

Saint Mary Place, New London CT

HOUSING APPLICATION

Application:

Please complete the application in its entirety and sign and date all consent forms. Check all applicable boxes and fill in all lines even if the answer in "Not Applicable" (N/A) or zero. Incomplete applications cannot be processed. Return all required forms and make copies for your records. **Complete household information is required.**

Identification:

We require copies of three (3) forms of identification as described below. Do not send originals. The originals will be reviewed at the time of final application processing.

Acceptable forms of ID are:

- Picture ID (driver's license) or State Issued Identification
- Birth Certificate **
- Social Security Card, for all adult household members

For minors under 18 years of age Birth Certificate and social security cards.

** Other acceptable forms of identification with date of birth include: Baptismal Certificate, Valid Passport, and Naturalization Certificate.

Verifications:

An individual or a service provider working with an applicant can assist with completing this application.

Qualifications:

Eligibility Criteria –An applicant **MUST** be a U. S. Citizen, National or Eligible Non-Citizen. All household members age 18 or older must complete & sign the application and provide proof of income. Eligibility is recertified every 12 months and annual household income will be verified.

Per DOH guidelines, a household's annual gross income must not exceed the established income limits of Area Median Income for the metropolitan area as adjusted for family size as indicated in Appendix A. Annual household income includes income from all sources and from net family assets, and will be determined by authorized, third party verification. The income limits used by the agent for admission are published by the Department of Housing and Urban Development (HUD) on an annual basis. In no case will an applicant household be admitted to an income restricted unit if the applicant household's income exceeds the specified income limit.

Marketing of all units will be targeted appropriately, and no applications will be refused or denied except for those determined to be ineligible as documented herein.

Saint Mary Place is a Smoke Free Community



Equal Housing Opportunities

Saint Mary Place, New London CT

HOUSING APPLICATION

*All sources of Income & Assets must be disclosed at the time of application.
Please provide copies of the following: (if applicable)*

Income Sources:

Copy of Most Recent Federal Tax Return
Paycheck stubs (2-4)
Workman's Compensation
Social Security / SSI Payments – Award Letter
Unemployment
Pensions
Budget Sheet (TANF/SAGA)
Court Records Child Support or Alimony
Bank Statements

All sources of Assets must be verified:

Checking Accounts
Savings Accounts
Certificate of Deposits (CD'S)
401K Accounts
IRA/Roth Accounts
Real Estate (own a home/condo/land)
Stock or Bonds
Mutual Funds
Life Insurance Whole or Universal Policy Only

Applications may be denied if any of the following apply: You are NOT eligible if:

- **Your income is too high**
- **You do not meet the maximum or minimum occupancy standards**
- **You are not a citizen, or an eligible immigrant as defined for purposes of program selection**
- **You have not completed the application**
- **You have failed to provide current and accurate information**
- **Failure to supply requested documentation**
- **You are anyone in the household is a registered Sex Offender**
- **You did not sign all verification and consent forms**
- **Unfavorable criminal background and/or credit check**
- **Unfavorable reference(s): landlord or personal**
- **Reasonable doubts as to ability to pay rent**
- **You are a Full-time student and the head of household with no qualifying dependent**



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HOUSING APPLICATION

Housing Program Description

Saint Mary Place consists of a mix of efficiency and one-bedroom units. Of these 20 units, five (5) will receive rental subsidies administered through the Department of Housing's (DOH) Section 811 program, and the remaining will be Affordable Housing Units will serve individuals having an income at or below 25 % of the AMI and not to exceed 60% AMI for the New London County area.

Of the 20 units:

- **Five (5) units** will serve applicants having an income at or below 25% Area Median Income (AMI) for the New London County metropolitan statistical area; of these 5 units, one (1) is an efficiency and four (4) are one-bedroom units. These (5) units will be designated for eligible households with disabilities. Project Based Rental Subsidy through DOH Section 811 program will be designated to these (5) five units.
- **Seven (7) units** will serve applicants having an income at or below 50% AMI, of these 7 units, six (6) are efficiencies and one (1) one-bedroom unit.
- **Eight (8) units** will serve applicants having an income at or below 60% AMI, of these 8 units, four (4) are efficiencies and four (4) one-bedroom units.

Per LIHTC guidelines, a household's annual gross income must not exceed LIHTC established income limits of Area Median Income for the metropolitan area as adjusted for family size as indicated in Appendix A. Annual household income includes income from all sources and from net family assets, and will be determined by authorized, third party verification. The income limits used by the agent for admission are published by the Department of Housing and Urban Development (HUD) on an annual basis. In no case will an applicant household be admitted to a LIHTC unit if the applicant household's income exceeds the specified income limit.

Maximum Income Limits as of 04/01/2020
Income limits per the size of Household
New London County Area Median Income (AMI)

Income Limit	1 person	2 person	Studio Apt Rent	One-Bedroom Rent
50% AMI	\$35,950	\$41,050	\$852.00	\$903.00
60% AMI	\$43,140	\$49,260	\$1032.00	\$1096.00



DeMarco Management Corporation
 117 Murphy Rd Hartford CT 06114
 Fax #: 860-955-1143 Email: compliance@demarcomc.com

Date Received: _____
 Received by: _____
 Time: _____

APPLICATION FOR HOUSING
Please Print Clearly

This is an application for housing at:	Project: Saint Mary Place
	Address: 16 Huntington Street New London, CT 06320
Please complete this application and return to:	Temporary Site Office Location:
	Jefferson Commons c/o DeMarco Management Corp
	432 Jefferson Ave New London CT 06320
	Office Phone # 860-444-9621 Fax # 860-444-9622 Email: compliance@demarcomc.com

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

Do you have a Housing Choice Voucher? Yes No

If yes, List Contact Information: _____



B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-T						

Do any household members not have a Social Security Number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, was the household member 62 years or older as of 01/31/2010, and also receiving HUD rental assistance on 01/31/2010?	
Have there been any changes in household composition in the last twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>	
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>	
Is there someone not listed above who would normally be living with the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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?	<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	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$



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 <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> 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 (<i>monetary or not</i>) 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: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
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
<i>If yes, describe:</i>	
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
<i>If yes, Type of property:</i>	
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
<i>If yes, describe the asset:</i>	
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
<i>If yes, please list:</i>	

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
<i>If yes, describe:</i>		
List all states that you or a member of your household has lived in:		



Are you, or any member of your household subject to a lifetime sex offender registration requirement in any state? _____ Yes _____ No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

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
<i>If yes, describe:</i>		

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



**General Authorization for Release of Information
For
DeMarco Management Corporation**

Name: _____

Address: _____

I, the above-named individual, have authorized DeMarco Management Corporation, agent for Saint Mary Place, New London, CT, to verify the accuracy of the information I have provided to them. This information will be used to determine eligibility for the housing programs as required by Department of Economic and Community Development (DECD), Housing & Urban Development (HUD) and DSS/CHFA Annual Recertification, the Low-Income housing tax credit (LIHTC) verifications i.e., ASSETS, ALL Income, LANDLORD verification, YEAR to date taxes, AND Criminal/credit Records.

I hereby give you my permission to release this information to DeMarco Management Corporation understanding that it is to be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to DeMarco Management Corporation within five (5) days of receipt of this request.

I have received a copy of the "Summary of your rights Under the Fair Credit Reporting Act" I understand that a photocopy of this authorization is as valid as the original. Thank you for your assistance and cooperation in this matter.

Signature

Date

Signature

Date

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR
FROM THE DATE NOTED ABOVE.**



117 Murphy Road
Hartford, CT 06114
Phone: 860.951.9411
Fax: 860.951.3622

General Authorization for Release of Information For DeMarco Management Corporation

Name: _____

Address: _____

Yo, el individuo arriba mencionado, e autorizado a DeMarco Management Corporación, agente de Saint Mary Place, New London, CT, para verificar la exactitud de la información que les he proporcionado. Esta información se usará para determinar la elegibilidad para los programas de vivienda según lo requerido por el Departamento de desarrollo económico y comunitario (DECD), vivienda y desarrollo urbano (HUD) y la recertificación anual de DSS/CHFA, el crédito tributario por vivienda de bajos ingresos (LIHTC) verificaciones, es decir, activos, todos los ingresos, la verificación del propietario, los impuestos de año a la fecha, y los registros de criminal/crédito.

Por la presente le doy mi permiso para entregar esta información a DeMarco Management Corporación entendiendo que se debe mantener confidencial. Agradecería su pronta atención en el suministro de la información solicitada en la página adjunta a DeMarco Management Corporación dentro de los cinco (5) días de la recepción de esta solicitud.

He recibido una copia del "Resumen de sus derechos bajo la ley de informes de crédito justo" Entiendo que una fotocopia de esta autorización es tan válida como el original. Gracias por su ayuda y cooperación en este asunto.

Signature

Date

Signature

Date

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR
FROM THE DATE NOTED ABOVE.**



Equal Housing Opportunities

LANDLORD VERIFICATION FORM

Send To: _____

Applicant/Tenant: _____ Unit# _____
 Property Name: _____

This section for landlord to fill out.

How long has the applicant been at this address?	How much was the monthly rent? \$
--	-----------------------------------

	Yes	No
Was rent paid on time?		
Was unit maintained in a safe and sanitary manner?		
Were there any problems with neighbors?		
Was there any tenant caused damages?		
Did applicant have people living in the apartments other than those listed as residents on the lease?		
Are you related to this family/person?		
Would you rent to this family/person again?		
If not, please state why:		
Have you ever begun eviction proceedings against this household?		
If yes, why?		
Any additional information you may care to provide would be helpful.		

Landlord Name (print): _____ Telephone: _____

Authorized Signature: _____ Date: _____

RETURN TO: Saint Mary Place c/o DeMarco Management Corp
432 Jefferson Ave, New London, CT 06320
Fax # 860-444-9622 Office# 860-444-9621

--OFFICE USE ONLY--

Date Sent: _____
 Date Received: _____
 Comments: _____

