



Apartment



## Affordable Apartments for Lease

### THE CURB APARTMENTS & ONE GLOVER APARTMENTS

1-150 Glover Avenue  
Norwalk, CT 06850

#### Open Enrollment Period Begins:

Open Now

#### For Application Forms Contact:

[www.cthousingpartners.org](http://www.cthousingpartners.org)

CT Housing Partners  
80 Spruce Street 2<sup>nd</sup> floor Office  
Attn: Lanique,  
Stamford, CT 06902

203-487-3631

[rdobos@cthousingpartners.org](mailto:rdobos@cthousingpartners.org)

Applications may be submitted in person or via U.S. Mail at the above address or via e-mail.

Prioritization of applicants shall be based upon the following categories:

1. Employees of the city of Norwalk and the Norwalk Board of Education;
2. Residents of the city of Norwalk who have resided in the City of Norwalk a minimum of one year;
3. Persons employed in the City of Norwalk;
4. All others.

#### Monthly Rents:

Studio	\$1,275
1 Bedroom	\$1,336
2 Bedroom	\$1,561

#### Maximum Income Limits\*\*:

1 Person Household	\$70,280
2 Person Household	\$80,320
3 Person Household	\$90,360
4 Person Household	\$100,400

#### Minimum Income\*\*:

Studio	\$38,250
1 Bedroom	\$40,079
2 Bedroom	\$46,841

\*People with rental assistance subsidy, such as Section 8 or the state RAP program, are exempt from the household income requirement stated above and will be determined "income eligible" as long as the prospective tenant's rental subsidy plus any additional income they may have is sufficient to meet the rent and any utility obligations of the tenancy.

\*\*Rent and income limits are based on the Connecticut State Median Income published by the Department of Housing and Urban Development.





1 Glover - 1 Glover Ave, Norwalk, CT 06850



"The Curb does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or familial status."

Equal Opportunity Housing Provider

APPLICATION FOR HOUSING

Please Print Clearly

Table with application details: Name: Connecticut Housing Partners, Address: 80 Spruce Street 2nd Fl, Management Office, Attn: Lanique Regis, Stamford CT 06902

A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Street Apt.# City State ZIP

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

Do you currently have a Section 8 Voucher? \_\_\_\_\_

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

How long have you lived at your current address? \_\_\_\_\_

**B. HOUSEHOLD COMPOSITION**

	<b>Name</b>	<b>Relationship to head</b>	<b>Birth Date</b>	<b>Age (optional)</b>	<b>SS#</b>	<b>Student Y/N</b>
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the 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:*

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?	<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 NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	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	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

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>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	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.	\$
	<b>Child Support</b>	
	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 child support?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<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 ( <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
<b>If yes to any of the above, explain:</b>		
.....		
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.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	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: <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property	
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 as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property:	
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe the asset:	
Date of disposition:	
Amount disposed	\$

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

**E. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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>		
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>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you an employee of the City of Norwalk or the Norwalk Board of Education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a resident of the City of Norwalk? If yes, how long? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a person who is employed in the City of Norwalk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly describe your reason for applying: _____		

**F. REFERENCE INFORMATION**

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:	Phone #:	
Credit Reference #2:		
Address:		



Account #:	Phone #:
Credit Reference #3:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
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:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</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 APPLICANT)	_____ Date
_____ (Signature of Co-APPLICANT)	_____ Date
_____ (Signature of Co-APPLICANT)	_____ Date
_____	_____

# **AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_

Property Name: \_\_\_\_\_

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

\_\_\_\_\_

As managing agents for our Housing Projects, State/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 i.e criminal/credit, IRS tax return, income, and assets. 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 (MHA Employee) Title (MHA Employee)

\_\_\_\_\_  
Print Name Date

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## ***Release by Applicant/Tenant***

I hereby authorize you to furnish all requested information.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date