

WELLINGTON AT MADISON 131 COTTAGE ROAD, MADISON, CT 06433
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IN PERSON PRE-APPLICATION SCHEDULE	THE FIRST CONGREGATIONAL CHURCH / 26 MEETING HOUSE LANE, MADISON WEDNESDAY, JULY 17, 2024 / 9:00 AM – 1:00 PM THURSDAY, JULY 18, 2024 / 1:00 PM – 6:00 PM
PRE-APPLICATION SUBMISSION	MAIL DEMARCO MANAGEMENT CORPORATION ATTENTION: WELLINGTON AT MADISON 117 MURPHY ROAD, HARTFORD, CT 06114 PRE-APPLICATIONS MAY BE SUBMITTED VIA USP MAIL, FAX OR EMAIL APPLICATION RECEIVED AFTER JULY 19, 2024, WILL NOT BE ACCEPTED

MAXIMUM INCOME LIMITS PER THE HOUSEHOLD SIZE AS OF 5/15/2024 AREA MEDIAN INCOME (AMI) FOR NEW HAVEN COUNTY				
INCOME LIMITS	1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS
50% AMI	\$40,650	\$46,450	\$52,250	\$58,050
60% AMI	\$48,780	\$55,740	\$62,700	\$69,660

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 the required forms and make copies of your records. Complete household information is required.

WARNING 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of the department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

IT IS YOUR RESPONSIBILITY TO NOTIFY US IN WRITING OF ANY CHANGES TO THIS PRE-APPLICATION

A. GENERAL INFORMATION

HEAD OF HOUSEHOLD FULL NAME (First, Middle Initial, Last)			PHONE NUMBER	
CURRENT ADDRESS (Street, Apt #, City, State, Zip Code)			EMAIL ADDRESS	
SOCIAL SECURITY #	DOB	SEX	DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	FULL TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> WIDOW/ WIDOWER				
PREGNANT: <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes", when is the expected date of delivery?				

BEDROOM SIZE REQUEST <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR <input type="checkbox"/> HANDICAP	DO YOU OWN A SECTION 8/ RAP HOUSING VOUCHER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FROM WHERE? _____ _____
WILL YOU TAKE AN APARTMENT WHEN ONE IS AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DO YOU RENT OR OWN? (Check One) <input type="checkbox"/> RENT <input type="checkbox"/> OWN	AMOUNT OF CURRENTLY MONTHLY RENTAL OR MORTGAGE PAYMENT \$
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FULL-TIME STUDENT Will all 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

BACKGROUND Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you, or any member of your household subject to a lifetime sex offender registration requirement in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PET/ SERVICE ANIMAL Do you own a pet or service animal?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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B. HOUSEHOLD COMPOSITION List all individuals who will live in the unit.

FULL NAME	DOB	SEX	SOCIAL SECURITY #	RELATION TO HEAD OF HOUSEHOLD	DISABLED	FULL-TIME STUDENT
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

C. INCOME INFORMATION Please list the source and amount of all current income received by all family members, including yourself. List all earnings and benefits from Employment, AFDC / TANF, VA, SS, SSI, SSID, Unemployment, Workmen’s Compensation, Child Support, etc.

FAMILY MEMBER	INCOME SOURCE (EX: EMPLOYMENT, SS, SSI, SSID, UNEMPLOYMENT)	AMOUNT	HOW OFTEN IS AMOUNT RECEIVED?
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
		\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

D. ASSET INFORMATION Please list the source and amount of all current assets for all family members, including yourself. Include all checking, savings, trust, certificates, life insurance policy, stocks, bonds and mutual funds.

FAMILY MEMBER	ASSET (EX: CHECKING, SAVINGS, LIFE INSURANCE, STOCKS)	ASSET NAME	BALANCE/ CASH VALUE	INTEREST
			\$	%
			\$	%
			\$	%
			\$	%

E. CERTIFICATION / RELEASE OF INFORMATION

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 pre-application.

I (We) authorize the release of all information to the DeMarco Management Corporation by my (our) employer (s), the Department of Public Assistance, the Social Security Administration, and / or other business or government agencies.

Head of Household Signature	Print Name	Date
Other Adult Signature (18 or Older)	Print Name	Date
Other Adult Signature (18 or Older)	Print Name	Date

OFFICE USE ONLY			
APPLICATION FORM		APPLICATION FEE	
DATE RECEIVED		DATE RECEIVED	
TIME RECEIVED		TOTAL AMOUNT	
DATE LOGGED		CHECK NUMBER	
APPLICATION #		DATE SENT TO FINANCE	
DMC STAFF SIGNATURE		DMC STAFF SIGNATURE	