



235 Grand Avenue · New Haven, CT 06513-3277 · 203-562-4514 · fax 203-507-2389 · nwnh.net

## What do I need to bring for my appointment?

Please review the list of required documents to bring with you to your appointment.  
Without copies of the required documents NWNH **WILL NOT** be able to process you as a prospective applicant.

- Completed Application in ink, with no white-out marks. Please use blue ink.
- Application Fee:** \$40.00 for Head of Household and \$25.00 for each household member 18 years or older. Must be paid by **MONEY ORDER OR CERTIFIED CHECK** made payable to NeighborWorks New Horizons. Application Fees are Non-Refundable.
- Photo identification (driver's license or other photo ID) for **ALL** household members aged 18 years or older. Acceptable forms of Identification include: birth certificate, valid US Passport, for **ALL** household members
- Social security numbers for **ALL** household members.
- Most recent 6 months checking account statements and one current savings account statement. (Do not make copies)
- All** sources of income for **ALL** household members for the most recent month. Including, but not limited to:
  - Four (4) to six (6) most recent pay stubs
  - Child support, Social Security benefit statement, TANF, pensions, etc.
- Other Assets including real estate, investments, retirement accounts, trusts and life insurance
- Five (5) years landlord names & phone numbers.
- Documents supporting any housing assistance (Section 8 vouchers, RAP, etc.)

**NOTE:** NWNH will process both credit & criminal backgrounds to all eligible adult members. Credit history will be reviewed including; past due utility accounts, bankruptcies, foreclosure/evictions, and repossession. Criminal history is reviewed for arrests consisting of felony convictions involving serious injury, death or damage to property, sale of drugs within 1000 ft. of school, and sexual offenses. Further screening will include but not limited to landlord verification during your interview process.

### **Appointment**

DATE & TIME:

Rev. 3.27.18

*If you have any questions regarding this information please contact NeighborWorks New Horizons at 203-562-4514.*



## ¿Qué tengo que hacer para mi cita?

Por favor revise esta lista de los documentos requeridos para su cita. Sin estos documentos NWNH no podrá procesar su aplicación como un aplicante prospectivo.

- Completar o llenar la aplicación con una pluma o lapicero azul y sin usar líquido-corrector.
- Pago de Aplicación:** \$40.00 para el miembro principal de la casa y \$25.00 para cada miembro del hogar 18 años de edad o mayor. Solamente aceptamos **MONEY ORDER O CHEQUE CERTIFICADO** a nombre de “NeighborWorks New Horizons.” Tarifas de aplicación no son reembolsables.
- Identificación con foto (licencia de conducir o otro documento de identidad con fotografía) para todos los miembros del hogar de 18 años o mayor. Formas de identificación aceptables incluyen: certificado de nacimiento, pasaporte válido de los EE.UU, para **TODOS** los miembros del hogar.
- Números de Seguro Social para **TODOS** los miembros del hogar.
- Todos tipos de ingresos para todos los miembros de la familia correspondiente al último mes. Incluyendo, pero no limitado a:
  - Cuatro (4) a (6) más reciente talonarios de pago
  - Manutención de los hijos, la declaración de beneficios del Seguro Social, TANF (ayuda del estado), pensiones, etc.
  - Traer seis meses de la cuenta de cheque and la mas corriente de la cuenta de ahorro.
- Otros activos, incluyendo bienes raíces, inversiones, cuentas de jubilación, fideicomisos y seguros de vida.
- Documentos que soporten cualquier asistencia a la vivienda como Sección 8, RAP, etc.

**NOTA:** NWNH procesará una verificación de crédito y policial para su elegibilidad para todos los adultos. Antecedentes de crédito será revisado incluyendo: cuentas por servicios públicos atrasados, bancarrotas, evicciones, y la toma de posesión. Antecedentes policiales serán revisado también, tales como: arresto por delitos graves involucrando lesiones graves, muerte o daño a propiedades, la venta de drogas en 1000 pies de una escuela, y ofensas sexuales. Aparte de la verificación del crédito y policial se va incluir pero no limitado a verificación del arrendador durante el proceso de la entrevista

### **CITA**

FECHA:

\_\_\_\_\_

Gerente de  
la Propiedad

\_\_\_\_\_

# **APPLICATION FOR HOUSING**

Low-Income Housing Tax Credit Property

**Please Print Clearly**

This is an application for housing at:	<b>Project:</b>
	<b>Address:</b>
Please complete this application and return to:	<b>Name:</b>
	<b>Address:</b>

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

**Application**

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**B. HOUSEHOLD COMPOSITION**

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	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

*If yes, explain:*

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

*If yes, explain:*

Is there someone not listed above who would normally be living with the household?     Yes     No

*If yes, explain:*

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?	<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 child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<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 NA.

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
	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 etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

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>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

**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 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 \$	
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 \$

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	\$
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</i> , describe:	
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</i> , Type of property:	
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</i> , describe the asset:	
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</i> , please list:	

<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</i> , describe:		



Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 #:

<b>G. VEHICLE AND PET INFORMATION</b> (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

**AUTHORIZATION FOR RELEASE OF  
RESIDENT / APPLICATION INFORMATION**

**CONSENT:**

I authorize and direct any Federal, State or local agency, housing authority, organization, business or individual to release to NeighborWorks-New Horizons© information needed to verify my application for participation, and/or maintain my continued participation under any housing program of the State of Connecticut Department of Housing, LIHTC (Low Income Housing Tax Credit, Section 42), or CHFA (Connecticut Housing Finance Authority) and/or any other state or local funding source. I understand and agree that this authorization or the information obtained with its use may be given to any of the above agencies, organization or companies.

**INFORMATION COVERED:**

I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that any of the above group(s) may request for review include but are not limited to:

- Family Composition;
- Employment, Income and Assets;
- Credit and Criminal Activity about any person who will live in the unit; and,
- Residences and Rental Activity
  
- Education

**CONDITIONS:**

I agree that photocopies of this authorization may be used for the purposes stated above. The original of this authorization will be on file in the Management Office and will stay in effect for a year and one month from the date signed. I understand that I have a right to review my file and to correct any information that I can prove to be incorrect.

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date
_____ Signature	_____ Print Name	_____ Date