

BROOKFIELD VILLAGE 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 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.

NOTE: Residents may have pets only in compliance with the terms of the Brookfield Village Pet Regulations.

Brookfield Village is a Smoke Free Community



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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 (2-4)
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
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 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



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Housing Program Description

Brookfield Village Residential Limited Partnership through its managing agent DeMarco Management Corporation are pleased to announce the new housing opportunity available at Brookfield Village in Brookfield, CT. Applications will be available beginning August 15, 2017 and first phase of occupancy is anticipated to begin on or about November 1, 2017.

Brookfield Village is a Workforce Development Housing Community located at 800 Federal Road in Brookfield, CT. The revitalization of The Four Corners of Downtown Brookfield offers forty eight (48) residential units. Applications are available by contacting DeMarco Management Corporation in person at 117 Murphy Road in Hartford, CT; by phone at (860) 951-9411, by contacting the ATT Relay number 711 or via email at compliance@demarcomc.com.

Applications will not be available at the Property.

The residential space includes a mix of differently sized one and two-bedroom apartments with rents starting at \$417 - \$1605 with tenant paid utilities. The property offers spacious unique floor plans, fully-appliance kitchens, on-site laundry facilities, central air, accessible units, and plenty of parking.

This development is financed through the Connecticut Housing Finance Authority (CHFA), and receives state grant funds from the Department of Housing (DOH). Certain Income Restrictions Apply.

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 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 04/14/2017:
Income limits per the size of Household
Fairfield County Area Median Income (AMI)/ Danbury HMFA

AMI	1 person	2 person	3 person	4 person
25%	\$19,300	\$22,050	\$24,800	\$27,550
50%	\$38,600	\$44,100	\$49,600	\$55,100
60%	\$46,320	\$52,920	\$59,520	\$66,120
120%	\$137,640	137,640	137,640	137,640

Note: 120% AMI not subject to household size restrictions

PLEASE PRINT CLEARLY



**BROOKFIELD VILLAGE
HOUSING APPLICATION**

This is an application for housing at:	Property: BROOKFIELD VILLAGE
	Address: 800 FEDERAL ROAD
	BROOKFIELD, CT
Please complete this application and return to:	Name: DEMARCO MANAGEMENT CORPORATION
	Address: 117 MURPHY ROAD, HARTFORD CT 06114
	Fax: 1-860-955-1143 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: ONE BEDROOM TWO BEDROOM

Do you Own a Section 8 / RAP Housing Voucher Yes No

If yes, from where? _____



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B. HOUSEHOLD COMPOSITION

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

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:

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?	<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
	Social Security	\$
	Social Security	\$
	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	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	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	\$



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Household Member Name	Source of Income	Monthly Amount
	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



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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 \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

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Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , 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
<i>If yes</i> , 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
<i>If yes</i> , 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
<i>If yes</i> , 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
<i>If yes</i> , please list:	



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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:	
	Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Personal Reference #1:		
Address:		
Relationship:		Phone #:



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Personal Reference #2:	
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
NOTE: PETS ARE ONLY ALLOWED FOR PERSONS WITH DISABILITIES WHO REQUIRE A SERVICE ANIMAL. (documentation is required)			

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

**** OFFICE USE ONLY ****

DATE RECEIVED _____
TIME RECEIVED _____

DMC STAFF SIGNATURE _____
DATE LOGGED _____ / **APPLICATION #** _____



**BROOKFIELD VILLAGE
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GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, THE ABOVE NAMED INDIVIDUAL, HAVE AUTHORIZED DeMARCO MANAGEMENT AGENT FOR BROOKFIELD VILLAGE LIMITED PARTNERSHIP (TO VERIFY THE ACCURACY OF THE INFORMATION WHICH I HAVE PROVIDED TO THEM FROM THE FOLLOWING SOURCES THAT CAN NOT GO BEYOND THE NEEDS FOR REQUIRED HOUSING AND URBAN DEVELOPMENT (HUD); DEPARTMENT OF HOUSING (DOH); AND CONNECTICUT HOUSING FINANCE AGENCY (CHFA) INITIAL AND ANNUAL INCOME RECERTIFICATION 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 SUBJECT TO THE CONDITION THAT IT BE KEPT CONFIDENTIAL. I WOULD APPRECIATE YOUR PROMPT ATTENTION IN SUPPLYING THE INFORMATION REQUESTED ON THE ATTACHED PAGE TO DeMARCO MANAGEMENT WITHIN FIVE (5) DAYS OF RECEIPT OF THIS REQUEST.

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

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

