ACCESS SENIOR HOUSING OF WILLINGTON

## Gregory Haddad

# *Chair,* *Board of Directors*

Peter S. DeBiasi

*President/CEO*

WILLINGTON WOODS

25 SENIOR WAY

WILLINGTON, CT 06279

860-429-8777 Office

860-420-0050 Fax

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION INSTRUCTIONS

(**Please Print Clearly**)

Please complete the attached application and sign the release forms. Answer all questions even if the answer is zero. If a page does not apply please mark N/A on that page. Incomplete applications will not be processed. **Return all pages of this application and make copies for your record. Management will fax/mail out all verification requests.** This applies to each person who will be living in the apartment.

**Identification:**

We require (3) forms of identification. Please do not send originals. We require a copy of a picture ID, your Social Security Card and your birth certificate. Picture ID must have date of birth on it.

**Qualification:**

To qualify for tenancy at Access Senior Housing of Willington, an applicant must be 62 years old or older, U.S. Citizen, National, or Eligible Non-Citizen, and have an annual income below the established HUD guideline below.

**Income Limits:**

 # of People Maximum Income

 One (1) $35,350

 Two (2) $40,400

**Income Verifications:**

All Sources must be verified.

1. Please attach copies of paycheck stubs (4 most recent), budget sheets for state assistance, alimony, social security, workers’ compensation and/or pension.
2. Sign all releases so information can be verified.
3. EIV (Enterprise Income Verification) will be used as a screening tool for income.
4. Screening will be used to check your prior landlords, credit, and drug and criminal history.

**Rental History:**

Please sign and complete the top portion only of the enclosed “Landlord Verification Form” and return it to us. We will mail the form to your landlord. Residency must be established for the past 12 months. If you own your home we may ask for copies of tax bills to establish residency.

**APPLICATIONS MAY BE DENIED IF ANY OF THE FOLLOWING APPLY:**

1. Not eligible (Income too high, under age (62), ineligible non-citizen)
2. Unfavorable credit report
3. Unfavorable landlord reference (previous eviction, late payments)
4. Inability to pay rent
5. Unfavorable background checks (arrest and/or conviction history)
6. Failure to supply requested documentation

**Waiting List:**

Completed applications will be placed on a waiting list according to first come first serve. All applications must be complete (no missing information) to be placed on the waiting list.

**Security Deposit:**

A security deposit equal to one month’s rent will be due upon acceptance of an available unit.

**Deposits:**

Pets are allowed subject to the **“PET POLICY”**. An additional pet security deposit will be required at time of move-in.

**Reasonable Accommodations:**

Reasonable accommodations for people with disabilities will be provided upon request. Further information can be provided if necessary. (See - Reasonable Accommodations and Modification Policy.)

**I have read and understand the application instructions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Co-Applicant’s Signature Date**

**HOUSEHOLD INFORMATION**

Applicant Name (A): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Name (B): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (A): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number (A): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (B): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number (B): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Long at Current Address: \_\_\_\_\_\_\_\_ Do You Rent or Own: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of monthly rent or mortgage payment:\_\_\_\_\_\_ Is your house on the market: \_\_\_\_\_\_\_

**INCOME INFORMATION**

**Gross** Income per **Month**: (A) \_\_\_\_\_\_\_\_\_\_\_\_ (B) \_\_\_\_\_\_\_\_\_\_\_\_

Social Security: (A) \_\_\_\_\_\_\_\_\_\_\_\_ (B) \_\_\_\_\_\_\_\_\_\_\_\_

SSI Benefits: (A) \_\_\_\_\_\_\_\_\_\_\_\_ (B) \_\_\_\_\_\_\_\_\_\_\_\_

Pension: (A) \_\_\_\_\_\_\_\_\_\_\_\_ (B) \_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran’s Benefits: (A) \_\_\_\_\_\_\_\_\_\_\_\_ (B) \_\_\_\_\_\_\_\_\_\_\_\_

Public Assistance: (A) \_\_\_\_\_\_\_\_\_\_\_\_ (B) \_\_\_\_\_\_\_\_\_\_\_\_

Employments: (A) \_\_\_\_\_\_\_\_\_\_\_\_ (B) \_\_\_\_\_\_\_\_\_\_\_\_

Alimony: (A) \_\_\_\_\_\_\_\_\_\_\_\_ (B) \_\_\_\_\_\_\_\_\_\_\_\_

Other: (A) \_\_\_\_\_\_\_\_\_\_\_\_\_ (B) \_\_\_\_\_\_\_\_\_\_\_\_

Do you file Federal Income Tax Returns? \_\_\_\_\_\_\_\_ If so, please enclose a copy.

Do you have any assets not listed above? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you disposed of any assets in the last two years? (Given away money to relatives, sold property for less than the market value, set up irrevocable trusts?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES**

Current Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupancy Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupancy Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mortgage Holder Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Mortgage: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Reference (not a relative)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VEHICLE INFORMATION**

Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PET INFORMATION**

Do you own any pets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSET INFORMATION**

(Use back of sheet if more room is needed for any item)

**Checking Account:**

Name of Bank/Credit Union (CU): \_\_\_\_\_\_\_\_\_\_\_\_\_ Acct #: \_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_

Name of Bank/Credit Union (CU): \_\_\_\_\_\_\_\_\_\_\_\_\_ Acct #: \_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_

**Savings Account:**

Name of Bank/Credit Union: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_

Name of Bank/Credit Union: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_

**Certificates of Deposit (CD’s):**

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_\_\_

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acct #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_\_\_

**Savings Bonds:**

Maturity Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value: \_\_\_\_\_\_\_\_\_\_\_

**Mutual Funds:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# of Shares: \_\_\_\_\_\_ Interest or Dividends: \_\_\_\_\_ Value: \_\_\_\_\_\_\_

**Stocks and Bonds:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# of Shares: \_\_\_\_\_\_ Interest or Dividends: \_\_\_\_\_ Value: \_\_\_\_\_\_\_

**Real Estate:**

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mortgage Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ Value: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Whole Life Insurance (Term Life Policies are not needed):**

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash Value: \_\_\_\_\_\_\_\_\_

**Annuities:**

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash Value: \_\_\_\_\_\_\_\_\_

**ADDITIONAL INFORMATION**

Do you use any illegal substances? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been evicted from any housing? Yes No

Have you ever filed bankruptcy? Yes No

Do you qualify for housing for a disabled person? Yes No

Do you need a handicapped accessible unit? Yes No

Will you take an apartment when one is available? Yes No

Are you receiving subsidy at any other location? Yes No

Are you a: U.S. Citizen? Yes No

 U.S. National? Yes No

 Eligible Non-Citizen? Yes No

Where did you hear about our Housing Complex? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will be notified when your application is at the top of the waiting list. If you do not wish to take the apartment at that time of availability, your name will be removed from the waiting list.

**CERTIFICATION**

I/We hereby certify that I/We will not maintain a separate subsidized unit in another location. I/We further certify that this will be my/our permanent residence. 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 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 the cancellation of this application or termination of tenancy after occupancy. All adult applicants must sign application. I/We authorize Access Senior Housing of Willington, Inc. or its agent to obtain such credit, criminal and eviction records necessary to evaluate my application for housing.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LANDLORD VERIFICATION FORM**

**To Be Completed by Applicant**

Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupancy Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Occupancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature

**……………………………………………………………………………....................................**

The above referenced person has applied for an apartment in WILLINGTON WOODS, 60-A Old Farms Road, Willington, CT 06279. You were listed as either current or former landlord. The applicant by his/her signature above has authorized you to release the information regarding his/her residency. We ask your cooperation in supplying information requested. This information will be used only in determining the eligibility status of the family. Your prompt return of this information will be appreciated. Should you have any questions, please do not hesitate to contact us.

**To Be Completed By Landlord Only**

Move-In Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Move-Out Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Monthly Rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Utilities Included: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does tenant have rental assistance? \_\_\_\_\_\_\_\_\_\_\_

Rent Generally Paid: On Time \_\_\_\_\_\_\_\_ Occasionally Late \_\_\_\_\_\_\_\_ Often Late \_\_\_\_\_\_\_\_

Has any legal action taken against this tenant? \_\_\_\_\_\_\_\_

Housekeeping Habits: Good \_\_\_\_\_\_\_\_ Average \_\_\_\_\_\_\_\_ Poor \_\_\_\_\_\_\_\_

Would you rent to this tenant again? \_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord’s Signature Title Telephone Number

**RETURN TO: Property Manager, Willington Woods, 25 Senior Way, Willington, CT 06279.**

**THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION**

1. Copy of your Social Security Card and the latest “Your New Benefit Amount” form received from Social Security yearly usually in December.
2. Copy of your Birth Certificate
3. Copy of license or other form of picture I.D. with birth date.
4. At least four (4) consecutive check stubs from all employment from family members that are 18 and over.
5. Copy of your bank book, certificates of deposit, stock certificates, mutual funds, etc.
6. Copy of your latest bank statement for checking and savings, etc.
7. Copy of your pension and what is deducted if any.
8. Copy of Whole Life Insurance showing Cash Value.
9. Copy of a cancelled check or rent receipt from rent you pay.
10. Copy of your resident alien card if not a U.S. Citizen

Note: The following forms which are included in this application must be completed and signed in all the appropriate places:

 1. Signature on Page 3 of Application

 2. Race and Ethnic Data Form

 3. Applicant Citizenship Declaration

 4. Supplement to Application for Federally Assisted Housing

 5. HUD Form 9887 and 9887A