

# Gateway Apartments

## INSTRUCTIONS FOR APPLICATION

**PLEASE READ CAREFULLY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer “NO or N/A” on that question or mark with a “0” if it is a dollar amount line or section.
  - a) All sources of earned income must be reported for all household members 18 years and older.
  - b) All unearned income and assets must be reported for all household members, including minors.
2. **SIGNATURES are required** by all adult applicants (18 and older).

### **RETURN YOUR APPLICATION TO:**

**New Neighborhoods Inc. office, located at  
76 Progress Drive Suite: 140, Stamford, CT 06902  
Office hours are Monday-Friday 9:00 a.m.-5:00 p.m.**

**NOTE:** Applications will be Date/Time stamped and processed in order received. ALL Adult applicants will go through the income verification, interview and background check process in order to establish eligibility.

If you have any questions, please feel free to contact the office at 203-998-0889 or visit the NNI office during office hours.

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# APPLICATION FOR HOUSING



Please Print Clearly

This is an application for housing at:	<b>Project: Gateway Apartments- Bridgeport</b>
<b>Please complete this application and return to:</b>	<b>New Neighborhoods Inc. 76 Progress Drive Suite: 140 Stamford, CT 06902</b>

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: \_\_\_\_\_

Email: \_\_\_\_\_

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 BR Two BR Three BR Handicap Unit

Do you have a Section 8 Voucher or any other type of voucher? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about this property? Local Newspaper NNI Website

Other: \_\_\_\_\_

Have there been any changes to the household composition in 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	
Is there someone not listed above who would normally be living with the household? Yes No	
If yes, explain	

**B. HOUSEHOLD COMPOSITION**

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Is anyone in the household 62 years of age or older as of January 31, 2010, who does not have a Social Security Number and was receiving HUD rental assistance on or before January 31, 2010?

YES  NO

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?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	No

Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	Yes	No
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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
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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	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	<b>Long Term Medical Care Insurance Payments in excess of \$180/day</b>	\$
	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	\$
	<b>Contributions to the Household (monetary or not)</b>	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding Loans)	

	<b>Annuities (list sources)</b>	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	<b>Scheduled Payments from Investments</b>	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>entitled</i> to receive child support?	Yes No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (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?		<b>Yes</b> <b>No</b>
<b>If yes, explain:</b>		
.....		
Is any member of the household legally entitled to receive income assistance?		<b>Yes</b> <b>No</b>
.....		

Is any member of the household likely to receive income or assistance ( <b>monetary or not</b> )	<b>Yes</b>	<b>No</b>
From someone who is not a member of the household listed on page 5 etc.?		
<b><u>If yes to any of the above, explain:</u></b>		
_____		
_____		
Is the income received?	<b>Yes</b>	<b>No</b>

<b>D. ASSETS</b>				
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 (last 4 digits of account number only)	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts (last four digits of account number only)	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union (last four digits of account number only)	#	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>	Yes	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?	Yes	No
<i>If yes, describe:</i>		
Do they have access to the asset(s)?	Yes	No

Have you sold/dispensed of any property in the last 2 years?	Yes	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)?	Yes	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)?	Yes	No
<i>If yes, please list:</i>		

**E. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<i>If yes, describe</i>		
<b>List all states that you or a member of your household has lived in:</b>		
Are you, or any member of your household required to register on the lifetime sex offender registry in any state?	Yes	No
Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	Yes	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?	
<b>Credit Reference #1:</b>		
Address:		
Account #:	Phone #:	



<b>Credit Reference #2:</b>	
Address:	
Account #:	Phone #:
<b>Credit Reference #3:</b>	
Address:	
Account #:	Phone #:
<b>Personal Reference #1:</b>	
Address:	
Relationship:	Phone #:
<b>Personal Reference #2:</b>	
Address:	
Relationship:	Phone #:
<b>Personal Reference #3:</b>	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

<b>G. VEHICLE AND PET INFORMATION</b> (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:	
<b>Do you own any pets?</b>	Yes	No
<i>If yes, describe:</i>		
<b>Is your pet moving into the apartment?</b>		
<i>Is your pet current with all vaccines?</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

**AUTHORIZATION FOR RELEASE OF CREDIT, CRIMINAL, & SEX OFFENDER REPORTS**

Your signature on this form, and the signatures of each member of your household who is 18 year of age or older, authorizes the U.S. Department of Housing and Urban Development (HUD) and New Neighborhoods, Inc. to obtain credit, criminal and sex offender information.

Sensitive Information: the consent granted by this form may be used as basis to collect sensitive information which is protected by the Privacy Act. Such information will not be disclosed or released outside of HUD except to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

**Instructions: Each adult member of the household must sign the form as part of the application process. Additional signatures must be obtained from new adult members whenever they join the household.**

Conditions: I agree that photocopies of this authorization may be used to obtain necessary credit and criminal information. If I or any adult member of my household fails to sign this authorization, I understand that this action may constitute ground s for denial of eligibility.

\*\*Head of Household \_\_\_\_\_  
  Print  Signature

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
Driver's License # \_\_\_\_\_

\*\*Other Adult Member \_\_\_\_\_  
  Print  Signature

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
Driver's License # \_\_\_\_\_

\*\*Other Adult Member \_\_\_\_\_  
  Print  Signature

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
Driver's License # \_\_\_\_\_

\*\*Other Adult Member \_\_\_\_\_  
  Print  Signature

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_  
Driver's License # \_\_\_\_\_

New Neighborhood, Inc. does not discriminate on the basis of handicapped status, race, gender, religion, or ethnic background.