

Deerfield Village

10 King Arthur Dr., Niantic, CT 06357 Ph: 860-739-5516 Fax: 860-506-3575



Dear Prospective Resident:

Thank you for your interest in Deerfield Village Apartments.

Each of our Affordable Housing Units has two bedrooms and one bathroom. It is required that a minimum of two people occupy the unit, and the maximum occupancy is four.

Please complete the Affordable Unit Pre-Application ***in its entirety***. **All household members 18 years and over are Co-Applicants and must sign the Pre-Application and accompanying forms. Make copies of application pages if necessary.**

In addition to the completed Pre-Application, please submit the following documentation for all household members who will be living in the unit:

- Copy of Driver's License(s) (household members 18 or over)
- Copies of Social Security cards (every household member)
- Proof of Income: Six (6) Most Recent Paystubs, Social Security Benefit Letter, Child Support, Alimony, Pension Payments, Retirement account disbursements, Etc.
- Copy of most recent Bank Statements from each account for all household members (include all pages)
- Signed Credit Check Services Authorization & Consent to Disclosure (household members 18 or over)
- Signed Fraud Disclosure (household members 18 or over)
- Signed Authorization to Release Information (household members 18 or over)
- Signed Landlord Rental History Questionnaires and ten years of rental and/or housing history.
Please fill in and sign ONLY the top section of these forms with landlord information, as well as your name and address, then write and sign your name. ***Our office will send this form to previous landlords for them to complete.***

Please note that the application must be completed in its entirety. If an item on the application does not apply to you, please write "N/A" or "None". DO NOT leave any item blank. If the application is not filled out completely or if any of the above documentation is not submitted, the application will not be processed.

Should you have any questions or need assistance, do not hesitate to contact us. Again, thank you for your interest and we hope to welcome you home soon!

Deerfield Village
860-739-5516

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AFFORDABLE UNIT PRE-APPLICATION: Please print and write clearly. *All questions must be completed in order to process your application.* Write N/A if an item does not apply to you. **DO NOT leave any blanks.** Use one application per household.

Section 1: APPLICANT INFORMATION

A. Head of Household Information Driver's License # _____ State: _____
Name: _____ Email: _____
SSN: _____ DOB: _____ Gross Annual Income from all sources: \$ _____
Home PH: _____ Cell: _____ Work: _____

We require 10 years of housing history to process your application. Use a separate sheet of paper if necessary.

Current Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Move-In Date: _____ Anticipated Move-Out Date: _____

Previous Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Move-In Date: _____ Move-Out Date: _____

B. Co-Applicant Information Driver's License # _____ State: _____
Name: _____ Email: _____
SSN: _____ DOB: _____ Gross Annual Income from all sources: \$ _____
Home PH: _____ Cell: _____ Work: _____

We require 10 years of housing history to process your application. Use a separate sheet of paper if necessary.

Current Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Move-In Date: _____ Anticipated Move-Out Date: _____

Previous Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Move-In Date: _____ Move-Out Date: _____

Section 2: HOUSEHOLD INFORMATION

List ALL household members who will live in the apartment. Be sure to include any temporarily absent family members.

A.	FULL LEGAL NAME	RELATIONSHIP	SOCIAL SEC. #	DATE OF BIRTH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any household members foster children/adults or live-in care attendants? YES NO

If yes, who?: _____

Section 2: HOUSEHOLD INFORMATION (continued)

B. Student Status

Are you or any members of your household *full-time* students carrying a full course load (as defined by the educational institution) for at least five months per calendar year? YES NO

If yes, how many? _____

If yes, is at least one member of the household (check all that apply):

- A single parent with dependent children and neither parent nor child(ren) is being claimed as a dependent by anyone else?
- Married and filing a joint tax return?
- On welfare or enrolled in a federal, state, or local job training program?
- Leaving the foster care system?

C. Pets

Do you currently have any pets / assistance animals? YES NO

If yes, list #, type, and weight: _____

D. Additional Information

Are you or any member of your household currently using an illegal substance? YES NO

Has any member of your household ever been convicted of a felony? YES NO

If yes, describe: _____

Has any member of your household ever been evicted from any housing? YES NO

If yes, describe: _____

Section 3: RENT / MORTGAGE

A. Do you currently RENT OWN OTHER(please describe)_____

What is your current monthly rent or mortgage payment? \$_____

How much do you currently pay for the following utilities (per month)?

Heat \$_____ Electric \$_____ Gas \$_____

B. If renting, what is your current lease term? Month to Month 6 Month 12 Month Other_____

When does your current lease expire? _____

Do you receive any Rental Assistance? YES NO

If yes, please identify the source: Section 8 RAP Other_____

Section 4: INCOME AND ASSETS

A. List **ALL** full-time, part-time, seasonal and/or temporary employment for **ALL household members**. Include overtime pay, commissions, fees, tips, bonuses, and/or self-employment earnings.

HOUSEHOLD MEMBER NAME	EMPLOYER'S NAME/ADDRESS	ANNUAL GROSS EARNINGS	
		CURRENT YTD EARNED	ANTICIPATED EARNINGS for next 12 months
_____	_____	\$ _____	\$ _____
		Start Date: _____	
_____	_____	\$ _____	\$ _____
		Start Date: _____	
_____	_____	\$ _____	\$ _____
		Start Date: _____	
_____	_____	\$ _____	\$ _____
		Start Date: _____	

B. Other Income Sources (for ALL Household members)

ANNUAL AMOUNT

- a. Social Security YES NO \$ _____
- b. Supplemental Security Income (SSI) YES NO \$ _____
- c. Unemployment Benefits YES NO \$ _____
- d. Worker's Compensation YES NO \$ _____
- e. Pension / Veteran's Administration YES NO \$ _____
- f. TANF / AFDC YES NO \$ _____
- g. Education Financial Assistance YES NO \$ _____
- h. Child Support (current or anticipated) YES NO \$ _____
- i. Alimony (current or anticipated) YES NO \$ _____
- j. Money received from family / friends YES NO \$ _____
- k. Other: _____ YES NO \$ _____

C. HEAD OF HOUSEHOLD ASSETS

Checking Accounts:

Bank / CU: _____ Acct # _____ Balance \$ _____
 Bank / CU: _____ Acct # _____ Balance \$ _____

HEAD OF HOUSEHOLD ASSETS (continued)

Savings Accounts:

Bank / CU: _____ Acct # _____ Balance \$ _____

Bank / CU: _____ Acct # _____ Balance \$ _____

Certificates of Deposit (CDs):

Bank / CU: _____ Acct # _____ Balance \$ _____

Bank / CU: _____ Acct # _____ Balance \$ _____

Other Assets:

Do you have electronic accounts, including but not limited to Cash App, Venmo, PayPal, Zelle, etc?

YES NO If yes, please list: _____

Do you have any of the following?

Stocks / Bonds YES NO (value) \$ _____ Savings Bonds YES NO (value) \$ _____

IRA(s) YES NO (value) \$ _____ 401(k) YES NO (value) \$ _____

403(b) YES NO (value) \$ _____ Mutual Funds YES NO (value) \$ _____

Whole / Universal Life Insurance Policy (Not Term) YES NO (value) \$ _____

Treasury Bills YES NO (value) \$ _____ Other YES NO (value) \$ _____

Do you **CURRENTLY** own any real estate? YES NO If yes, please state the address and value: _____

Have you **EVER** owned real estate? YES NO If yes, when? _____

Have you received any lump sum amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements, etc.) YES NO If yes, when? _____ Amount: \$ _____

Do you receive regular or periodic payments from persons not living in the household (such as from a trust, annuity, or other source)? YES NO If yes, list provider, frequency, and amount: _____

Have you sold, given away, or otherwise transferred ownership of assets within the last two (2) years?

YES NO If yes, list items and dates: _____

D. CO-APPLICANT ASSETS

Checking Accounts:

Bank / CU: _____ Acct # _____ Balance \$ _____

Bank / CU: _____ Acct # _____ Balance \$ _____

Savings Accounts:

Bank / CU: _____ Acct # _____ Balance \$ _____

Bank / CU: _____ Acct # _____ Balance \$ _____

Certificates of Deposit (CDs):

Bank / CU: _____ Acct # _____ Balance \$ _____

Bank / CU: _____ Acct # _____ Balance \$ _____

CO-APPLICANT ASSETS (continued)

Other Assets:

Do you have electronic accounts, including but not limited to Cash App, Venmo, PayPal, Zelle, etc?

YES NO If yes, please list: _____

Do you have any of the following?

Stocks / Bonds YES NO (value) \$ _____ Savings Bonds YES NO (value) \$ _____

IRA(s) YES NO (value) \$ _____ 401(k) YES NO (value) \$ _____

403(b) YES NO (value) \$ _____ Mutual Funds YES NO (value) \$ _____

Whole / Universal Life Insurance Policy (Not Term) YES NO (value) \$ _____

Treasury Bills YES NO (value) \$ _____ Other YES NO (value) \$ _____

Do you **CURRENTLY** own any real estate? YES NO If yes, please state the address and value: _____

Have you **EVER** owned real estate? YES NO If yes, when? _____

Have you received any lump sum amounts? (e.g. inheritances, capital gains, lottery winnings, insurance settlements, etc.) YES NO If yes, when? _____ Amount: \$ _____

Do you receive regular or periodic payments from persons not living in the household (such as from a trust, annuity, or other source)? YES NO If yes, list provider, frequency, and amount: _____

Have you sold, given away, or otherwise transferred ownership of assets within the last two (2) years?

YES NO If yes, list items and dates: _____

I understand and acknowledge the following:

No pets will be permitted without written consent of the landlord or in the event of ADA compliance.

The premises are to be used as a residence only and to be occupied only by those persons listed herein.

Deerfield Village is a smoke-free property.

Deerfield Village or its agents may contact me by phone **OR** email.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: FRAUDULENT STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE AND CAN NULLIFY THIS APPLICATION.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

APPLICANT / CO-APPLICANT PLEASE NOTE:
CREDIT CHECK SERVICES AUTHORIZATION AND CONSENT TO DISCLOSURE

All individuals make the representation in this application knowing that management will rely on their accuracy, and hereby authorize Wilder Balter Management to use any consumer reporting agency, credit bureau, or other investigative agencies employed to do such to investigate the References herein listed or statements or other data obtained from me or any other person pertaining to my employment and may result thereby, and to disclose and furnish such information to the owner/agency listed in support of this application. In addition, I/We hereby authorize you to obtain any such credit and other report on Me/Us from time to time during My/Our tenancy, and thereafter until all sums that may be due to owner or you are fully paid.

The individual(s) releases management from any liability whatsoever for rejection of this application due to credit information or any other valid business reason. It is further agreed, that if any information herein contained is false, the lease made on the strength of this application may at the option of the landlord, be terminated at any time.

Upon demand made upon management, at any time during the undersigned's tenancy and thereafter, management is hereby authorized to release any information contained in this application to any public security office, who may inquire of management, concerning the same in the course of his/her duty.

Applicant (Print): _____ Signature: _____ Date: _____

Co-Applicant (Print): _____ Signature: _____ Date: _____

***Note:** Only one application per household. If your name appears on more than one application, your application(s) will be denied and not considered. Applications must be complete and signed in all requested places in order to be considered.

HOW DID YOU HEAR ABOUT DEERFIELD VILLAGE?

Friend _____ Internet Search _____ Employer _____ Social Services _____

Other: _____

Deerfield  Village

An affordable rental development in Niantic, Connecticut

Deerfield Village

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Fraud Disclosure

Should the Owner or Agent(s) of Deerfield Village discover at any time that the Applicant(s) has provided false or misleading information regarding income or household occupancy, the application for housing will be denied.

Applicant Signature

Date

Co-Applicant Signature

Date

Deerfield Village

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AUTHORIZATION TO RELEASE INFORMATION

Applicant / Tenant: _____ Unit # _____

Property Name: Deerfield Village

Address: 10 King Arthur Dr. #102

Niantic, CT 06357

As managing agents for this Low-Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release of information appears below. Please submit the requested information at your earliest convenience to the address above. Thank you for your assistance.

Authorized Signature of Owner / Agent

Title

Print Name

Date

Release by Applicant / Tenant

I hereby authorize you to furnish all requested information.

Signature of Applicant / Tenant

Date

Deerfield Village

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AUTHORIZATION TO RELEASE INFORMATION

Applicant / Tenant: _____ Unit # _____

Property Name: Deerfield Village

Address: 10 King Arthur Dr. #102
Niantic, CT 06357

As managing agents for this Low-Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release of information appears below. Please submit the requested information at your earliest convenience to the address above. Thank you for your assistance.

Authorized Signature of Owner / Agent

Title

Print Name

Date

Release by Applicant / Tenant

I hereby authorize you to furnish all requested information.

Signature of Applicant / Tenant

Date

LANDLORD RENTAL HISTORY QUESTIONNAIRE

Applicant: Please complete and sign the top section ONLY, then return form to Deerfield Village with your application. DO NOT give this form directly to current/former Landlord(s). Make copies if you have lived in more than one rental in the last 10 years.

LANDLORD: _____ Phone: _____
Address: _____ Fax: _____
_____ Email: _____

Your Name: _____
Address: _____ Previous Address relating to this questionnaire: _____

I/WE, _____, authorize the above said LANDLORD to release the information requested, to **Deerfield Village Apartments**.

Applicant Signature Date Applicant Signature Date

***LANDLORD: Please complete the Questionnaire below and return to Deerfield Village Apartments within three (3) days.* The individual(s) named above is an applicant for housing at Deerfield Village Apartments. Information requested below will be held in strict confidence, as is required. Thank you for your cooperation.**

- 1. How long did the applicant live at this address? _____
- 2. How many bedrooms did they occupy? _____
- 3. How much was the monthly rent? _____
- 4. Was the rent paid on time? YES / NO
- 5. Does the rent include heat and / or electricity? YES / NO
- 6. Did the applicant create any health or safety hazards? YES / NO
- 7. Does the applicant house any pets? YES / NO
- 8. Did the resident decorate without permission of the owner? YES / NO
- 9. Was the applicant or family destructive to the apartment? YES / NO
- 10. Did the applicant or family create any disturbances to neighbors or disrupt sound family and community life? YES / NO
- 11. Did the applicant provide shelter to unauthorized persons? YES / NO
- 12. Reason applicant left / is leaving? _____
- 13. Did the applicant skip? YES / NO
- 14. Was the applicant evicted? YES / NO
- 15. Did the applicant give proper 30-day notice? YES / NO
- 16. Did the applicant leave the apartment in good condition? YES / NO
- 17. Would you rent to the applicant in the future? YES / NO
- 18. Does the applicant owe outstanding rent or other charges? YES / NO
If YES, how much is owed? _____

19. Family size: Adults: _____ Children: _____

Comments: _____

I hereby certify that the above statements are true. I understand that any false statements made by me will constitute fraud.

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