



# Maple Village Application

Farmington Housing Authority  
1 Monteith Drive | Farmington, CT 06032

DATE \_\_\_\_\_

APPLICATION FOR LOW-INCOME HOUSING FOR THE ELDERLY (AGE 62 OR OLDER) OR DISABLED OVER 18  
MUST BE ABLE TO LIVE INDEPENDENTLY & MEET INCOME LEVELS AS OF APPLICATION DATE

## APPLICANT INFORMATION

Applicant Name (A) \_\_\_\_\_

Co-Applicant Name (B) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Date of Birth (A) \_\_\_\_\_ Social Security Number (A) \_\_\_\_\_

Date of Birth (B) \_\_\_\_\_ Social Security Number (B) \_\_\_\_\_

How long at your current address: \_\_\_\_\_ Do you rent or own: \_\_\_\_\_

\*\*\*Farmington Housing Authority implemented a No Pet Rule on April 1, 2008 that pertains to applicants who apply for housing on or after this date. \*\*\*

## INCOME INFORMATION

### APPLICANT (A)

Source of Income	Frequency	Amount	Source of Income	Frequency	Amount
Employment			Food Stamps		
Self Employed			Disability/Worker's Comp		
Social Security & SSI			Pension Retirement		
Unemployment			Foster Care/Adoption		
Child Support			Cash Assistance		
Welfare/TANF			Other		

TOTAL A \_\_\_\_\_

### APPLICANT (B)

Source of Income	Frequency	Amount	Source of Income	Frequency	Amount
Employment			Food Stamps		
Self Employed			Disability/Worker's Comp		
Social Security & SSI			Pension Retirement		
Unemployment			Foster Care/Adoption		
Child Support			Cash Assistance		
Welfare/TANF			Other		

TOTAL B \_\_\_\_\_

## ASSET INFORMATION

Do you or any household members have the following assets (*check all that apply*)?

Amount (A)	Amount (B)

Checking Account

Savings Account

CD (Certificate of Deposit)

Retirement (401K, 403B)

Amount (A)	Amount (B)

Life Insurance Policy

Stocks/Bonds

Real Estate

Other Assets

**TOTAL (A)** \_\_\_\_\_

**TOTAL (B)** \_\_\_\_\_

## ADDITIONAL INFORMATION

Did you file a Federal Income Tax Return?     YES     NO    (If so, please enclose the latest copy.)

Have you ever filed bankruptcy?                     YES     NO    Date \_\_\_\_\_

Have you ever been evicted from any housing?     YES     NO

Have you disposed of any assets in the last two years? (Given away money to relatives, sold property for less than the market value, set up irrevocable trusts)?     YES     NO

If yes, please describe: \_\_\_\_\_

Have you ever been convicted of a felony?         YES     NO

Are you or any member of your household subject to a lifetime state sex offender registration program in any state?  
 YES     NO

Do you have a physical or mental disability, which substantially impairs one or more life activities?  
 YES     NO        Please explain \_\_\_\_\_

If you have a disability, will you require any "reasonable accommodation" if you become eligible for a housing unit at Maple Village?     YES     NO

Are you qualified for a dwelling available to a person with disabilities?     YES     NO  
*Some evidence of your eligibility to occupy this unit may be needed.*

Are you currently a smoker?     YES     NO

Primary Language \_\_\_\_\_

Do you need a translator?     YES     NO

## MONTHLY BILLS

Please list the following:

Monthly rent/mortgage

Monthly heat bill

Monthly electric bill

Monthly utility cost (exclude phone)

Monthly taxes (if not included in mortgage)

Amount

Is your home currently on the market?

If yes, anticipated date of sale?

Outstanding principle

Percent of income paying towards rent

Other Bills \_\_\_\_\_

Amount

Y N

## ADDITIONAL INFORMATION

### Vehicle Information:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

### Nearest Kin or Friend:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## LANDLORD/MORTGAGE REFERENCES

Current Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Occupancy Address: \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

Previous Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Occupancy Address: \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

Mortgage Holder's Name: \_\_\_\_\_

Mortgage Holder's Address \_\_\_\_\_

Property Address \_\_\_\_\_

Dates of Mortgage: From \_\_\_\_\_ To \_\_\_\_\_

## INDIVIDUAL REFERENCES

*Personal References (NOT A RELATIVE)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## POLICY & CERTIFICATION

The Farmington Housing Authority reserves the right to require documentation of any or all aspects of your application. Failure to report all assets, their true market value, and/or income produced by such assets shall result in rejection of the application, eviction and possible legal prosecution for fraud. Any applicant, who has assigned, conveyed, transferred or otherwise disposed of property or other assets within the past two years, without fair consideration in order to qualify for this housing, shall be disqualified. Section 8-116A (4) of the Connecticut General Statutes provides that any person who makes a false statement concerning the income of the elderly person for whom application is made, may be fined not more than \$500 or imprisoned not more than six months, or both.

**CERTIFICATION** I/We hereby certify that I/We will not maintain a separate subsidized unit in another location. I/We further certify that this will be my/our permanent residence. 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 this information 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 the cancellation of this application or termination of tenancy after occupancy. I/We authorize Farmington Housing Authority or its agent to obtain such credit, criminal and evictions records necessary to evaluate my application for housing.

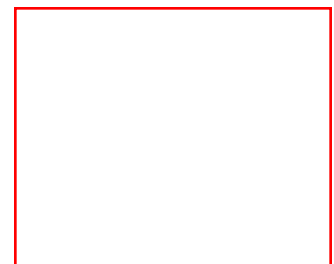
Application Signature \_\_\_\_\_

Co-Application Signature \_\_\_\_\_

SIGNATURE & SEAL OF NOTARY PUBLIC \_\_\_\_\_

DATED AND SIGNED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

NOTARY SEAL



**\*\*\*This application MUST have a notary seal in order to be approved by the Housing Authority\*\*\***

RECEIVED IN THE FARMINGTON HOUSING AUTHORITY OFFICE ON \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

TIME \_\_\_\_\_AM/PM

Farmington Housing Authority Staff Signature \_\_\_\_\_