CONNECTICUT HOUSING PARTNERS
MAKING HOME HAPPEN

PRE-APPLICATION FOR HOUSING

OFFICE: 203.359.6940
FAX: 866.273.4350
WEB: WWW.CTHOUSINGPARTNERS.ORG

DATE AND TIME STAMP

Application Entered By: _____

Application Entered On: _____

Name and Mailing Address of Head of Household

Last Name First Name MI

Full Street Address Apt #

City State Zip

The information below will be used for statistical reporting only.

Race (optional) ☐ Hispanic ☐ Non-Hispanic

Ethnicity (optional) ☐ White ☐ Black ☐ Asian
☐ American Indian ☐ Alaskan Native
☐ Other Race ☐ I choose not to respond

Household Information

/
Home # Cell Phone#

Email Address

How many persons will live with you in the apartment, including yourself:

Apartment Sized Needed:
☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ 4 BR

Do you require a unit with accessible features?
☐ YES ☐ 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.

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.

	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, Bitcoin, Real Estate)**	**Amount**	**Account Number**

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

CT Housing Partners (CHP) 1235 Huntington Tpke, Trumbull, CT 06611.

Unit Size Equivalent	Persons Per Unit	HUD Maximum Income	Maximum Rent per Month
1 Bedroom	1	$49,320.00	$1,321.00
1 Bedroom	2	$56,400.00	
2 Bedrooms	3	$63,420.00	$1,585
2 Bedrooms	4	$70,440.00	
3 Bedrooms	5	$76,080.00	$1,831.00
4 Bedrooms	6	$81,720.00	$2,043.00
4 Bedrooms	7	$87,360.00	

☐ **YALE STREET COMMONS**
80-140 Yale Street,
Bridgeport

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.

_____ _____

Applicant's Signature