

Goshen Village Marketplace

Dear Applicant:

Thank you for your interest in Goshen Village Marketplace located in Goshen, CT. Please take a moment to review the following requirements before you complete the application attached to this letter.

1. **There is a non-refundable application fee of \$25.00 Per Adult Applicant. Your application will not be processed without this fee.**

Please make check payable to: Goshen Village Marketplace

2. The application must be fully completed and submitted to:

Connecticut Real Estate Management
P.O. Box 248
Southington, CT 06489

3. All applicants are subject to the same screening criteria that were designed by Goshen Village Marketplace. You must be able to demonstrate a satisfactory landlord and credit history. All information will be kept confidential and verified by the appropriate parties.

If there are any questions concerning this application, please do not hesitate to contact Kim Erdely at Connecticut Real Estate Management 860-621-2234.

APPLICATION FOR HOUSING

Carriage Maker Place

Please Print Clearly

This is an application for housing at:	Project: Goshen Village Marketplace
	Address: 59 Torrington Road Goshen, CT 06756
Please complete this application and return to:	Name: Connecticut Real Estate Management
	Address: PO Box 248 Southington, CT 06489

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

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

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

Bedroom size requested: Studio One BR Two BR Three BR Handicap BR

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:

Will all of the persons in the household be or have been full-time students during 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships	\$
	exceeding of the amount of tuition may have to	
	be included in total income)	
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
Alimony	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
Child Support	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of property:	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the asset:	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe:		

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

Current Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	How Long?		
Prior Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	How Long?		
Credit Reference #1:			
Address:			
Account #:		Phone #:	
Credit Reference #2:			
Address:			
Account #:		Phone #:	
Credit Reference #3:			
Address:			
Account #:		Phone #:	
Personal Reference #1:			
Address:			

Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)			
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.			
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, 18 or older, must sign application.

SIGNATURE (S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

Goshen Village Marketplace
Connecticut Real Estate Management

Authorization for Release of Information

The undersigned individual is applying for, or living in assisted housing and authorizes the release of the following information for the purpose of determining rental payment amount.

- Verification of Employment Income
- Verification of Social Security Income
- Verification of Pension Income
- Verification of Unemployment Compensation
- Verification of Workman's Compensation
- Verification of Disability Payments
- Verification of Assets
- Landlord Reference
- Credit and Background Check

It is understood that the information obtained will be kept confidential and used only in connection with the undersigned applicant for housing.

A copy of this authorization shall be considered as the original.

Applicant/Tenant

Name: _____

Social Security: _____ Date of Birth: _____

Signature: _____ Date Signed: _____

Co-Applicant / Co-Tenant

Name: _____

Social Security: _____ Date of Birth: _____

Signature: _____ Date Signed: _____