

RIDGEFIELD HOUSING AUTHORITY

25 Gilbert Street, Ridgefield, CT 06877

203-438-9845 office 203-438-1845

APPLICATION FOR HOUSING

Name: _____

Please mail or drop *off* the completed original application with original signatures to:

Ridgefield Housing Authority
25 Gilbert Street
Ridgefield, CT 06877

Once we receive the application, it will be time/date stamped, and placed on our waiting list in that order. We do all correspondences by mail, email, and phone so please make sure to update us with any changes of address or phone number. **Also, we send yearly update letters to all current applicants so please be sure to respond to those letters.**

PROPERTY DESCRIPTIONS

You **MUST** check at least one. You will be placed on the waiting list based on the property you are applying for:

- ☐ **Ballard Green Apartments-** Must be 62+/Disabled. One Bedroom Units. Some project-based subsidy is available. Starting rent is **\$600*** (gas and electricity is not included).
- ☐ **Congregate Apartments** - Must be Frail Elderly (62 or older and a temporary or permanent difficulty with one or more activities of daily live). One Bedroom Units. Project-based subsidy is available. Starting rent is **\$1,922*** (includes congregate services and utilities).
Note: Congregate services includes 1 meal per day, weekly housekeeping services (limited) and 24/7 on site security or staff.
- ☐ **General Apartments** - 1, 2 & 3 Bedroom Units. No project-based subsidy is available. Starting rent is **\$1,497** 1 Bedroom, **\$1,776** 2 Bedroom, **\$2,028** 3 Bedroom * (gas & electricity is not included).
- ☐ **Meadows Apartments-** 2 & 3 Bedroom Units. No project-based subsidy is available. Starting rent is **\$1,441*** (gas & electricity is not included).

***Note:** All properties have income restrictions and rents change yearly

This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

APPLICATION FOR HOUSING
(Low-Income Housing Tax Credit Property)

This is an application for housing at:	Ridgefield Housing Authority
Please complete the application and return to:	Ridgefield Housing Authority 25 Gilbert Street Ridgefield, CT 06877

Applications are placed in order of the date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

of Bedrooms in Current Unit: _____ Do you own or rent: ☐ Own ☐ Rent

Amount of Current Monthly Rental or Mortgage Payment? \$ _____

If owned, do you receive monthly rental income from the property? ☐ Yes ☐ No

Check Utilities Paid by You: ☐ Heat ☐ Electric ☐ Gas ☐ Other: {Specify} _____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom Size Requested: ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom

Do you require an accessible unit? ☐ Yes ☐ No If yes, type: _____

Are you currently homeless? ☐ Yes ☐ No

B. HOUSEHOLD COMPOSITION

	Name	Relationship to Head	Birth Date	Age (Optional)	55# (last 4 digits)	Student (Yes or No)
Head						
Co-Head						
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 the 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?

☐ Yes ☐ No

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?

☐ Yes ☐ No

Are any full-time student(s) a TANF or a title IV recipient?

☐ Yes ☐ No

Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?

☐ Yes ☐ 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)?

☐ Yes ☐ No

C. INCOME (List ALL sources of income as requested below)

Does anyone in the household receive employment income?

☐ Yes ☐ No

Name:		Monthly Amount?	
Position Held:		How Long Employed:	
Employer:			

Name:		Monthly Amount?	
Position Held:		How Long Employed:	
Employer:			

Name:		Monthly Amount?	
Position Held:		How Long Employed:	
Employer:			

Does anyone in the household receive Social Security or SSI benefits?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Name: Type: Amount:

Does anyone in the household receive a pension?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Name: Type: Amount:

Does anyone in the household receive Veteran's Benefits?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Name: Type: Amount:

Does anyone in the household receive Unemployment Compensation?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Name: Type: Amount:

Does anyone in the household receive Public Assistance (Title IV/TANF, etc.)?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Name: Type: Amount:

Does anyone in the household receive an Annuity?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Does anyone in the household receive Scheduled Payments on Investments?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount of benefit.

Name: Type: Amount:

Does anyone in the household receive Long Term Medical Care Insurance Payments in excess of \$180 per day?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount.

Name: Type: Amount:

Does anyone in the household receive Contributions to the Household (monetary or not)?

☐ Yes ☐ No

If you answered yes please list the household member's name, type and amount.

Name: Type: Amount:

Name: Type: Amount:

Does anyone who is a Full Time Student Receive Income (18 and over only)?

☐ Yes ☐ No

If yes, please list the household member's name and the amount:

Does anyone who is a Student Receive Financial Aid?

☐ Yes ☐ No

If yes, please list the household member's name and the amount:

Are you legally entitled to receive alimony?

☐ Yes ☐ No

If yes, please list household member's name and the amount they are entitled to receive.

Do you receive alimony?

☐ Yes ☐ No

If yes, please list the household member's name and the amount:

Are you legally entitled to receive child support?

☐ Yes ☐ No

If yes, please list household member's name and the amount they are entitled to receive.

Do you receive child support?

☐ Yes ☐ No

If yes, please list the household member's name and the amount:

Do you or any member of your household receive any income not mentioned above?

☐ Yes ☐ No

If yes, please list the household member's name and the amount:

Total gross annual income (based on the monthly amount's above x 12)

\$ _____

Total gross annual income last year

\$ _____

Do you anticipate any changes in this income in the next 12 months?

☐ Yes ☐ No

Is any member of the household legally entitled to receive income assistance?

☐ Yes ☐ No

If yes, is the income received? ☐ Yes ☐ No

Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household listed on page 2?

☐ Yes ☐ No

If yes, please list the household member's name and the amount:

D. ASSETS (If assets are too numerous to list, please request an additional sheet)

Does anyone in the household have a checking account?

☐ Yes ☐ No

If you answered yes please list the household member's name, bank name and balance.

Name: Bank Name: Balance:

Name: Bank Name: Balance:

Name: Bank Name: Balance:

Does anyone in the household have a savings account?

☐ Yes ☐ No

If you answered yes please list the household member's name, bank name and balance.

Name: Bank Name: Balance:

Name: Bank Name: Balance:

Name: Bank Name: Balance:

Does anyone in the household have a prepaid debit card or cash benefit card? ☐ Yes ☐ No

If you answered yes please list the household member's name, bank name and balance.

Name: Bank Name: Balance:

Name: Bank Name: Balance:

Name: Bank Name: Balance:

Does anyone in the household have a trust account? ☐ Yes ☐ No

If you answered yes to any of the questions above please list the household member's name, bank name and balance.

Name: Bank Name: Balance:

Does anyone in the household have a Certificate(s) of Deposit? ☐ Yes ☐ No

If you answered yes to any of the questions above please list the household member's name, bank name and amount.

Name: Bank Name: Amount:

Does anyone in the household have a 401K or Retirement Account? ☐ Yes ☐ No

If yes, do they have access to the account without terminating employment? ☐ Yes ☐ No

Name: Bank/Firm Name: Amount:

Does anyone in the household have a Money Market Account? ☐ Yes ☐ No

If you answered yes to any of the questions above please list the household member's name, bank name and amount.

Name: Bank Name: Amount:

Does anyone in the household have a Savings Bond(s)? ☐ Yes ☐ No

If yes, please list the household member's name, bank name, account#, maturity date and the current balance.

Does anyone in the household have a Life Insurance Policy? ☐ Yes ☐ No

If yes, please list the household member's name, bank name, account #, cash value and the type of policy.

Does anyone in the household have any Stocks, Bonds or Mutual Funds? ☐ Yes ☐ No

If yes, please list the household member's name, # of shares, interest or dividend amount and cash value.

Does anyone in the household have any Investment Property? ☐ Yes ☐ No

If yes, please list the household member's name, address of the property and the appraised value:

Does anyone in the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on page 2? ☐ Yes ☐ No

Do they have access to the asset(s)? ☐ Yes ☐ No

If yes, describe:

Does anyone in the household own any property? ☐ Yes ☐ No

If yes, type of property: Location:

Appraised Market Value: \$ Mortgage or Outstanding Loans \$

Amount of Annual Insurance Premium \$ Balance Due

Amount of Most Recent Tax Bill \$

Have you or any member of the household disposed of any property in the last two years? ☐ Yes ☐ No

If yes, type of property: Market Value when Disposed/Sold: \$

Amount Sold/Disposed For: \$ Date of Transaction:

Have you or any member of the household disposed of any asset in the last two years? ☐ Yes ☐ No

If yes, type: Market Value when Disposed/Sold: \$

Amount Sold/Disposed For: \$ Date of Disposition:

Do you or any member of the household have any asset not listed above (excluding personal property)?

☐ Yes ☐ No

If yes, describe:

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?

☐ Yes ☐ No

Have you or any member of your family ever been convicted of a felony?

☐ Yes ☐ No

If yes, describe.

Have you or any member of your family ever been evicted from any housing?

☐ Yes ☐ No

If yes, describe.

Have you or any member of your family ever filed for bankruptcy?

☐ Yes ☐ No

If yes, describe.

Will you take an apartment when one is available?

☐ Yes ☐ No

Briefly describe your reason for applying:

F. REFERENCE INFORMATION

Current Landlord Name:			
Address:			
Home Phone:		Business Phone	
How Long:		Reason for Leaving:	
Previous Landlord Name: (If less than 5 years)			
Address:			
Home Phone:		Business Phone	
How Long:		Reason for Leaving:	

Credit Reference #1:			
Address:			
Account#:		j Phone#:	
Credit Reference #2:			
Address:			
Account#:		j Phone#:	
Personal Reference #1:			
Address:			
Relationship:		\ Phone#:	

Personal Reference #2:	
Address:	
Relationship:	Phone#:

In case of emergency please notify:

Name:	
Address:	
Relationship:	Phone#:

G. VEHICLE INFORMATION

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.

Do you own any vehicles?

☐ Yes ☐ No

Type of Vehicle:		License Plate #:	
Year/Make:		Color:	

Type of Vehicle:		License Plate#	
Year/Make:		Color:	

Do you own any pets?

☐ Yes ☐ No

If yes, describe?

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, age 18 or older, must sign the application.

SIGNATURES:

Signature of Applicant Date: _____

Signature of Applicant Date: _____

Signature of Applicant Date: _____

Signature of Applicant Date: _____