



CONNECTICUT  
**HOUSING  
PARTNERS**

## PRE-APPLICATION FOR HOUSING

OFFICE: 203.359.6940

FAX: 203.373.7589

WEB: WWW.CTHOUSINGPARTNERS.ORG

### DATE AND TIME STAMP

Application Entered By: \_\_\_\_\_

Application Entered On: \_\_\_\_\_

Name and Mailing Address of Head of Household			Household Information	
_____	_____	_____	/	
Last Name	First Name	MI	Home #	Cell Phone#
_____		_____	_____	
Full Street Address		Apt #	Email Address	
_____		_____	_____	
City	State	Zip	How many persons will live with you in the apartment, including yourself:	
_____		_____	_____	
The information below will be used for statistical reporting only.				
<b>Race (optional)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				
<b>Ethnicity (optional)</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian				
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Other Race	<input type="checkbox"/> I choose not to respond			
			Apartment Sized Needed: <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR <input type="checkbox"/> 3 BR <input type="checkbox"/> 4 BR	
			Do you require a unit with accessible features? <input type="checkbox"/> YES <input type="checkbox"/> NO	

This is not the full application form for the Low Income Housing Tax Credit Program. The information which you are being asked to provide as the head of household is used to determine if your household appears to be eligible to be added to the CT Housing Partners' Waiting List. You will be required to complete a full application prior to any final processing for an offer of a unit. All information is subject to third party verification, and you will be required to sign releases that will permit the CT Housing Partners to verify all information provided below. By signing this application, you are certifying that the information you have provided is correct and that your household is within the income limits for the program as of the date of signature. Misrepresentation of information is grounds for immediate removal from the waiting list or termination from the CT Housing Partners Program.

Incomplete Pre-applications will not be processed. It is the responsibility of the applicant to provide all required information and answer all questions completely. All applications are the property of the CT Housing Partners.

**All applications are mailed to CT Housing Partners 434 Maplewood Ave, Bridgeport, CT 06605. A nonrefundable \$50.00 (certified check/money order) processing fee per adult applicant for family developments or \$35.00 (certified check/money order) per elderly applicant (62+ years old) for senior developments.**

*CT Housing Partners acting as management agent does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status, gender, physical or mental disability, lawful source of income, and in the access or admission to the developments, its employment, or in its programs, activities, functions or services.*

EQUAL HOUSING OPPORTUNITIES



HOUSEHOLD COMPOSITION						
	Name	Relationship to head	Birth Date	Social Security	Age (optional)	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Please complete this section based on ALL income/money coming into the household for ALL family members

INCOME				
Family Member	Type of Income ( Employment, Welfare, SSI, Child Support)	Amount Received	Weekly, Bi-Weekly Monthly or Annual	Source Of Income (Employer, Public Assistance)

Please complete this section based on ALL assets for ALL family members

ASSETS			
Family Member	Type of Asset (Checking, Savings, COD, IRA Mutual Funds, Trust Life Insurance, Real Estate)	Amount	Account Number

**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.

**STAMFORD/WILTON MAXIMUM RENT/INCOME LIMITS**  
LIHTC 40-60 Rent/Income Limits

Unit Size Equivalent	Persons Per Unit	HUD Maximum Income	Maximum Rent per Month
1 Bedroom	1	\$58,980.00	\$1,580.00
1 Bedroom	2	\$67,440.00	
2 Bedrooms	3	\$75,840.00	\$1,896.00
2 Bedrooms	4	\$84,240.00	
3 Bedrooms	5	\$91,020.00	\$2,190.00
4 Bedrooms	6	\$97,740.00	\$2,443.00
4 Bedrooms	7	\$104,460.00	

**TRINITY PARK 80**  
Spruce St, Stamford

**WILTON COMMONS (ELDERLY)**  
21 Station Rd, Wilton

**FAIRFIELD COMMONS**  
20-28 Fairfield Avenue Stamford

**BRIDGEPORT MAXIMUM RENT/INCOME LIMITS**  
LIHTC 40-60 Rent/Income Limits

Unit Size Equivalent	Persons Per Unit	HUD Maximum Income	Maximum Rent per Month
1 Bedroom	1	\$40,680.00	\$1,089.00
1 Bedroom	2	\$46,500.00	
2 Bedrooms	3	\$52,320.00	\$1,308.00
2 Bedrooms	4	\$58,080.00	
3 Bedrooms	5	\$62,760.00	\$1,510.00
4 Bedrooms	6	\$67,380.00	\$1,684.00
4 Bedrooms	7	\$72,060.00	

**HUNTINGTON PLACE (ELDERLY)**  
1235 Huntington Tpke

**MAPLEWOOD COURT**  
434 Maplewood Ave

**YALE STREET COMMONS**  
80-140 Yale Street



**Processing of Pre-Application for the Waitlist**

Upon receipt of this application, Management will conduct an initial determination for income eligibility for the property you selected. If the household income qualifies, your name will be added to a waitlist.

As your name nears the top of the waitlist for the property you selected, CT Housing Partners will determine final eligibility. Management will verify household information, income and assets and conduct a credit, rental and criminal background check during the final screening process for occupancy.

I understand that this pre-application is not an offer of an apartment. I certify that my household is income eligible under current program income limits and the information contained in this application is true and complete under pains and penalty of perjury. I agree to authorize the CT Housing Partners to make inquiries to verify the information I have provided on this application. I understand that it is my responsibility to inform the CT Housing Partners of any change in address or in household composition in writing.

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**Applicant's Signature**

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**Date**