

Dutch Point Rental Phase I & II

137 Wyllys Street
 Hartford, Connecticut 06106
 Telephone: (860) 953-3882
 Fax: Not Applicable-Need original application

APPLICATION FORM

Thank you for your interest in Dutch Point Rental Phase I & II. In order to process your application please answer all questions. Applications with missing information will not be accepted.

Your Name: _____
 (The person listed here should be a head of the household. Please list this person and any co-head of household in the chart below.)

Your Address: _____

Home Phone: _____ Work Phone: _____ Other (cell, pager, e-mail): _____

I. Members of the Household

Please indicate the size of unit for which you wish to be considered (Check any that apply. Please note that certain types of units are only available in certain parts of the development.):

- 1-Bedroom 2-Bedroom 3-Bedroom 4-Bedroom

List the names of the people in your household who will live in the unit (including yourself, students temporarily away at school or live-in-aides):

Name	Relationship to Head of Household	Birth Date	Sex (M/F)	Social Security Number
	Head of Household			
	Co-Head of Household			

Are any of the members of the household listed above students? Yes No. If you answered yes, list the names of the full-time students and the schools they attend, and whether they are full-time or part-time.

Name	School Attended and Address of School	Full/Part Time

II. Rental History

Current Residence	Dates of Residence	# of Years	Landlord's Name, Address & Phone
Street Address: City, State, Zip:	From: To: Present		Name: Address: Phone:

How much are you currently paying in monthly rent? _____

Do you have a Section 8 Voucher or any other type of voucher? Yes No

Does this monthly rent amount include utilities? Yes No

Have you moved within the last five years? Yes No. If you answered yes, please fill out the following information about your previous rental history.

Residences during the last 5 years	Dates of Residence	# of Years	Landlord's Name, Address & Phone
Street Address: City, State, Zip:	From: To:		Name: Address: Phone:
Street Address: City, State, Zip:	From: To:		Name: Address: Phone:
Street Address: City, State, Zip:	From: To:		Name: Address: Phone:

If you don't have previous landlords, give the names, addresses and phone numbers of three people (not relatives) who can be contacted for a reference for you as a potential neighbor.

III. Employment and Income

	Head of Household	Co-Head of Household
Name of Primary Employer:		
Employer's Address:		
Job or Position:		
Work-Site Address:		
Date you started working for this employer:		
Salary/Pay:	\$ _____ per _____ (for example, per hour, per week, per month) How many hours worked per week? _____	\$ _____ per _____ (for example, per hour, per week, per month) How many hours worked per week? _____

Describe any sources of income other than the employment listed above which will contribute to your ability to pay the rent: _____

Please list your household's total monthly income: _____

IV. Credit History and Assets

Please provide information regarding any bank accounts belonging to the head or co-head of the household:

Head/Co-Head of Household	Name and Address of Bank	Type of Account and Account Number	Balance

V. Miscellaneous

Changes in the coming year: Do you expect any changes in your household composition or in the other information (income, employment, etc.) provided in this application in the next twelve months? Yes No. If you answered yes, please describe the expected changes: _____

Racial/Ethnic Identity: *Answering this question is optional, but the information would be helpful to us.* How would you describe your household’s racial and/or ethnic identity?

- African American
 Asian American
 Inuit/Eskimo
 Latino/Hispanic
 Native American
 White/Caucasian
 Other: _____

Access and Affordability Needs: *Answering these four questions is optional. These questions are associated with determining eligibility for any applicable waiting list preferences.*

- Check here if anyone who would be living in the unit would need the features of an accessible unit (mobility, visual or audio).
- Check here if you are applying for an affordable unit. If you have checked this box, please fill out Part VI.
- Check here if you are applying for rental assistance. Please note that rental assistance is only available to income-qualified applicants and only for certain units within Dutch Point Rental Phase I & II. If you have checked this box, please fill out Parts VI and VII.

VI. Household Employment, Income and Asset Information

We are pleased to have available at Dutch Point Rental Phase I & II units which are affordable to households with modest incomes. In addition, we have some rental assistance available. The affordable units and the rental assistance program are governed by the Low Income Housing Tax Credit Program (LIHTC) and/or by the U.S. Department of Housing and Urban Development (HUD). LIHTC/HUD requires the housing owner to collect and verify additional information to determine the household’s eligibility for a unit and/or for rental assistance. With respect to rental assistance, this information is also necessary to determine the level of benefits. Please answer the following questions to supplement the information provided in the application.

In Part III of the Application, you provided information about the primary employment of the head and the co-head of the household, and general information about any additional jobs. In the following chart, please list all employers any member of the household receiving income. Please note that, for the Head or Co-Head of the Household, it is not necessary to repeat the information provided in the application.

	Household Member	Household Member	Household Member
	Name: _____	Name: _____	Name: _____
Name of Employer:			
Employer’s Address:			
Job or Position:			
Work-Site Address:			
Start date with this employer:			
Salary/Pay:	\$_____ per _____ (for example, per hour/week/month) How many hours worked per week? _____	\$_____ per _____ (for example, per hour/week/month) How many hours worked per week? _____	\$_____ per _____ (for example, per hour/week/month) How many hours worked per week? _____

Describe any additional jobs: _____

In Part III, you also provided general information about other sources of income. In the following chart, please provide additional detail about any non-employment income received by any member of the household.

	Head of Household	Co-Head of Household	Name: _____
Pension	\$_____ per month Name of pension: _____ Address: _____	\$_____ per month Name of pension: _____ Address: _____	\$_____ per month Name of pension: _____ Address: _____
Alimony/Child Support	\$_____ per month Court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No Source: _____ Address: _____	\$_____ per month Court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No Source: _____ Address: _____	\$_____ per month Court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No Source: _____ Address: _____
Disability Insurance	\$_____ per month Insurance Co: _____ Address: _____	\$_____ per month Insurance Co: _____ Address: _____	\$_____ per month Insurance Co: _____ Address: _____
Social Security/SSI	\$_____ per month Soc. Sec. Office: _____	\$_____ per month Soc. Sec. Office: _____	\$_____ per month Soc. Sec. Office: _____
Unemployment	\$_____ per month Benefits end on: ___/___/20___ Unempl. Office: _____	\$_____ per month Benefits end on: ___/___/20___ Unempl. Office: _____	\$_____ per month Benefits end on: ___/___/20___ Unempl. Office: _____
Transitional Assistance for Needy Families (TANF)	\$_____ per month Benefits end on: ___/___/20___ TANF Office: _____	\$_____ per month Benefits end on: ___/___/20___ TANF Office: _____	\$_____ per month Benefits end on: ___/___/20___ TANF Office: _____
Total:			

In Part IV, you provided bank account information for the head and the co-head of the household. In the following chart, please provide the same information for all other members of the household.

Household Members	Name and Address of Bank	Type of Account and Account Number	Balance

Does any member of the household have certificates of deposit, stocks, bonds or other assets? Yes No.
If you answered yes, please provide the information requested below:

Member of Household	Name and Address of Bank or Holder of the Asset	Type of Asset	Balance

Does any member of the household own any real estate assets? Yes No. If you answered yes, please describe: _____

Has any member of the household disposed of or given away any asset(s) for **less** than fair market value within the past two (2) years? Yes No. If you answered yes, please fill out the following chart:

Member of Household	Asset	Fair Market Value	Amount Received

VII. Working Family Preference

Certain types of families receive a preference in the waiting list for rental assistance. Answering this question is optional, but is associated with determining eligibility for this waiting list preference. Your name may be near the top of the waiting list based on the application of these preferences, in which case we must verify that the relevant preference still applies. Please check the box and answer the associated questions if any of the following apply:

- The Head of Household or Co-Head of Household is receiving social security disability benefits, Supplemental Security Income (SSI) disability benefits or any other payments based on an individual's inability to work due to a disability.
- The Head of Household or Co-Head of Household is unable to work due to the need to provide full-time care to a member of the household who is receiving Supplemental Security Income SSI disability benefits. Please name the member of the household who is receiving such benefits: _____
- The Head of Household or Co-Head of Household is employed full or part-time (at least 32 hours per week).
- The Head of Household or Co-Head of Household has, within one (1) year, graduated from or successfully completed a job training program and is participating in an active job search. ***Please answer Questions 1 and 4, below.***
- The Head of Household or Co-Head of Household is unemployed but was employed for a sum of six (6) months of the prior twelve (12) months or a sum of three (3) years of the prior five (5) years and is participating in an active job search. ***Please answer Questions 2 and 4, below.***
- The Head of Household or Co-Head of Household was discharged from military service within one (1) year, under honorable conditions (i.e., an honorable or a general discharge) after more than one (1) year of service and is participating in an active job search. ***Please answer Questions 3 and 4, below.***

Question 1 – Job Training:

Name of person who completed a job training program: _____

Please fill in the following chart regarding this person's job training program.

Name of job training program:	
Address of job training program:	
Phone number:	
If it trained you for a specific job, trade or skill, what was the job?	
If the job training was not focused on a specific job, trade or skill, please describe the training program:	
Date of completion:	

Question 2 –Prior Employment:

Name of person with prior employment history: _____

Please fill in the following chart regarding this person’s prior employment until the duration of employment totals nine (9) months out of the prior twelve (12) months or four (4) years out of the prior five (5) years. If you have moved into employment within the last two years after an extended period out of the workforce, and are seeking increased rental assistance based on incentives for families to transition into the workforce, fill in this chart with respect to prior employment for the last two (2) years.

Name and Address of Employer	Phone Number	Dates of Employment

Question 3 –Military Service:

Name of person discharged from military service: _____

Please fill in the following chart regarding this person’s military discharge.

Military Service:	
Identification Number:	
Date of Discharge:	
Type/Condition of Discharge:	
Length of time in service on date of discharge:	

Question 4 –Job Search:

Please describe your current job search: _____

VIII. Certification – Please read each item carefully before you sign this application form.

1. I hereby certify that the information provided in this application is correct to the best of my knowledge and that I have provided Social Security numbers for all members of the Household who have been issued Social Security numbers.
2. I understand that this application and the information provided do not guarantee housing. Additional information and verifications may be necessary to complete the application process.
3. I hereby give Dutch Point Management, LLC, as management agent, and the property owners on whose behalf Dutch Point Management, LLC, is administering this application process, authorization to verify the information in this application. I also give authorization to check the credit history and to run a check of arrests and housing court history for all members of the household over the age of 18 included in this application.
4. I understand that making intentional false statements or misrepresentations on this application is grounds for rejection of this application.

Signed (All household members over the age of 18 must sign this application):

Name *Date*

Name *Date*

Name *Date*

Thank you again for your interest in Dutch Point Rental Phase I & II. If you have any questions about this form or the application process, please ask the property management staff. Please note that we cannot process your application (and you may lose your place on the waiting list) unless we receive all of the information requested. Please sign this application and return the completed form to the address listed on the first page of this application.

Dutch Point Rental Phase I & II maintains a site-specific waiting list and does not draw from any governmental waiting lists for rental assistance. Other subsidized housing options are available to you. You have a right to receive from the Hartford Housing Authority a full listing of public housing assisted developments (including those with site-based waiting lists) at which you may request housing. Please contact the Hartford Housing Authority to receive the list, which should include basic information regarding each site (including location, occupancy, number and size of accessible units, and amenities such as day care, security, transportation and training programs) and an estimate of the period of time you would likely have to wait to be admitted to units of different sizes and types (e.g., regular or accessible) at each site.



REASONABLE ACCOMMODATION POLICY

If you have a disability and as a result of your disability you need:

- a change in the rules or policies of how we do things that would give you an equal chance to reside within the leased premises and use the facilities or take part in programs on site;
- a change or repair in your apartment or a special type of apartment that would equal change to reside within leased premises and use the facilities or take part in programs on site;
- a change or repair to some other part of the housing site that would give you an equal chance to reside within the leased premises and use the facilities or take part in programs on site;
- a change in the way we communicate with you or give you information

You may request this kind of change which is called a **REASONABLE ACOMMODATION**

- If you can document that you have a disability and if your request is reasonable (which means not pose an undue financial or administrative burden) we will try to make the change request.
- We will give you an answer within 30 days of our receiving any necessary verification unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.
- If we deny your request, we will explain the reasons and you can give us more information if you think that will help. If you need assistance filling out a **REASONABLE ACCOMMODATION REQUEST FORM** or if you want to give us your request in some other way, we will assist you.

You can obtain a REASONABLE ACCOMMODATION FORM at the Management Office of your community.

NOTE: all information you provide will be kept confidential and be used only to help assure you have an equal opportunity to enjoy your housing and the common areas.

All Requests are submitted to:

REASONABLE ACCOMMODATION COMMITTEE
 THE COMMUNITY BUILDERS, INC.
 95 BERKELEY STREET
 BOSTON, MA 02116

MANAGING AGENT FOR: Dutch Point Apartments
 (Property Name)

I acknowledge have read and understand the Reasonable Accommodation Policy.

Resident / Applicant Signature

Date

Reasonable Accommodations Attachment

REQUEST FOR A REASONABLE ACCOMMODATION

Name: _____

Phone: _____

Address: _____

1. The following member of my household has a disability as defined below: (A physical or mental impairment that substantially limits one or more major life activities; a record of having such impairment; or being regarded as having such impairment.)

Name: _____

2. As a result of his/her disability the following change or changes is requested so that (the person listed) can live here as easily or successfully as the other residents.

Check the kind of change(s) you need.

A change in my apartment or other part of the housing complex.

A change in the following rule, policy or procedure. (Note: You may ask for changes in how you meet the terms of the lease, but everyone must continue to meet the terms of the lease.)

3. I need this reasonable accommodation so that I can: _____

4. You may verify that I have a disability and my need for this request by contacting:

Name: _____

Address: _____

Phone: _____

5. If you asked for a change to your apartment or to the housing complex, please use this space to list any company or organization that might help us locate or build anything special that you need. (If you don't know of any, we will try to get this information ourselves.) _____

I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine if you will provide an accommodation.

Signed _____ Date: _____