

Work Force Housing Rental Application

The Stillwater Work Force Housing Rental Application

Please Print Clearly

This is a rental application for the Work Force Housing Program.	Workforce Housing Program The Stillwater	
	Address:	21 Station Road
	Wilton, CT 06897	
Address to return application with required documents.	Name:	CT Housing Partners
	Address:	ATTN: Angeli Viruet
	21 Station Road	
	Wilton, CT 06897	

Eligibility -

Each person that will occupy the apartment who is 18 years old or older must sign the application and sign the lease. A nonrefundable application fee of \$50 per adult applicant is required.

The household gross annual income and all assets must be verifiable and accompanied by the following documentation for all household members over the age of eighteen (18). All documents will be retained in the lease file.

Acceptable proof of income from any of the following:

- 6 consecutive pay stubs from all jobs or unemployment benefit verification
- Social Security Income or Supplemental Security Income
- State cash assistance
- Inheritances, lottery winnings, capital gains, any other lump sum amounts
- Alimony awarded and/or child support
- Verification of the previous year’s income through the following documentation:
Tax returns & W-2’s and/or 1099’s
- Last six (6) months of bank account statements or statement of account for any/all accounts
- Checking accounts/Savings/Money Market Savings
- Pensions, 403B, 457 or 401K accounts
- IRAs, Keogh Plans and/or retirement accounts
- Mutual Funds, Trust accounts, Stocks/Bonds/Treasury Bills
- Certificate of Deposits, Life insurance policies
- Equity from real estate; rental income
- Personal property held as investments (i.e. jewelry, antiques, collections, etc.)
- Birth Certificates, Social Security Cards, Drivers License, Passports



Continued Eligibility -

Applicants must have a favorable credit history.

Any applicants who have been determined to have criminal conviction or current indictment for possession, sale, manufacture or distribution of controlled substances, prostitution, theft, burglary, felony, fraud, or for any crimes involving firearms, weapons, or crimes against persons or property will be denied residency and occupancy.

Please complete the application by answering all questions. Any application CT Housing Partners deem incomplete will be return and not accepted.

If you qualify for the WFH program, you will be added to our waiting list. The WFH Program does not have subsidized housing or emergency housing.

Apartments will be assigned on a first come first served basis. We will notify you only when a unit is available, and you are the next person on the list.

The term "Household" refers to all persons intending to live in the apartment, whether they are related by blood, marriage or otherwise. Information about all persons intending to reside in the apartment is required.

All required information must be provided at the time of initial application. Incomplete applications and/or those with missing documents will result in process delays and potential disqualification.

A. GENERAL INFORMATION				
Name: _____				
Address:				
Street	Apt.#	City	State	ZIP
Daytime Phone: _____		Evening Phone: _____		
No. of BR's in current unit: _____		Email: _____		
Do you ___ RENT or ___ OWN (check one)				
Amount of current monthly rental or mortgage payment: \$ _____				
Bedroom size requested ___ Studio				
Do you currently have a Section 8 Voucher? _____				
If so, how many bedrooms are you allowed for your family size? _____				



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 least 50% of the time? Yes No

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>
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>
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>

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 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
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)?	Yes	No



C. INCOME

List ALL sources of income. If a section does not apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	State Cash Assistance (Title IV/TANF/General Assistance etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$



Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	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 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 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 (monetary or not) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income received?	Yes	No



D. ASSETS

If your assets are too numerous to list here, please request an additional form. **If a section does not 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 \$	
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	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 \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$



Real Estate Property - Do you own any property? _____
 If yes, 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?	Yes	No
<i>If yes, describe:</i>		
Do they have access to the asset(s)?	Yes	No

Have you sold/disposed of any property in the last 2 years?	Yes	No
<i>If yes, Type of property:</i>		
Market value when sold/disposed	\$	
Amount sold/disposed 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)?	Yes	No
<i>If yes, describe the asset:</i>		
Date of disposition:		
Amount disposed	\$	

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

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	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
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

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.

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):

Before signing, I have attached all proof of income, assets, birth certificates, ss cards, state id’s, application fee etc. I acknowledge any application CT Housing Partners deems incomplete will be disqualified and discarded with no further notice.

_____	_____
(Signature of Head of household (Tenant))	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

CT Housing Partners complies with the Federal Fair Housing Act. CT Housing Partners does not discriminate based on race, color, religion, national origin, sex, familial status or disability, or any other basis protected by applicable state, Federal or local fair housing laws. For questions wfh@cthousingpartners.org.

