

**OJAKIAN COMMONS
100 CASTERBRIDGE CROSSING, CT 06070
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 the Low-Income Housing Tax Credit Program 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.

NOTE: OJAKIAN COMMONS IS A SMOKE FREE COMMUNITY PETS ARE PERMITTED WITH RESTRICTIONS AND DEPOSIT.

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Income Sources: All sources of Income must be disclosed at the time of application. Please provide copies of the following:

Copy of Most Recent Federal Tax Return
Paycheck stubs (4 - 6)
Workman's Compensation
Social Security / SSI Payments
Unemployment
Pensions
Budget Sheet (TANF/SAGA)
Court Records Child Support or Alimony
Bank Statements

All sources of Assets must be verified:

Checking Accounts (6 – months printed bank statements)
Savings Accounts (current bank statement)
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 completely filled out 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

OJAKIAN COMMONS 100 CASTERBRIDGE CROSSING, SIMSBURY, CT 06070

Housing Program Description

Ojakian Commons is Low Income Housing Tax Credit (LIHTC) affordable rental housing community consisting of twenty-eight (40) units.

The property offers spacious unique floor plans, spacious kitchens with brand new Energy Star appliances including microwave, dishwashers, ranges and refrigerators.

One-bedroom income restricted unit rent is \$1,218 and two-bedroom income restricted unit rent is \$1,523 including Heat, Hot Water.

Per LIHTC 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 the chart below.

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.

Maximum Income Limits as of 4/1/22 Income Limits per Household Size

Income Limit	1 person	2 persons	3 persons	4 persons
60% AMI	\$47,340	\$54,120	\$60,900	\$67,620

Occupancy Limits

The following occupancy standards shall determine the number of bedrooms required to accommodate each household without overcrowding or over housing

<u>Number of bedrooms</u>	<u>Min. # Persons in Household</u>	<u>Max. # of Persons in Household</u>
1	1	2
2	1	4

OJAKIAN COMMONS 100 CASTERBRIDGE CROSSING, SIMSBURY, CT 06070

Please Print Clearly

This is an application for housing at:	Project: OJAKIAN COMMONS APARTMENTS
	Address: 100 CASTERBRIDGE CROSSING SIMSBURY, CT 06070
Please complete this application and return to:	Name: OJAKIAN COMMONS APARTMENTS
	Address: 100 CASTERBRIDGE CROSSING SIMSBURY, CT 06070
	Fax: 860-955-4684

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when applicable.

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: ONE BEDROOM TWO BEDROOM

Do you Own a Housing Voucher Yes No If yes, from where? _____

Email address: _____

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N	Race Ethnicity (optional)
Head 1.							
Co-T 2.							
3.							
4.							
5.							
6.							

Will all listed minors be living in the unit at 100% of the time? Yes No

If not, explain custody agreement (proof of custody may be required): _____

1. 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>		
2. 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>		
3. 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>		
4. Are you living with anyone now who will not be moving into this unit with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

5. 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 (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. 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
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent 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

10. 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
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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
11.	Social Security	\$
12.	Social Security	\$
13.	Social Security	\$
14.	SSI Benefits	\$
15.	SSI Benefits	\$
16.	SSI Benefits	\$
17.	Pension (list source)	\$
18.	Pension (list source)	\$
19.	Veteran's Benefits (list claim #)	\$
20.	Veteran's Benefits (list claim #)	\$
21.	Unemployment Compensation	\$
22.	Unemployment Compensation	\$
23.	Public Assistance (Title IV/TANF etc.)	\$
24.	Contributions to the Household (monetary or not)	\$
25.	Full-Time Student Income (18 & Over Only)	\$
26.	Financial Aid (excluding loans)	\$
27.	Annuities (list sources)	\$
28.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
29.	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
30.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
31.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	



Household Member Name	Source of Income	Monthly Amount
32.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
33.	Previous Employment amount (last 60 days)	\$
	Employer:	
	Position Held	
	How long employed:	
34.	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.	\$
35.	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 formal/informal (money, items, etc.) child support? <i>If court order exists, it will need to be provided with a current payment history from the enforcement agency.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
36.	Other Income	\$
37.	Other Income	\$
38.	Other Income	\$
39. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do NOT leave this blank)		\$
41. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. 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
44. <i>If yes to any of the above, explain:</i>		
45. 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.

46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$



47. Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
48. Trust Account	#	Bank	Balance \$	
49. Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
50. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
51. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
52. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
53. Life Insurance Policy	#		Cash Value \$	
54. Life Insurance Policy	#		Cash Value \$	
55. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
56. Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
58. Investment Property				Appraised Value \$
59. Real Estate Property: <i>Do you own any property?</i>				Yes No
<i>If yes, Type of property</i>				
60. Location of property				
61. Appraised Market Value				\$
62. Mortgage or outstanding loans balance due				\$



63. Amount of annual insurance premium	\$
64. Amount of most recent tax bill	\$ <input type="text"/> <input type="text"/>
65. Is the property subject to foreclosure, bankruptcy or eviction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, describe:</i>	

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

68. 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>	
69. Market value when sold/dispensed	\$
70. Amount sold/dispensed for	\$
71. Date of transaction:	

72. 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>	
73. Date of disposition:	
74. Amount disposed	\$

75. 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

76. Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
77. 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:

78. Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, describe

79. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>If yes, describe</i>		
80. 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

81. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
82. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
83. Credit Reference #1:		
Address:		
Account #:	Phone #:	
84. Credit Reference #2:		
Address:		
Account #:	Phone #:	
85. Credit Reference #3:		
Address:		
Account #:	Phone #:	
86. Personal Reference #1:		
Address:		
Relationship:	Phone #:	
87. Personal Reference #2:		
Address:		
Relationship:	Phone #:	
88. Personal Reference #3:		
Address:		
Relationship:	Phone #:	



89. 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.			
90. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
91. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
92. Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, describe:</i>			

H. APPLICATION ASSISTANCE

93. Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, who assisted and what was the reason for the assistance:</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
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

**** OFFICE USE ONLY ****

DATE RECEIVED _____

TIME RECEIVED _____

DMC STAFF SIGNATURE _____

DATE LOGGED _____ / **APPLICATION #** _____



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above-named individual, have authorized DeMarco Management Corporation, agent for **Lavender Field Apartments**, 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.