HOUSING APPLICATION FOR TORRINGTON RIVERFRONT

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. The application fee is $25 and an additional $10 for additional applicants over the age of 18 years old. Remit money orders only, payable to: Torrington Riverfront. Application will only be accepted by mail at Torrington Riverfront Apartments at 100 Franklin Street Torrington, CT 06790. Faxed and emailed application will not be accepted. Return all required forms and make copies for your records.
Complete all household information as 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:
To qualify for tenancy at Torrington Riverfront, an applicant **MUST** be a U. S. Citizen, National or Eligible Non-Citizen and have a gross annual income per the established guidelines as stated below. All household members aged 18 or older must complete & sign the application and provide proof of income. Eligibility is recertified every 12 months and annual household income and assets will be verified.

Torrington Riverfront is a Smoke Free Community
Certain Income Restrictions Apply
Maximum Income Limits as of 04/18/2022:
Income limits per the size of Household
Area Median Income (AMI) for Litchfield County

Income Limits	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
25% AMI	$19,725	$22,525	n/a	n/a	n/a	n/a
50% AMI	$39,450	$45,050	$50,700	$56,300	$60,850	$65,350
60% AMI	$47,340	$54,060	$60,840	$67,560	$73,020	$78,420
70% AMI	$55,230	$63,070	$70,980	$78,820	$85,190	$91,490

NOTE: PET FRIENDLY COMMUNITY. Pets up to 25lbs. $250 pet deposit required. **(Documentation is required)**

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All sources of income and assets must be disclosed at the time of application.
Please provide copies of the following:

Income Sources
Most recently filed 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

Asset Sources
Checking Accounts (6 months consecutive) bank statements
Savings Accounts
Direct Deposit Debit Card (Direct Express, Chime, or any other)
Certificate of Deposits (CD'S)
401K Accounts
IRA/Roth Accounts
Real Estate (own a home/condo/land)
Stock or Bonds
Bitcoins/ Cryptocurrency
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 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**

PLEASE PRINT CLEARLY

This is an application for housing at:	**Property: TORRINGTON RIVERFRONT** **Address: 100 FRANKLIN ST** **TORRINGTON CT 06790**
Please complete this application and return to:	**Name: TORRINGTON RIVERFRONT** **Address: 100 FRANKLIN ST** **TORRINGTON CT 06790** attention: Alison Shears Email: info@demarcomc.com Website: www.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. Every question must be answered. Do NOT leave blanks. Use N/A when applicable.

A. GENERAL INFORMATION

Applicant Name(s): ____________________

Address: ____________________
Street Apt.# City State ZIP

Daytime Phone: ____________________ Evening Phone: ____________________

No. of BRs 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 BEDROOMS ☐THREE BEDROOMS

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.							

1.Have there been any changes in household composition in the last twelve months?	☐Yes ☐No
If yes, explain:	
2.Do you anticipate any changes in household composition in the next twelve months?	☐Yes ☐No
If yes, explain:	
3.Is there someone not listed above who would normally be living with the household?	☐Yes ☐No
If yes, explain:	
4.Are you living with anyone who will not be moving into this unit with you?	☐Yes ☐No
If yes, explain:	

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

<u>IF YES, ANSWER THE FOLLOWING QUESTIONS:</u>

6. Are any full-time student(s) married and filing a joint tax return?	☐Yes	☐No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐Yes	☐No
8. Are any full-time student(s) a TANF or a title IV recipient?	☐Yes	☐No
9. Are any full-time student(s) a single parent living with his/her minor child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	☐Yes	☐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)?	☐Yes	☐No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write N/A.

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 ***legally entitled*** to receive alimony?	☐Yes ☐No
	If yes, list the amount you are ***entitled*** to receive.	$
	Do you receive alimony?	☐Yes ☐No
	If yes list amount you receive.	$
35.	**Child Support**	
	Are you ***legally entitled*** to receive child support?	☐Yes ☐No
	If yes list the amount you are ***entitled*** to receive.	$
	Do you receive formal/informal (money, items, etc.) child support? ***If court order exists, it will need to be provided with a current payment history from the enforcement agency.***	☐Yes ☐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?		☐Yes ☐No
42. Is any member of the household legally entitled to receive income assistance?		☐Yes ☐No
43. Is any member of the household likely to receive income or assistance ***(monetary or not)*** from someone who is not a member of the household as listed on Page 2 etc.)?		☐Yes ☐No
44. ***If yes to any of the above, explain:***		
45. Is the income received?		☐Yes ☐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 Bank Bank	Balance $ Balance $ 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: ***Do you own any property?***	☐ Yes ☐ No
If yes, Type of property	
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	$
65. Is the property subject to foreclosure, bankruptcy, or eviction?	☐ Yes ☐ No
If yes, describe:	

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?	☐ Yes ☐ No
If yes, describe:	
67. Do they have access to the asset(s)?	☐ Yes ☐ No

68. Have you sold/disposed of any property in the last 2 years?	☐ Yes ☐ No
If yes, Type of property:	
69. Market value when sold/disposed	$
70. Amount sold/disposed 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)?	☐ Yes ☐ No
If yes, describe the asset:	
73. Date of disposition:	
74. Amount disposed	$

75. Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
If yes, please list:	

E. ADDITIONAL INFORMATION		
76. Are you or any member of your family currently using an illegal substance?	☐Yes	☐No
77. Have you or any member of your family ever been convicted of a felony?	☐Yes	☐No
If yes, describe:		
78. Have you or any member of your family ever been evicted from any housing?	☐Yes	☐No
If yes, describe		
79. Have you ever filed for bankruptcy?	☐Yes	☐No

If yes, describe		
80. Will you take an apartment when one is available?	☐Yes	☐No
Briefly describe your reasons for applying:		

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?		☐ Yes	☐ No

H. APPLICATION ASSISTANCE

93. Did anyone help/assist you in filling out this application?	☐ Yes	☐ No
If yes, who assisted and what was the reason for the assistance:		

CERTIFICATION

I/ 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 **TORRINGTON RIVERFRONT, LLC**, 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*

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

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

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ADDRESS: ____

____

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____________________________________ ______________________

SIGNATURE *DATE*

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Application Checklist

- Complete the entire application leaving no question unanswered
- Application Fee- Money order only: payable to Torrington Riverfront
  - $25 for 1 adult applicant over 18 years old in the future household
  - $35 for 2 adult applicants over 18 years old in the future household
  - $45 for 3 adult applicants over 18 years old in the future household
  - $55 for 4 adult applicants over 18 years old in the future household

Send copies of the following documents:

- Picture **ID** (driver's license) or State Issued Identification
- Birth Certificate (Other acceptable forms of identification with date of birth include Baptismal Certificate, Valid Passport, and Naturalization Certificate)
- Social Security Card, for all adult household members
- For minors under 18 years of age Birth Certificate and social security cards.

Send copies of income and assets that are applicable to all applicants in the future household:

Income Sources

- Most recently filed 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

Asset Sources

- Checking Accounts (6 months consecutive) bank statements
- Savings Accounts
- Direct Deposit Debit Card (Direct Express, Chime, or any other)
- Certificate of Deposits (CD'S)
- 401K/ 403B Accounts
- IRA/Roth Accounts
- Real Estate (own a home/condo/land)
- Stock or Bonds
- Bitcoins/ Cryptocurrency
- Mutual Funds
- Life Insurance Whole or Universal Policy Only

Mail the application with copies of your documents to Torrington Riverfront Apartments 100 Franklin Street, Torrington, CT 06790. Faxed and emailed applications will not be accepted. Return all required forms and make copies for your records.