

16 bank street.

seymour, connecticut 06483
retail & senior housing.
info@16bankstreet.com



Funding provided by the State of Connecticut Department of Economic and Community Development, FHLB of Boston, Naugatuck Valley Savings & Loan.



We do not discriminate on the basis of race, color, religion, sex, disability, familial status or national origin.

Dear Applicant,

Thank you for your interest in applying for senior housing in our community. Enclosed are application materials for residency in the 16 Bank Street Building located in downtown Seymour. To make it as easy as possible, a checklist of the application sections is provided below.

- SECTION A: General Information
- SECTION B: Household Composition
- SECTION C: Income
- SECTION D: Assets
- SECTION E: Additional Information
- SECTION F: Reference Information
- SECTION G: Certification
- Permission for Credit and Criminal Background Records Screening
- NON-REFUNDABLE APPLICATION FEE OF \$50.00 (certified check or money order) MADE PAYABLE TO 16 BANK STREET LLC

Please do not hesitate to contact us if you have questions or require assistance with the application process.

Please check property(ies) (Senior 55 and over) you are applying for: 16 Bank

16 Bank Street LLC USE ONLY	Date Received:	Time Received:	ID #:
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APPLICATION INSTRUCTIONS

Applications are now being accepted. Please fill out the application in full and mail, along with a **non-refundable \$50.00 (certified check or money order) processing fee per adult applicant to 16 Bank Street LLC (16B) 16 Bank Street #100, Seymour CT 06483.** Please contact us at 203-881-0863 for any questions about the application process.

Please complete the attached application form. Answer all questions completely even if the answer is zero. Incomplete applications will not be processed. This applies to each person 18 and over who will be living in the apartment.

ELIGIBILITY:

All applicants must meet the required income requirements and are subject to other screening criteria including, credit, criminal, sex offender, and landlord references. All income and asset information will be screened to determine eligibility and cannot exceed the income limits as follows:

	Household Size	
Income Level	1	2
50% (8 Units)	\$33,900.00	\$38,750.00
120% (4 Units)	\$81,360.00	\$92,880.00

A. GENERAL INFORMATION

Applicant Name(s): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone No. _____ Email address: _____

No. of Bedrooms in current unit: _____ Do you: RENT 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 Handicap BR

Do you currently have a Section 8 Voucher: Yes No (check one)

If so, how many bedrooms are you allowed for your family size? _____

B. HOUSEHOLD COMPOSITION: List all persons, including yourself, who will be living in the apartment. List head of household first.

Name	Relationship	Gender	Social Security #	Birth Date	Place of Birth
1.	Head				
2.					

Have there been any changes in household composition in the last twelve months? Yes No

If yes, please explain: _____

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, please explain: _____

Will any household members be or have been full-time students during 5 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/students? Yes No

If yes, please 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 Dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	Sources of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (Source: _____)	\$

C. **INCOME** (cont'd)

Household Member Name	Sources of Income	Gross Monthly Amount
	Pension (Source:)	\$
	VA Benefits (Claim #)	\$
	VA Benefits (Claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Contributions to Household	\$
	Full-time Student Income	\$
	Full-time Student Income	\$
	Interest Income (Source:)	\$
	Interest Income (Source:)	\$
	Interest Income (Source:)	\$
	Interest Income (Source:)	\$
	Interest Income (Source:)	\$
	Long-term Medical Care Insurance Payments in excess of \$180/day	\$
	Wages Amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Wages Amount	\$
	Employer:	
	Position Held:	
	How long employed:	

C. **INCOME** (cont'd)

Household Member Name	Sources of Income	Gross Monthly Amount
	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled 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 amount listed above x 12)		\$
TOTAL 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 of any kind (monetary or not) from someone who is not a member of the household as listed in Section B of this application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please explain:		Is this income received? <input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS:

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Bank:		Bank:	
Address:		Address:	
Account No.		Account No.	
Int. Rate	Balance: \$	Int. Rate	Balance: \$

Savings Accounts

Bank:		Bank:	
Address:		Address:	
Account No.		Account No.	
Int. Rate:	Balance: \$	Int. Rate:	Balance: \$

Certificates of Deposit

Bank:		Bank:	
Address:		Address:	
Account No.		Account No.	
Int. Rate:	Balance: \$	Int. Rate:	Balance: \$
Penalty for early withdrawal:		Penalty for early withdrawal:	
Maturity Date:		Maturity Date:	

Bonds

Trust Accounts

Bank:		Bank:	
Address:		Address:	
Present Value: \$		Account No.	
Maturity Date:		Int. Rate:	Balance: \$

D. ASSETS (cont'd)

Life Insurance Policy

Policy #:	Policy #:
Cash Value: \$	Cash Value: \$

Stocks

IRA's/401-K's

Name:	Bank:
Address:	Address:
Value: \$	Div. Rate:
Value: \$	Div. Rate:

Investment Property

Description:	Description:
Appraised Value: \$	Appraised Value: \$

Real Estate

Do you own any property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Type of property:	
Location of property:	
Appraised Market Value	\$
Mortgage or outstanding loan(s) balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Jointly Owned Assets

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 in Section B of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:
Do they have access to the asset? <input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS (cont'd)

Disposal of Property

Have you sold or disposed of any property in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, type of property:	
Market Value when sold/disposed: \$	Amount sold/disposed for: \$
Date of Transaction:	

Disposal of Assets

Have you sold or disposed of any other asset(s) in the last two years (for example: given money to relatives, set up Irrevocable Trust Accounts)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe the asset:	
Date of disposition:	Amount disposed for: \$

Other Assets

Do you have any other assets not listed above (excluding personal property)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:

E. ADDITIONAL INFORMATION:

1. Are you or any member of your family currently using an illegal substance? Yes No
2. Have you or any member of your family ever been convicted of a felony? Yes No
If yes, please describe: _____
3. Have you or any member of your family ever been evicted from any housing? Yes No
If yes, please describe: _____
4. Have you ever filed for bankruptcy? Yes No
If yes, please describe: _____
5. Will you take an apartment when one is available? Yes No
Briefly describe your reasons for applying: _____
6. How did you hear about the apartment for which you are applying? _____

F. REFERENCE INFORMATION

List two Landlord References (Name, Address and Phone No.) for ALL Adults in Household (Attach a sheet of paper if more space is needed):

Current Landlord:	Prior Landlord:
Home Phone:	Home Phone:
Business Phone:	Business Phone:
Address of Apt.:	Address of Apt.:
How long have you lived there?	How long did you live there?
Is this landlord related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this landlord related to you? <input type="checkbox"/> Yes <input type="checkbox"/> No

List three Credit References (Name, Address, Phone No., and Account #.) for ALL Adults in Household (Attach a sheet of paper if more space is needed):

Credit Reference 1:	
Address:	
Phone No.:	Account #:
Credit Reference 2:	
Address:	
Phone No.:	Account #:
Credit Reference: 3:	
Address:	
Phone No.:	Account #:

List three Professional Personal References (Name, Address and Phone No. and Relationship) for ALL Adults in Household (Attach a sheet of paper if more space is needed):

Professional Reference 1:	
Address:	
Phone No.:	Relationship:
Professional Reference 2:	
Address:	
Phone No.:	Relationship:

F. REFERENCE INFORMATION (cont'd)

Professional References (cont'd)

Professional Reference 3:	
Address:	
Phone No.:	Relationship:

Other Information Please provide us with the name, address, and phone number of an emergency contact:

Name:	
Address:	
Phone No.:	Relationship:

Vehicles: List any vehicle owned

Type:	Type:
Year/Make:	Year/Make:
Color:	Color:
Phone No.:	Phone No.:
License Plate No.:	License Plate No.:

Pets

Do you own a pet? Yes No

If yes, please describe (include breed and weight): _____

G. 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/our 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 of Tenant: _____ Date: _____

Signature of Co-Tenant: _____ Date: _____

PERMISSION FOR CREDIT AND CRIMINAL BACKGROUND RECORDS SCREENING

One of the prerequisites of applying for senior rental housing at 16 Bank Street is to conduct a **credit and criminal background screening.**

Do you give 16 Bank Street LLC authorization to conduct a credit and criminal background screening?

Yes _____ No _____

If your answer is no, your application for housing will be rejected.

PLEASE PRINT CLEARLY!

Email

PLEASE PRINT CLEARLY!

Name	Address	Social Security	Date of Birth	Signature