

GOSHEN VILLAGE MARKETPLACE & RESIDENCES
Apartment Application V4.2

Dear Applicant:

Thank you for your interest in Goshen Village Marketplace and Residences 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 no application fee required at this time.
2. The application must be **fully completed**. If a section does not apply to you, write "n/a". If you are uncertain how to respond to any of the information requested, you can contact our Property Manager as outlined below. Incomplete applications will be returned unprocessed, resulting in delays. Units are offered generally to qualified applicants on a first-come basis. A Notification List is maintained for those who wish to be notified when apartments become available (see our website). A new application is required for each new availability.
3. Completed applications should be submitted to:

Goshen Housing Trust, Inc.
Attn: Property Management
PO Box 511
Goshen. CT 06756
4. All applicants are subject to the same screening criteria which have been determined by Goshen Housing Trust, Inc. Apartments at Goshen Village Marketplace & Residences are subject to maximum income limits and your household income must be less than this limit to qualify. You must also be able to demonstrate sufficient income to pay the rent, a satisfactory landlord and credit history, and pass a background check. Pets are not allowed. All information provided will be kept confidential and verified by the appropriate parties.
5. You are required to submit documentation of your household income with the application. See attached.
6. We will run a credit and background check as part of the application process. You are required to complete and sign the attached TenantTracks Waiver/Clearance/Release form and return with your application. See attached.

If you have any questions or concerns about the application process, please do not hesitate to contact Chris Clement, property manager, at (860) 419-3181, Option 2.

Thank you.

Goshen Housing Trust, Inc.

APPLICATION FOR HOUSING (v4.2)

Please print clearly

You are applying for affordable housing at:

Goshen Village Marketplace & Residences
59 Torrington Road
Goshen, CT 06756

We are required to collect information regarding your household and household income in order to process your application. No consideration of your application will be given until it is received completed. Applications are processed in order of date and time received at the following address:

Goshen Housing Trust, Inc.
Attn: Property Management
PO Box 511
Goshen, CT 06756

A. INFORMATION REGARDING APPLICANT

Applicant Name: _____

CURRENT ADDRESS: _____

Years at This Address: _____ Best Phone #: _____ Mobile Number? Y or N

Email Address: _____ Date of Birth: ___/___/___ SS#: _____

At This Address, Do You Rent Own (check one) Monthly Rent or Mortgage: \$ _____

Check Utilities You Paid: Heat Electricity Gas Other (specify): _____

Reason for moving: _____

Owner/Landlord Name: _____ Address: _____

City: _____ State: ___ Zip: _____ Phone: _____

PRIOR ADDRESS: _____

From: _____ To: _____ Reason for moving: _____

At This Address, Do You Rent Own (check one) Monthly Rent or Mortgage: \$ _____

Check Utilities You Paid: Heat Electricity Gas Other (specify): _____

Owner/Landlord Name: _____ Address: _____

City: _____ State: ___ Zip: _____ Phone: _____

PRIOR ADDRESS: _____

From: _____ To: _____ Reason for moving: _____

At This Address, Do You Rent Own (check one) Monthly Rent or Mortgage: \$ _____

Check Utilities You Paid: Heat Electricity Gas Other (specify): _____

Owner/Landlord Name: _____ Address: _____

City: _____ State: ___ Zip: _____ Phone: _____

B. HOUSEHOLD COMPOSITION

You must complete for all individuals who will live in the apartment

	Name	Relationship to head	Birth Date	Sex	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? 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 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

Non-Employment Income**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	\$

Employment Income: Please provide your employment history starting with current employer including past 3 years. Include all household members 18 years or older. Use additional sheets in required.

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	Hire Date: End Date: Current? Yes No	
	Employment amount	\$
	Employer:	
	Position Held	
	Hire Date: End Date: Current? Yes No	
	Employment amount	\$
	Employer:	
	Position Held	
	Hire Date: End Date: Current? Yes No	
	Employment amount	\$
	Employer:	
	Position Held	
	Hire Date: End Date: Current? Yes No	
	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 this 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

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 & Residences
Goshen Housing Trust, Inc.

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: _____

INCOME VERIFICATION DOCUMENTATION

You are required to submit documentation of your household income with your application. All members of your household who are currently age 18 years or older must provide the following documentation.

Suitable proof of income for each member 18 years or older:

- Current consecutive pay stubs for the most recent thirty (30) days
 - 4 pay stubs if paid weekly
 - 2 pay stubs if paid bi-weekly
 - 1 pay stub if paid monthly

- Documents showing any non-employment income you have:
 - Social Security – A current Social Security statement available from the SSI website
 - Disability Benefits
 - Pensions
 - Child Support
 - Alimony payments
 - Unemployment Insurance income
 - Etc.

- Documents showing any assistance you receive:
 - SNAP/Food Stamps
 - If you have a Section 8 voucher, please provide a copy with the application.
 - Etc.

- Bank Statements
 - Include two consecutive months of bank statements for accounts listed.



Waiver / Clearance / Release Form To Be Sent to the Realtor or Landlord

Owner Name: Goshen Housing Trust, Inc. Their Phone: _____

Apartment Being Applied For: Village Marketplace & Residences

I hereby grant to you the right to conduct a background investigation concerning my credit history, criminal background, eviction history, public records search, employment, and any other inquiry through public or private sources to determine my suitability for rental of the above apartment.

Applicant Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Applicant Phone: _____ Email: _____

Social Security #: _____ Date of Birth: _____

Current Landlord: _____ Landlords Phone: _____

Current Employer: _____ Employers Telephone: _____

RELEASE: I, the applicant, do hereby represent that all the information in this Waiver / Clearance / Release Form is true and accurate and that the owner / manager / employees / rental agent may rely on this information when investigating and accepting my apartment application. Applicant hereby authorizes owner / manager / employee / rental agent to make an independent investigation to determine my credit, financial, and character standing.

Applicant authorizes any person or credit checking agency having any information on him/her to release any/all such information to the owner / manager / employees / rental agent or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees or rental agents and their credit checking companies in connection with processing, investigating or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. A photocopy or electronic transmission of this shall be as valid as the original. I understand that the credit, rental history, arrest / conviction and other reports will be done through the facilities of Tenant Tracks.

Signature: _____ Date: _____

(For official use only)

Account # _____ ID Call _____ Fax #: _____