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 Franklin, 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:

<table>
<thead>
<tr>
<th># of People</th>
<th>Maximum Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>One (1)</td>
<td>$36,050</td>
</tr>
<tr>
<td>Two (2)</td>
<td>$41,200</td>
</tr>
</tbody>
</table>
**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 total tenant’s month 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**

Please list Any/All monthly income received or earned by both, the applicant and co-applicant (if any).

**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: ________

An affordable senior housing development managed by:
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: _________

This information provides an estimate of your income and will be used to determine your financial eligibility only. We are required to verify all financial information when your application is processed.

ADDITIONAL INFORMATION
Do you use any illegal substances?  Yes  No

Have you or any member of your household ever been Arrested?  Yes  No

Do you or any member of your household have a criminal Record?  Yes  No

If “Yes” please explain:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

An affordable senior housing development managed by:
Have you ever been convicted of a felony?  
Yes  
No  
If “Yes” please explain:  
___________________________________________________________________________  
___________________________________________________________________________  
__________________________________________

Have you or any member of your household a registered sex offender?  
Yes  
No  

Have you or any member of your household ever been evicted from any federally subsidized housing?  
Yes  
No  
If “Yes” please explain:  
_________________________________________________________________________  
_______________________________________________________________  

Have you or any member of your household reside in another State?  
Yes  
No  
If yes, please list ALL the states you or a member of your household have reside  
_________________________________________________________________________  

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

An affordable senior housing development managed by:
Elisha Brook
Access Senior Housing of Franklin

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 Franklin, Inc. or its agent to obtain such credit, criminal and eviction records necessary to evaluate my application for housing.

Applicant Signature: ____________________________________________________________

Co-Applicant Signature: _______________________________________________________

An affordable senior housing development managed by:
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 ELISHA BROOK, 56 New Park Avenue, Franklin CT 06254. 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, 56 New Park Avenue, Franklin CT 06254.
An affordable senior housing development managed by:
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

An affordable senior housing development managed by: