



Community Renewal Team

The Retreat

Verification Forms Instructions

Dear Applicant,

Please be sure to answer every question/field on the application, even if the answer is “no.” Nothing can be assumed, as a blank does not mean “no.” If the household does not have a certain type of income or asset, they must answer “none,” “no,” or “n/a.” An incomplete application will not be accepted.

Please sign your name and include the date in the appropriate “**Release**” box. Do Not complete anything under the “Release” box on these verification forms, as this is the third party space to complete.

It is very important that you supply us with addresses and phone numbers (except for the Social Security office) of pensions, banks, life insurance etc. on these verification forms.

Please note: Social Security office does not recognize Power of Attorney.

Thank You

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Project:</td> <td style="border-bottom: 1px solid black;">The Retreat</td> </tr> <tr> <td>Address:</td> <td style="border-bottom: 1px solid black;">90 Retreat Ave</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">Hartford, CT 06106</td> </tr> </table>	Project:	The Retreat	Address:	90 Retreat Ave		Hartford, CT 06106		
Project:	The Retreat								
Address:	90 Retreat Ave								
	Hartford, CT 06106								
Please complete this application and return to:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name:</td> <td style="border-bottom: 1px solid black;">The Retreat</td> </tr> <tr> <td>Address:</td> <td style="border-bottom: 1px solid black;">90 Retreat Ave</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">Hartford, CT 06106</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">Attn: Virginia Green</td> </tr> </table>	Name:	The Retreat	Address:	90 Retreat Ave		Hartford, CT 06106		Attn: Virginia Green
Name:	The Retreat								
Address:	90 Retreat Ave								
	Hartford, CT 06106								
	Attn: Virginia Green								

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: _____

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: Studio One BR Two BR Three BR Handicap BR



B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at 100% of the time? Yes No

If not, explain custody agreement (proof of custody may be required): _____

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

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

IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. 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
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<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
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 <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.	\$
35.	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 formal/informal (money, items, etc.) child support? <i>If court order exists, it will need to be provided with a current payment history from the enforcement agency.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. 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
44. <i>If yes to any of the above, explain:</i>		
45. Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	Balance \$	
	#	Bank	Balance \$	
	#	Bank	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:	<i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
67. Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

68. Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>	
69. Market value when sold/dispensed	\$
70. Amount sold/dispensed 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>	
73. Date of disposition:	
74. Amount disposed	\$

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

E. ADDITIONAL INFORMATION		
76. Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77. 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>		
78. Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
79. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<i>If yes, describe</i>		
80. 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

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	

H. APPLICATION ASSISTANCE	
93. Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, who assisted and what was the reason for the assistance:</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
_____	_____
(Signature of Co-Tenant)	Date

UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

Full Name: _____

I am currently unemployed: YES NO

I work on a seasonal basis depending on the time of year: YES NO

I receive benefit income such as unemployment, disability, workers compensation: YES NO

[] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment

I have been unemployed for _____ years and _____ months

My last job paid \$_____ per hour and I worked _____ hours per week

*****Please complete either Section A, B, or C as applicable*****

Section A

I [print name], _____, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

Section B

I [print name], _____, state that I am currently unemployed. I am not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$_____ from anticipated employment over the next twelve months.

(Please supply documentation to support this, such as previous tax returns and/or W-2)

Section C

I [print name], _____, state that I am currently unemployed but I have been hired for a new job which has not yet begun.

The company is: _____

The start date is: _____

The salary is: _____

**Manager will contact employer for verification of this income*

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature: _____ Date _____



AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # _____
Property Name: _____
Address: _____

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

Authorized Signature Title

Print Name Date

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information.

Signature Date

Verification form is attached.

BANK ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	Unit ID:	Date:
Applicant/Tenant:	SSN:	

Bank Contact:

Bank Name:	Contact Person:		
Address:	Phone:	Fax:	
City:	State:	Zip:	Email:

My Signature Authorizes Verification of My Bank Account Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY BANK

CHECKING Account Number	Average 6 Month Balance	Interest Rate	Current Balance
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
SAVINGS Account Number	Current Balance	Interest Rate	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
OTHER Account (i.e. CD; Money Market; Debit, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	

If retirement investments held, are withdrawals taken? Yes NO If Yes, Amount \$ _____ Frequency _____

If additional space is needed please attach a separate sheet with information, date and signature

Signature

Date

Name and Title of Person Supplying the Information

Phone #

Fax #

E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction



LIFE INSURANCE VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	Unit ID:	Date:
Applicant/Tenant:	SSN:	

SEND TO:

Business Name:	Contact Person:		
Address:	Phone:	Fax:	
City:	State:	Zip:	Email:

My Signature Authorizes Verification of my Life Insurance Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY LIFE INSURANCE COMPANY

Policy Account #	Cash Surrender Value	Dividend/Interest Rate *
# _____	\$ _____	% _____
# _____	\$ _____	% _____
# _____	\$ _____	% _____
# _____	\$ _____	% _____

**Provide amount regardless of whether individual has chosen to re-invest interest/dividends*

Balance of any outstanding loans against policy/policies: \$ _____

Penalty fee or % of Cash Surrender Value charged to cash in each policy: % _____ \$ _____

NET ASSET VALUE = Total Cash Values [less] Loan Balances [less] Penalties = \$ _____

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

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--OFFICE USE ONLY--

Date Sent: _____

Date

Received: _____

Comments: _____

PENSION VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Pension Provider:

Company Name:		Contact Name:			
Address:		Phone:		Fax:	
City:		State:		Zip:	
				Email:	

My Signature Authorizes Verification of my Pension Account Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY PENSION PROVIDER

Pension Account Number	Current Balance	Can Applicant/Tenant Convert to Cash?	Interest/Dividend*
	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ %
	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ %
	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ %
	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ %

** If earnings vary or cannot be predicted please list total interest/dividend from most recent quarter (even if reinvested)*

Does the individual receive periodic payments from any account listed above: YES NO

If yes, please complete following:

Account Number	Gross Payment Amount	Payment Frequency	Fixed or Subject to Change?
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change

Please list any expected changes: _____

Signature

Date

Name and Title of Person Supplying the Information

Phone #

Fax #

E-Mail



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VETERANS INCOME VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	Unit ID:	Date:
Applicant/Tenant:	SSN:	

Veterans Administration Contact:

Office Name:	Contact Name:		
Address:	Phone:	Fax:	
City:	State:	Zip:	Email:

My Signature Authorizes Verification of my Veterans Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY VETERANS ADMINISTRATION

PLEASE LIST ALL BENEFITS RECEIVED BY THE ABOVE NAMED APPLICANT/TENANT

Type of Benefit (Retirement; disability; student; housing; aid and attendance; etc.)	Gross Amount	Payment Frequency	Fixed or Subject to Change?
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change

Please list any expected changes: _____

Please list any helpful remarks: _____

Signature Date

Name and Title of Person Supplying the Information

Phone # Fax # E-Mail

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TRUST ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	Unit ID:	Date:
Applicant/Tenant:	SSN:	

TRUST ACCOUNT CONTACT INFO:

Trustee Name:	Contact Person:	
Address:	Phone:	Fax:
City:	State:	Zip:
		Email:

My Signature Authorizes Verification of my Trust Account Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY TRUSTEE

Trust Account Number: _____ Date Established: _____

Applicant/Tenant is: Grantor Beneficiary Other:

Check One: Trust Account is Revocable Trust Account is Irrevocable

Control of the Account is Held by: _____

Cash Value Amount of Trust: \$ _____ **cash value is current value minus any costs required to convert the account to cash*

Are Periodic Payments Paid to Applicant/Tenant? YES NO

If YES,

Total Amount Paid out in Last 12 Months: \$ _____

Total Amount Anticipated in Next 12 Months: \$ _____

Total Annual Interest/Dividend Income: \$ _____ **list this even if income is re--invested*

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

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INVESTMENT ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Financial Institution Contact:

Name:		Contact Person:			
Address:		Phone:		Fax:	
City:		State:		Zip:	
				Email:	

My Signature Authorizes Verification of Investment Account Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

- List only accounts that the individual has access to
- Please provide most recent quarterly or monthly statement

Account Number	Type of Account	Full Balance	Surrender Fee/ Penalty	Annual Interest/Dividend Income*
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

** If earnings vary or cannot be predicted please list total interest/dividend from most recent quarter (even if reinvested)*

Has the individual taken any distributions/made withdrawals from any account listed above?	[] YES	[] NO
--	---------	--------

If yes, please complete following:

Account Number	Gross Payment Amount	Payment Frequency	Fixed or Subject to Change?
	\$	[] Monthly [] Other:	[] Fixed [] Subject to Change
	\$	[] Monthly [] Other:	[] Fixed [] Subject to Change
	\$	[] Monthly [] Other:	[] Fixed [] Subject to Change
	\$	[] Monthly [] Other:	[] Fixed [] Subject to Change

Please list any expected changes:

If additional space is needed please attach a separate sheet with information, date and signature

_____ Signature	_____ Date
--------------------	---------------

Name and Title of Person Supplying the Information

_____ Phone #	_____ Fax #	_____ E-Mail
------------------	----------------	-----------------

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REAL ESTATE VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	Unit ID:	Date:
Applicant/Tenant:	SSN:	

TAX ASSESSOR CONTACT INFO:

Office Name:	Contact Person:		
Address:	Phone:	Fax:	
City:	State:	Zip:	Email:

My Signature Authorizes Verification of my Real Estate Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY TAX ASSESSOR

Please list all owners of property:

Property Location (street address):

Year Assessed: _____	Assessed Value: \$ _____	% of Fair Market Value: _____
Taxed @: \$ _____ /\$1000	or \$ _____	for tax year: _____
What is the current Market Value? \$ _____		

Has this property been sold or transferred within the last 24 months? Yes No

Date of Sale or Transfer: _____ @ _____ % Fair Market Value

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

COMMUNITY RENEWAL TEAM (CRT)
"STEPS-TO-SUCCESS" (STS)
PARTNERSHIP AGREEMENT

By signing this agreement, I acknowledge my responsibility to work with CRT staff to reach goals outlined in my STS Individual Service Plan. I understand that this commitment means that I will:

- Keep all referral appointments made by CRT staff on my behalf
- Notify my STS case manager if I have to cancel appointments
- Inform my STS case manager of significant changes in my living conditions
- Meet with my STS case manager every three months, upon significant changes in my living conditions, or at the request of my case manager
- Attend STS events whenever possible

In support of my efforts, CRT staff pledges to:

- Provide me with information and all possible referrals to assist me in reaching goals outlined in my STS Individual Service Plan
- Maintain close contact with me to ensure that my course of action is producing positive advancement toward achieving my goals
- Make every effort to secure resources I may need to achieve goals documented in my STS Individual Service Plan
- Help me become successful in fulfilling my goals

Signed: _____
(Customer)

(STS Case Manager)

(Date)

(Date)

STS

Supplemental Data Information

Please answer the following questions to the best of your ability.
Please circle your answer

Education

- None
- Grades 0-8
- Grades 9-12/non-graduate
- High School or GED
- 12+ years of education
- 2 to 4 years of college
- Vocational School

Disability (defined by a certification by a physician)

- Yes
- No

Military Experience

- Yes
- No

Food Stamps

- Yes How much per month?
- No

Answer the following questions below:

- Are you willing to be interviewed to share your life story? Yes No
- How did you hear about CRT/The Retreat?



Community Renewal Team

The Retreat

Dear Friend,

Attached is the application for a new Hartford Dial-A-Ride (now Dattco) pass. This pass allows us to schedule transportation to medical appointments for our residents at no cost to them. This is a vital service and we need to have this processed quickly.

Please fill out all of the information in the "Client Information Form" and return to our office along with your application for housing at The Retreat.

DATTCO pass holders are encouraged to make a donation to the Dial-A-Ride program at the time of renewal or when applying for a pass initially. The suggested donation amount is \$20.00 for a year and this helps offset the cost to the City of Hartford for this free service for seniors.

If you have any trouble filling this application out, please give us a call at 860-560-2273 and we can walk you through it.

Thank you for your interest in The Retreat and thank you for helping us create a community where we would want to live!



LUKE A. BRONIN
Mayor

CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
131 Coventry Street
Hartford, Connecticut 06112
Ph: (860) 757-4700
Fax: (860) 722-6851
www.hartford.gov



LIANY E. ARROYO
Health Director

DIAL- A- RIDE APPLICATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

HOME ADDRESS: _____ ZIP CODE: _____

SOCIAL SECURITY NO: XXX / XX / _____ DATE OF BIRTH: _____
MONTH DAY YEAR

HOME PHONE: _____ CELL PHONE: _____

SEX: MALE FEMALE **Marital status:** Single Married

Household composition:

Self Spouse Only Other: _____

Impairment(s): blind hearing speech language

Disability (please note any medical or physical disability):

Mobility Device: wheelchair cane crutches walker amigo

Do you require the use of an escort? Yes no

Ethnicity (Optional): Caucasian Black Amer. indian Hispanic Asian

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____
PHONE NUMBER: _____ CELL PHONE: _____

If you have any questions regarding Hartford Dial A Ride, Please contact at Leonilda Velez 860-757-4737 FAX 860-722-6826
Please return form to:

**CITY OF HARTFORD
DEPARTMENT OF HEALTH&HUMAN SERVICES
131 COVENTRY STREET
HARTFORD, CT 06112
ATTENTION: ACCOUNTING DEPT.**