



MILLENNIUM

REAL ESTATE SERVICES LLC

Dear Future Tenant:

Thank you for your request for information about *Easton Place Apartments*. Enclosed you will find a Tenant Application, Asset Certification form, and Resident Selection/Approval Guidelines.

Easton Place consists of 50 one, two, and three bedroom apartments. The apartments have central air conditioning, are fully applianced and have wall-to-wall carpeting. Our rent structure is outlined in the enclosed Resident Selection/Approval Guidelines.

We encourage you to complete the enclosed application and **return it with a \$30 application fee for the head of household and \$10 for each household member (18 years or older). Payment must be in the form of a money order. No personal checks or cash will be accepted.**

Easton Place
32E Jaidee Drive
East Hartford, CT 06118
P: 860-568-3667
F: 860-568-6377

All applications will be date and time stamped as they are received in our office to verify their receipt and that they have been entered on our waiting list. Please note that you are making an application to an apartment complex that is affordable housing. According to program guidelines, we must verify all sources of income and assets to assure that you are not over our annual income guidelines. Please fill out the entire application, providing as much information as possible on all sources of income and any assets that you have. If a particular question doesn't apply to you, please write N/A or draw a line through that area.

Welcome Home!

Residential & Commercial
Property Management, Development and Tax Credit Compliance

**Easton Place
Resident Selection/Approval Guidelines**

Each tenant applicant will be required to verify his/her earnings and/or their ability to pay rent. All tenant prospects will be required to provide six recent pay stubs, a letter of reference from employers, references from the last landlords for the building in which that tenant has resided and evidence of family income. Questionnaires will also inquire as to family size, number of bedrooms in the unit desired, etc. Upon receipt of a completed application, the managing agent will begin the screening process.

If the credit report proves to be satisfactory, employment data and references from prior landlords are verified.

There can not be more than two (2) occupants per bedroom in any given unit.

Prospective tenants must not have been subject to a successful prior eviction in the past five years.

Prospective tenants must have a good credit history. Easton Place will use a credit reporting service, which will perform a search of the housing court records and Equifax, TRW, or some similar credit service.

Prospective tenants must have a favorable recommendation from his/her immediately prior landlord. An unfavorable recommendation will be one in which the prior landlord describes one or more substantial violations, or repeated minor violations in which Tenant:

1. Disrupts the livability of the project;
2. Adversely affects the health and safety of any person or the right of any tenant to quiet enjoyment of his/her leased premises;
3. Interferes with the management of the project, provided that the manager of said project was engaging in management procedures that were lawful in all respects; or
4. Has an adverse financial effect on the project, provided that said adverse financial effect was not caused by a Tenant who lawfully withheld rent or lawfully exercised a remedy available by law.

Prospective tenants can not have a history of abuse of Landlord's property.

Prospective tenants can not have a history of occupancy by unauthorized persons in his/her rental unit.

Prospective tenants must not have a pet that he/she is bringing to the project. Pets will not include canaries, fish or animals that are utilized in assisting handicapped persons.

Prospective tenants must not have been convicted of (i) a felony, or (ii) a misdemeanor within the last Ten (10) years.

If a tenant prospect was to be accepted for occupancy, Easton Place must be tenant's only place of residence.

All members of the household over the age of 18 are subject to annual sex offender and criminal background checks to determine continued eligibility for residency.

Prospective tenants must not have a history of failing to timely supply all required information on the income and composition or eligibility of tenant household.

The verification of household income and assets will be the final confirmation of eligibility. The household must be within our Maximum Income Guidelines listed below from the move-in date through the lease expiration date. Your application will be rejected if you exceed the maximum allowable income.

Rents and Income: As of March 28, 2016, family income limits and monthly rent amounts:

For apartments set aside at 60% of median income, the rates are as follows: 1bdm: \$670, 2bdm: \$900 and 3bdm: \$1,020 per month and household income cannot exceed the following amounts based upon family size:

1 person	-	\$37,560	per year
2 persons	-	\$42,900	per year
3 persons	-	\$48,240	per year
4 persons	-	\$53,580	per year
5 persons	-	\$57,900	per year
6 persons	-	\$62,160	per year

For apartments set aside at 50% of median income * the rates are as follows: 1bdm: \$645, 2bdm: \$845 and 3bdm: \$965 per month and household income cannot exceed the following amounts based upon family size:

1 person	-	\$31,300	per year
2 persons	-	\$35,750	per year
3 persons	-	\$40,200	per year
4 persons	-	\$44,650	per year
5 persons	-	\$48,250	per year
6 persons	-	\$51,800	per year

** Please keep in mind that your income does not determine the rate you pay...only your eligibility. You will not be eligible for the reduced rate units unless one is available at the time you are looking to move in. The rates available at move in are usually our maximum rents (1bdm: \$670, 2bdm: \$900 and 3bdm: \$1,020).*

APPLICATION RECORD

Date Received: _____

Time Received: _____

Interested person for _____ 1 BR _____ 2 BR _____ 3 BR (check one)

Name (Head of Household):

Address:

Phone: (Home) _____

(Work) _____

(Cell) _____

Email: _____

Would you be interested in a handicapped unit? () Yes () No

Household data: Please list all persons who will occupy unit:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date apartment is needed? _____

INITIAL TENANT APPLICATION

Name of Project: Easton Place Apartments

Address of Project: 32E Jaidee Drive
East Hartford, Connecticut 06118

Date: _____ Requested Bedroom size _____

Applicant Name: _____

Current Address: _____

Telephone Number: Home _____ Work _____

Cell _____

Email Address: _____

PART I. FAMILY COMPOSITION

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. Attach additional sheets if more space is needed.

Household Composition

	Name	Relationship To Head	Marital Status M-Married D-Divorced S-Single E-Estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Referred by: _____

Do you anticipate any additions to the household in the next 12 months? ____ Yes ____ No

If yes, explain: _____

(1) Spouse's Maiden Name _____

(2) Will **ALL** of the persons listed above be (or have they been) full time students during 5 months of this calendar year or plan to be in the next calendar year at an educational institution with regular faculty and students, other than a correspondence or night school?

Yes ____ No ____

If yes, who? _____

Are they 18 or older? Yes ____ No ____

(3) Will this person be receiving any income? Yes ____ No ____

(4) Are any full-time student(s) married and filing a joint tax return? Yes ____ No ____

(5) (a.) Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes ____ No ____

(b.) Are any full-time student(s) a TANF or a title IV recipient? Yes ____ No ____

(6) Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? Yes ____ No ____

PART II. HOUSEHOLD INCOME

For questions (7) through (16), indicate the amount of anticipated income for all persons named in question (1) above, during the 12-month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

(7) Wages, salaries, overtime pay, commissions, fees, tips, bonuses, and any other compensation resulting from employment for each household member. (EMPLOYMENT)	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(8) Net income, salaries, and other amounts distributed from a business. (SELF EMPLOYMENT)	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____

<p>(9) Welfare Assistance payments.</p> <p>(Cash only – Please provide a Budget Sheet)</p>	<p>Head \$ _____</p> <p>Co-Applicant \$ _____</p> <p>Other \$ _____</p>
<p>(10) Gross amount of periodic social security payments.</p> <p>(Please provide a Budget Sheet)</p>	<p>Head \$ _____</p> <p>Co-Applicant \$ _____</p> <p>Other \$ _____</p>
<p>(11) Annuities, insurance policies, retirement funds (401-K, IRA, etc.), pensions, disability or death benefits, and other similar types of periodic payments.</p>	<p>Head \$ _____</p> <p>Co-Applicant \$ _____</p> <p>Other \$ _____</p>
<p>(12) Lump sum payments received due to delays in processing unemployment, social security, welfare, or other benefits.</p>	<p>Head \$ _____</p> <p>Co-Applicant \$ _____</p> <p>Other \$ _____</p>
<p>(13) Payments in lieu of earnings, such as unemployment and disability compensation, workers compensation, and severance pay.</p>	<p>Head \$ _____</p> <p>Co-Applicant \$ _____</p> <p>Other \$ _____</p>
<p>(14) Alimony and child support</p> <p>Are you entitled to receive alimony or child support? _____</p> <p>Are the payments court ordered? _____</p>	<p>Head \$ _____</p> <p>Co-Applicant \$ _____</p> <p>Other \$ _____</p>
<p>(15) Interest, dividends, and other income from net family assets (including income distributed from trust funds).</p>	<p>Head \$ _____</p> <p>Co-Applicant \$ _____</p> <p>Other \$ _____</p>
<p>(16) Amount by which educational grants, scholarships, or veteran's benefits are intended as a subsistence allowance to cover rent, utilities, and board of a student living away from home (do not include any part of a student loan).</p>	<p>Head \$ _____</p> <p>Co-Applicant \$ _____</p> <p>Other \$ _____</p>

(17) Lottery winnings paid in periodic payments.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(18) Regular contributions of gifts received from persons not residing in the unit, including rent or utility payments regularly paid on behalf of the family.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(19) All regular pay, special pay, and allowances of a member of the Armed Forces (whether living in the unit or not) who is head of household, spouse, or other person whose dependants are residing in the unit.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____

TOTAL INCOME (all Members): \$ _____

APPLICANT ALSO REQUIRED TO FILL OUT ASSET CERTIFICATION ATTACHED

PART III. EMPLOYMENT HISTORY

(21) **Applicant Employed By:** _____ **How Long?** _____

Supervisor _____ Salary \$ _____ Per _____

Address _____ City _____ State _____ Zip _____ Phone _____ Position Held _____

a. **Co-applicant Employed By:** _____ **How Long?** _____

Supervisor _____ Salary \$ _____ Per _____

Address _____ City _____ State _____ Zip _____ Phone _____ Position Held _____

b. **Other Applicant Employed By:** _____ **How Long?** _____

Supervisor _____ Salary \$ _____ Per _____

Address _____ City _____ State _____ Zip _____ Phone _____ Position Held _____

c. **Other Applicant Employed By:** _____ **How Long?** _____

Supervisor _____ Salary \$ _____ Per _____

Address _____ City _____ State _____ Zip _____ Phone _____ Position Held _____

PART IV. CREDIT REFERENCES (e.g., car loans, credit card, other debt)

Name	Address	Phone	Monthly Payment
(22)	_____	_____	\$ _____
(23)	_____	_____	\$ _____
(24)	_____	_____	\$ _____
(25)	_____	_____	\$ _____

PART V. LANDLORD HISTORY (Please provide all landlords in past 3 years)

(26) Present Landlord: _____ From/To: _____

Address _____ City _____ State _____ Zip _____ Phone _____

Monthly Rent? _____

a. Previous Landlord: _____ From/To: _____

Address _____ City _____ State _____ Zip _____ Phone _____

Monthly Rent? _____

Attach additional information, if necessary.

PART VI. PREVIOUS ADDRESS (Please provide all previous addresses in the past 7 years.)

(27) _____
Address _____ City _____ State _____ Zip _____ From/To _____

(28) _____
Address _____ City _____ State _____ Zip _____ From/To _____

In case of emergency notify: _____

Address: _____

Relationship: _____ **Phone:** _____

PART VII. GENERAL INFORMATION

(31) Have any of the applicants ever been evicted? Yes _____ No _____

If yes, explain: _____

(32) Have any of the applicants ever been convicted of a felony? Yes _____ No _____

If yes, explain: _____

(33) Have any applicants filed for bankruptcy? Yes _____ No _____

If yes, explain: _____

(34) Have any of the applicants ever received rental assistance? Yes _____ No _____

If yes, explain: _____

a. Has your assistance ever been terminated for fraud, non-payment of rent or failure to recertify? Yes _____ No _____

If yes, explain: _____

(35) Will this be your only place of residence? Yes _____ No _____

PART VIII. ADDITIONAL INFORMATION

(36) What is the condition of your current housing?

Standard _____ Unsafe or Unhealthy _____

No indoor Plumbing/Kitchen _____ Currently without Housing _____

(37) Are you qualified for a dwelling available to a person with disabilities? Yes () No () Some evidence of the eligibility to occupy this unit may be needed.

(38) Are you or is anyone in your household a smoker? Yes () No ()

If yes, there will an additional deposit required to cover the cost of painting the ceilings and shampooing the carpeting.

(39) Do you have any pets? Yes () No ()

If yes, what kind of pet do you have? _____

PART IX. DECLARATION STATEMENT

I/We, the undersigned, state that I/We have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit in the above rental development for which application is made, all of whom are listed above.

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 below.

I/We further understand that as part of the application process my credit references may be checked without further authorization and that:

I hereby authorize the release of the requested information about us. A photocopy of this shall be as valid as the original. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant(s) Name (Please Print)

Applicant(s) Name (Please Print)

Applicant(s) Name (Please Print)

Applicant(s) Signature

Date

Applicant(s) Signature

Date

Applicant(s) Signature

Date

Asset Income Certification Addendum to Tenant Application

Current Assets: List all assets currently held and the cash value. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash, i.e. broker and legal fees.

<u>Yes</u>	<u>No</u>		<u>Account #</u>	<u>Bank</u>	<u>Cash Value</u>
___	___	Do you have a Savings Account? If so, list Current Balance.	_____	_____	\$ _____
___	___	Do you have a Checking Account? If so, list Average Balance for past 6 months.	_____	_____	\$ _____
___	___	Do you have a Safety Deposit Box?	_____	_____	\$ _____
___	___	Do you have money held in Trust?	_____	_____	\$ _____
___	___	Do you have any other cash?	_____	_____	\$ _____
___	___	Do you have any stocks or bonds?	_____	_____	\$ _____
___	___	Do you have any Certificate of Deposits?	_____	_____	\$ _____
___	___	Do you have any Treasury Bills?	_____	_____	\$ _____
___	___	Do you have any Money Market accounts?	_____	_____	\$ _____
___	___	Do you have a retirement fund?	_____	_____	\$ _____
___	___	Do you have a pension fund?	_____	_____	\$ _____
___	___	Do you own any life insurance policies? If so, list cash value.	_____	_____	\$ _____
___	___	Have you received an inheritance?	_____	_____	\$ _____
___	___	Have you received any lottery winnings? If so, when and where are the funds held? _____	_____	_____	\$ _____
___	___	Do you own any real estate? If so, list fair market value and mortgage balance.	_____	_____	\$ _____
___	___	Do you have any personal property held as an investment?	_____	_____	\$ _____
___	___	Have you received any settlements? If so, how much?	_____	_____	\$ _____
___	___	Do you have any money owed to you in loans?	_____	_____	\$ _____

Applicant/tenants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification.

Did you have any assets in the last two years not listed above? _____

If yes, did you dispose of any assets for less than fair market value? _____
 (This means that the assets were either given away or sold at less than the allotted market value.)

If yes, list the assets market value, amount received and the date you disposed of the assets. _____

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets if the difference between the value and the amount received exceeds \$1000.00. I/We, the undersigned, state that I/We have completed and answered the above Asset Certification fully and truthfully. I/We hereby authorize the property management company to verify any of the information above and give my/our consent for the above financial institutions to release any or all information to the property manager.

 Applicant(s) Signature

Date: _____

 Applicant(s) Signature

Date: _____

Easton Place
32E Jaidee Drive
East Hartford, CT 06118
(860) 568-3667-OFFICE
(860) 568-6377-FAX

PRESENT/PREVIOUS LANDLORD VERIFICATION

Easton Place has my permission to request the following information from my present and/or previous Landlord. Please answer each question and return it to Easton Place as soon as possible.

Applicant's name (please print): _____ Apt.# _____

Applicant's signature: _____ Date: _____

To Whom It May Concern:

_____ applied for housing at Easton Place. In order to assist in the selection process, we would appreciate your answering the following confidential questions.

1. Address where applicant resided as your tenant: _____.
2. Length of residency: _____.
3. What was the applicant's monthly rent? _____.
4. Did the applicant pay rent on or before the 10th? Yes ___ No ___ If not, how many times late? _____.
5. Were eviction proceedings (NTQ) ever initiated against this tenant? Yes ___ No ___ If so, how many times and why? _____.
6. Did applicant have any returned checks? Yes ___ No ___ If so, how many? _____.
7. How many people occupied this apartment? _____.
8. Did applicant have any pets? Yes ___ No ___ If so, what and how many? _____.
9. Have complaints been registered against this household or their guests for: Noise: Yes ___ No ___ / Pets: Yes ___ No ___ / Drugs: Yes ___ No ___ / Other: _____ Yes ___ No ___.
10. Does resident currently owe you money? Yes ___ No ___ If so, how much and for what? _____.
11. Did resident leave the apartment in good condition? Yes ___ No ___.
12. Would you consider renting to this resident again? Yes ___ No ___.
13. What is your relationship to the applicant? _____.

To the best of my knowledge, the above information is valid and correct.

Landlord/Owner name: _____

Address: _____

City: _____

Phone: _____

Date: _____

LIVE-IN-AIDE ATTENDANT APPLICATION

Applicant/Resident Name: _____

Date: _____

Initial Certification

Date of Expected Move-In: _____

Recertification (Annual or Interim)

Effective Date: _____

I am applying to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program requires management to certify all of your income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source and other claims of eligibility. I am stating the need for a live-in-aide attendant. The attendant by signing below acknowledges the following:

I, _____, hereby certify that:

- I am the live-in-aide attendant for the above-mentioned applicant/resident have will be working for the applicant/resident and be residing at the applicant/residents apartment;
- I am not responsible for the financial support of said applicant/resident;
- I would not otherwise be living in this unit EXCEPT to provide the necessary support and care to allow said person to live independently;
- I understand that I have no survivorship rights to the unit and that if said person moves-out, for whatever reason, I must immediately vacate the apartment. I understand that HUD and the Low Income Housing Tax Credit Program govern this unit and that the occupants of such a unit must meet all eligibility requirements of these Programs. I understand that I will not been certified as such and that my only reason for living in the unit is to provide supportive care services to applicant/resident;
- I understand that as long as I remain a live-in-aide attendant for the above mentioned applicant/resident, I will be bound by all terms of the lease and of the Community House Rules and Regulations and that I will read and understand the Lease and Community House Rules and Regulations;
- I will be required to comply with the mandatory screening for criminal background and consent to a criminal back ground investigation.

I hereby say that I understand the above statements and that they are true and correct; and furthermore, failure to provide truthful or correct information is subject to my denial and/or dismissal as a live-in-aide attendant.

Signature of Live-In-Aide Attendant

Date

Signature of Applicant/Resident

Date

Signature of Applicant/Resident

Date