount:	□ Yes	□ No
-	the household receive Schedu please list the household member's Type:			□ Yes	□ No
excess of \$180 p	please list the household member's		•	□ Yes	□ No
Name:	Type:		Amount:		

Does anyone in the household receil f you answered yes please list the household Name:	ve Contributions to the Household (r d member's name, type and amount. Type:	nonetary or not)? Amount:	□ Yes	□ No
Name:	Туре:	Amount:		
Does anyone who is a Full Time Stu ll fyes, please list the household member's no	dent Receive Income (18 and over on ame and the amount:	ly)?	□ Yes	□ No
Does anyone who is a Student Rece If yes, please list the household member's no			□ Yes	□ No
Are you legally entitled to receive a If yes, please list household member's name	limony? and the amount they are entitled to receive.		□ Yes	□ No
Do you receive alimony? If yes, please list the household member's na	ame and the amount:		□ Yes	□ No
Are you legally entitled to receive could be seen that the seen of	hild support? and the amount they are entitled to receive.		□ Yes	□ No
Do you receive child support? If yes, please list the household member's na	ame and the amount:		□ Yes	□ No
Do you or any member of your house If yes, please list the household member's na	sehold receive any income not menti ame and the amount:	oned above?	□ Yes	□ No
Total gross annual income (based o	n the monthly amount's above x 12)		\$	
Total gross annual income last year			\$	
Do you anticipate any changes in th	is income in the next 12 months?		□ Yes	□ No
Is any member of the household leg If yes, is the income received?	ally entitled to receive income assist	ance? □ Yes □ No	□ Yes	□ No
	ely to receive income or assistance (r r of the household listed on page2)? ame and the amount:	nonetary or not)	□ Yes	□ No
D. ASSETS (If assets are	too numerous to list, please requ	est an additional	sheet)	
Does anyone in the household have If you answered yes please list the household Name:	_		□ Yes	□ No
	Bank Name:	Balance:		
Name:		Balance:		
Name:	Bank Name:			
Name: Does anyone in the household have	Bank Name: Bank Name: Bank Name: a savings account?	Balance:	□ Yes	□ No
Name:	Bank Name: Bank Name: Bank Name: a savings account?	Balance:	□ Yes	□ No
Name: Does anyone in the household have If you answered yes please list the household	Bank Name: Bank Name: Bank Name: a savings account? d member's name, bank name and balance.	Balance:	□ Yes	□ No

•	sehold have a prepaid debi		t card?		□ No
	the household member's name,	bank name and balance.	Dalamas		
Name:	Bank Name:		Balance:		
Name:	Bank Name:		Balance:		
Name:	Bank Name:		Balance:		
Does anyone in the hous	sehold have a trust accoun	t?		□ Yes	□ No
	he questions above please list th		me, bank name and bala	ance.	
Name:	Bank Name:		Balance:		
Door anyong in the hour	cohold have a Cortificate(s)	of Donosit?		□ Yes	⊓ No
	sehold have a Certificate(s) the questions above please list th	-	ama hank nama and am		
Name:	Bank Name:	ie nousenoid member s na	Amount:	Juiit.	
Does anyone in the hous	sehold have a 401K or Reti	rement Account?		□ Yes	□ No
	the account without terminatin		′es □ No		
Name:	Bank/Firm Name		Amount:		
Does anyone in the hous	sehold have a Money Mark	et Account?		□ Yes	□ No
If you answered yes to any of t	he questions above please list th	e household member's na	ame, bank name and am	ount.	
Name:	Bank Name:		Amount:		
Does anyone in the hous	sehold have a Savings Bond	d(s)?		□ Yes	□ No
	d member's name, bank name, a		nd the current balance.		
Deer anyone in the house	ahald have a Life Incomens	a Daliau2		- V	- Na
	sehold have a Life Insuranc d member's name, bank name, a	-	he type of policy.		□ No
	sehold have any Stocks, Bo			□ Yes	□ No
If yes, please list the household	d member's name, # of shares, in	terest or dividend amoun	t and cash value.		
Does anyone in the hous	sehold have any Investmer	nt Property?		□ Yes	□ No
If yes, please list the household	d member's name, address of the	e property and the apprais	sed value:		
Does anyone in the hous	sehold have an asset(s) ow	ned jointly with a pe	rson who is NOT a	□ Yes	□ No
member of the househo	. •				
Do they have access to the a If yes, describe:	sset(s)?	□ Yes	□ No		
, -,					
Does anyone in the hous	sehold own any property?			□ Yes	⊓ No
If yes, type of property:	enoid officery,	Location:			
Appraised Market Value	ė	Mortgago or Outstandir	ag Loans &		
Appraised Market Value:	\$	Mortgage or Outstandir Balance Due	ng Loans \$		
Amount of Annual Insurance Premium	\$	Amount of Most Recent	t Tax Bill \$		
	r of the household dispose	ed of any property in	the last two vears?	□ Yes	□ No
If yes, type of property:	· · · · ·	Market Value when Dis	•		-
Amount Sold/Disposed For:	\$	Date of Transaction:	Ψ		
			last time	_ V	_ Al-
•	r of the household dispose	-	•	□ Yes	□ No
If yes, type:		Market Value when Dis	posed/Sold: \$		
Amount Sold/Disposed For:	\$	Date of Disposition:			

Do your or any member of the houpersonal property? If yes, describe:	usehold have any asset not listed above (excluding	□ Yes	□ No
	E. ADDITIONAL INFORMATION		
Are your or any member of your fa	amily currently using an illegal substance?	□ Yes	□ No
Have you or any member of your f	family ever been convicted of a felony?	□ Yes	□ No
Have you or any member of your fif yes, describe.	family ever been evicted from any housing?	□ Yes	□ No
Have you or any member of your fif yes, describe.	family ever filed for bankruptcy?	□ Yes	□ No
Will you take an apartment when	one is available?	□ Yes	□ No
Briefly describe your reason for ap	oplying:		
-	F. REFERENCE INFORMATION		
Current Landlord Name:			
Address:			
Home Phone:	Business Phone		
How Long:	Reason for Leaving:		
Previous Landlord Name: (If less than 5 years) Address:			
Home Phone:	Business Phone		
How Long:	Reason for Leaving:		
Credit Reference #1:	·		
Address:			
Account #:	Phone #:		
Credit Reference #2:	<u> </u>		
Address:			
Account #:	Phone #:		

Personal Reference #1:		
Address:		
Relationship:	Phone #:	
Personal Reference #2:		
Address:		
Relationship:	Phone #:	
n case of emergency please notify:		
Name:		
Address:		
Relationship:	Phone #:	
ist any cars, trucks or other vehicles nanagement will be necessary for m Do you own any vehicles?		nts with Yes No
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Type of Vehicle:	License Plate #	
Year/Make:	Color:	
Do you own any pets? If yes, describe?		Yes □ No
Type of Pet:	Name:	
Age:	Color:	
	H. PROPERTY PREFERENCE	
ou MUST check at least one. You w	ill be placed on the waiting list based on the property you are	applying for:
rent is \$483* (electricity is not in	•	_
activities of daily live). One Bedi (includes congregate services and	ly (62 or older and a temporary or permanent difficulty with or com Units. Project-based subsidy is available. Starting rent industries. Note: Congregate services includes 1 meal per day	s \$1,619*
housekeeping services (limited) a General – Family Property - 1, 2 & \$1,112* (gas & electricity is not in	& 3 Bedroom Units. No project-based subsidy is available. Sta	arting rent is
•	& 3 Bedroom Units. No project-based subsidy is available. Sta	arting rent is

* Note: All properties have income restrictions and rents change yearly.

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, age 18 or older, must sign the application.

SIGNATURES:		
	Date:	
Signature of Applicant		
	Date:	
Signature of Applicant		
	Date:	
Signature of Applicant		
	Date:	
Signature of Applicant		