



## Independent Living Rental Application Form

Connecticut Baptist Homes, Inc.  
292 Thorpe Avenue  
Meriden, CT 06450

**Household Information:** Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Social Security Number

**Current Address:** \_\_\_\_\_

**Primary Phone:** ( ) \_\_\_\_\_ **Alternate Phone:** ( ) \_\_\_\_\_

**Are you claiming a "Preference"?** *Certain preferences are assigned to applicants in order to provide housing opportunities in compliance with our funding and state agencies*

☐ Elderly (age 62 and over)

☐ Active Member of an American Baptist Church

Name of Church \_\_\_\_\_ Years as a Member \_\_\_\_\_

Name of Pastor \_\_\_\_\_ Phone Number: \_\_\_\_\_

**I am applying for: Cedar Ridge:** : \_\_\_\_ Yes \_\_\_\_ No

**Residential Living:** \_\_\_\_ Yes \_\_\_\_ No

**Cedar Ridge Unit Preference:**

Type of Unit: ☐ End Unit ☐ No Location Preference

Location: ☐ 1<sup>st</sup> Row ☐ Middle Row ☐ Top Row ☐ No Preference

Would you or anyone in your household benefit from a special needs unit if one was available?

☐ Yes ☐ No

Will you or anyone in your household require a live-in care attendant? ☐ Yes ☐ No

Name of Live-In Care Attendant: \_\_\_\_\_

Relationship (If any): \_\_\_\_\_

**Housing References:**

List the past 3 years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own <input type="checkbox"/>	From: _____
	_____	_____	Rent <input type="checkbox"/>	To: _____
	Phone: ( ) _____			

2.			<b>Own</b> <input type="checkbox"/>	From: _____
			<b>Rent</b> <input type="checkbox"/>	To: _____
	<b>Phone:</b> (    ) _____			
3.			<b>Own</b> <input type="checkbox"/>	From: _____
			<b>Rent</b> <input type="checkbox"/>	To: _____
	<b>Phone:</b> (    ) _____			

**Household Information (continued)**

1. Do you expect the number of household members to change in the future? ☐ Yes ☐ No  
 If YES, explain who will be added or reduced, and when that change will take place.  
 \_\_\_\_\_
  
2. Have any of the household members used names or a social security number other than the names and numbers used above? ☐ Yes ☐ No  
 If YES, explain \_\_\_\_\_
  
3. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? ☐ Yes ☐ No  
 If YES, provide the nature of the crime(s): \_\_\_\_\_  
 Date: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Are any of the above convictions a felony? ☐ Yes ☐ No **If YES, Please explain** \_\_\_\_\_  
 \_\_\_\_\_  
  
 Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No **If YES, Please explain** \_\_\_\_\_  
 \_\_\_\_\_  
 Are there any criminal charges pending now? ☐ Yes ☐ No **If YES, please explain** \_\_\_\_\_  
 \_\_\_\_\_
  
4. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, or for any other reason? ☐ Yes ☐ No  
 If YES, explain \_\_\_\_\_  
 \_\_\_\_\_
  
5. Have you ever filed or are you currently filing for bankruptcy? ☐ Yes ☐ No  
 If YES, give reason \_\_\_\_\_  
 Date of filing: \_\_\_\_\_
  
6. Why do you want to move from your current residence? \_\_\_\_\_  
 \_\_\_\_\_
  
7. How did you hear about us? \_\_\_\_\_
  
8. Do you know or are you related to any of our residents or staff? \_\_\_\_\_  
 \_\_\_\_\_

**Income Information:**

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Are you retired: ☐ Yes ☐ No If you do not receive income from employment, go to question #2.

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? ☐ Yes ☐ No

**If you answered yes, please complete this section.**

*(Include overtime, tips, bonuses, commission and payments received in cash.)*

<u>Household Member</u>	<u>Name of Company</u> <u>(or note if self-employed)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Unemployment benefits or worker's compensation?

☐ Yes ☐ No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid?

☐ Yes ☐ No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Spousal Support (alimony)?

☐ Yes ☐ No

*(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- ☐ Court of Law  
☐ Directly from Individual  
☐ Other

Name of Court: \_\_\_\_\_  
Name of Person: \_\_\_\_\_

Explain: \_\_\_\_\_

- (c) If money is not actually received, are you taking legal action to remedy? ☐ Yes ☐ No

Explanation: \_\_\_\_\_

5. Social Security, SSI or any other payments from the Social Security Administration?

☐ Yes ☐ No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?

☐ Yes ☐ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

7. Regular payments from any type of settlement? (For example, insurance settlements)

☐ Yes ☐ No

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

8. Disability, death benefits or life insurance dividends?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Regular gifts or payments from anyone outside of the household?

☐ Yes ☐ No

(This includes anyone supplementing your income or paying any of your bills.)

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Regular payments from rental property or other types of real estate transactions?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Any other income sources or types not listed above?

☐ Yes ☐ No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Do you or any other household member expect any change in income in the next 12 months? ☐ Yes ☐ No

If YES, explain: \_\_\_\_\_

Zero Income Verification:

Are YOU or is ANY OTHER member of your household claiming zero income?

☐ Yes ☐ No If YES, who? \_\_\_\_\_

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?

☐ Yes ☐ No

Household Member

Bank or Financial Institution

Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. CDs, money market accounts or treasury bills?

☐ Yes ☐ No

Household Member

Bank or Financial Institution

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Stocks, bonds or securities?

☐ Yes ☐ No

Household Member

Source (Broker's Name)

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Trust funds?	<u>Household Member</u> <hr/> <hr/>	<u>Bank or Financial Institution</u> <hr/> <hr/>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <u>Amount</u> <hr/> <hr/>
Are any of the above listed trusts irrevocable? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?	<u>Household Member</u> <hr/> <hr/>	<u>Location of Account</u> <hr/> <hr/>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <u>Amount</u> <hr/> <hr/>
6. Cash on hand?	<u>Household Member</u> <hr/> <hr/>	<u>Source of Benefit</u> <hr/> <hr/>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <u>Amount</u> <hr/> <hr/>
7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?	<u>Household Member</u> <hr/> <hr/>	<u>Life Insurance Company</u> <hr/> <hr/>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <u>Amount</u> <hr/> <hr/>
8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)</i>	<u>Household Member</u> <hr/> <hr/>	<u>Source of Benefit</u> <hr/> <hr/>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <u>Amount</u> <hr/> <hr/>
9. Personal property as an investment? <i>(This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i>	<u>Household Member</u> <hr/> <hr/>	<u>Source of Benefit</u> <hr/> <hr/>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <u>Amount</u> <hr/> <hr/>
10. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
	<u>Household Member</u> <hr/> <hr/>	<u>Description of Asset Disposed</u> <hr/> <hr/>	<u>Amount Received</u> <hr/> <hr/>
Explanation: _____			

**Do you or anyone listed above own a vehicle?**

Vehicle Identification:

1.	License #: _____	State Issued: _____	Make/Model/Year: _____
2.	License #: _____	State Issued: _____	Make/Model/Year: _____

All questions that were answered YES on this application may be verified through the appropriate third-party source. It will be your responsibility to provide us with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause:**

I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I understand that a one month security deposit and the first month's rent are due at the time a rental agreement is signed.

I hereby grant this property owner and Connecticut Baptist Homes, Inc. (the Management Company) the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

**All household members must sign below:**

Signature	Date
Signature	Date

<b>For Office Use Only</b>		
<b>Application Date:</b> _____	<b>Time:</b> _____	<b>Desired Move-In Date:</b> _____
<b>Length of time to facilitate a move:</b> _____		
<b>Application Received By:</b> _____		



Connecticut Baptist Housing complies with the letter and spirit of the Fair Housing Act, the Housing laws of the state of Connecticut, the City of Meriden that prohibits housing discrimination to certain persons under each law. No qualified person will be denied housing or otherwise discouraged from obtaining housing at Connecticut Baptist Housing (Cedar Ridge) because of his/her status under these laws.