



# MILLENNIUM

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REAL ESTATE SERVICES LLC

Dear Future Tenant:

Thank you for your request for information about *Charles Street Place Apartments*. Enclosed you will find a Tenant Application, Asset Certification form, Resident Selection/Approval Guidelines & Landlord Verification form.

*Charles Street Place* consists of 80 one, two & three bedroom apartments. Our community has central laundry, fitness room and community room. The apartments are fully applianced with central air and contain wall to wall carpeting. Our rent structure is outlined in the enclosed Resident Selection/Approval Guidelines.

We encourage you to complete the enclosed application and **return it with a \$25 application fee (money order only) for Head of Household and an additional \$10 fee (money order only) for each adult 18 years and older as soon as possible to:**

Charles Street Place Apartments  
122 Charles Street  
Meriden, CT 06450

All applications will be date and time stamped as they are received in our office to verify their receipt and that they have been entered on our waiting list. Please note that you are making an application to an apartment complex that is affordable housing. According to program guidelines, we must verify all sources of income to assure that you are not over our income guidelines. Please fill out the entire application, providing as much information as possible on all sources of income and any assets that you have. If a particular question doesn't apply to you, please write n/a or draw a line through that area.

Should you wish to tour an apartment or have any questions concerning the completion of the application, please contact a leasing agent at 203-686-1015 or at [charlesstreetapts@gmail.com](mailto:charlesstreetapts@gmail.com).

Sincerely,

Jane Sinisgalli-Carta  
Millennium Real Estate Services

Residential & Commercial  
Property Management, Development and Tax Credit Compliance

## **Charles Street Place Resident Selection/Approval Guidelines**

Each tenant applicant will be required to verify his/her earnings and/or their ability to pay rent. All tenant prospects will be required to provide two recent pay stubs, a letter of reference from employers, references from the last landlords for the building in which that tenant has resided and evidence of family income. Questionnaires will also inquire as to family size, number of bedrooms in the unit desired, etc. Upon receipt of a completed application, the managing agent will begin the screening process.

If the credit report proves to be satisfactory, employment data and references from prior landlords are verified.

There can not be more than two (2) occupants per bedroom in any given unit.

Prospective tenants must not have been subject to a successful prior eviction in the past five years.

Prospective tenants must have a good credit history. Charles Street Place will use a credit reporting service, which will perform a search of the housing court records and Equifax, TRW, or some similar credit service.

Prospective tenants must have a favorable recommendation from his/her immediately prior landlord. An unfavorable recommendation will be one in which the prior landlord describes one or more substantial violations, or repeated minor violations in which Tenant:

1. Disrupts the livability of the project;
2. Adversely affects the health and safety of any person or the right of any tenant to quiet enjoyment of his/her leased premises;
3. Interferes with the management of the project, provided that the manager of said project was engaging in management procedures that were lawful in all respects; or
4. Has an adverse financial effect on the project, provided that said adverse financial effect was not caused by a Tenant who lawfully withheld rent or lawfully exercised a remedy available by law.

Prospective tenants can not have a history of abuse of Landlord's property.

Prospective tenants can not have a history of occupancy by unauthorized persons in his/her rental unit.

Prospective tenants must not have a pet that he/she is bringing to the project. Pets will not include canaries, fish or animals that are utilized in assisting handicapped persons.

Prospective tenants must not have been convicted of (i) a felony, or (ii) a misdemeanor within the last Ten (10) years.

If a tenant prospect was to be accepted for occupancy, Charles Street Place must be tenant's only place of residence.

The application process shall also include:

1. a home visit, and
2. a personal interview. Questions asked at the personal interview will be the same questions asked on the Tenant Application. The Managing Agent may also review the terms of the prospective lease agreement.

Prospective tenants must agree to allow the Managing Agent to visit and observe his/her current residence. The home visit is a voluntary visit wherein the Managing Agent, at the invitation of the tenant, conducts a visit of such prospect's existing home. The purpose of the home visit is to examine the conditions in which the tenant presently resides. The overall condition of the building is not considered a factor for screening, however, the condition of the tenant's apartment is a very important factor. This is a good indication of the way that the tenant will maintain an apartment at Charles Street Place. The home visits are conducted so as to not violate a tenant's Civil Rights or any other Fair Housing or Affirmative Marketing law governing Charles Street Place.

**Rents and Income:** As of December 18, 2013, family income limits and monthly rent amounts:

**For apartments set aside at 60% of median income, rents range from \$730 to \$965 per month and household income cannot exceed the following amounts based upon family size:**

- 1 person - \$35,700 per year
- 2 persons - \$40,800 per year
- 3 persons - \$45,900 per year
- 4 persons - \$50,940 per year
- 5 persons - \$55,020 per year
- 6 persons - \$59,100 per year

Prospective tenants must not have a history of failing to timely supply all required information on the income and composition or eligibility of tenant household.

APPLICATION RECORD

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

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Interested person for \_\_\_\_\_ 1 BR \_\_\_\_\_ 2 BR \_\_\_\_\_ 3 BR (check one)

Name (Head of Household):

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Would you be interested in a handicapped unit? ( ) Yes ( ) No

Household data: Please list all persons who will occupy unit:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date apartment is needed? \_\_\_\_\_

**INITIAL TENANT APPLICATION**

Name of Project: Charles Street Place Apartments

Address of Project: 122 Charles Street

Meriden, Connecticut

Date: \_\_\_\_\_ Requested Bedroom size \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Telephone Number:** Home \_\_\_\_\_ Work \_\_\_\_\_

***PART I. FAMILY COMPOSITION***

**Directions to Applicant:** *Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. Attach additional sheets if more space is needed.*

**Household Composition**

	<b>Name</b>	<b>Relationship To Head</b>	<b>Marital Status</b> M-Married D-Divorced S-Single E-Estranged	<b>Birth Date</b>	<b>Age</b>	<b>SS#</b>	<b>Student Y/N</b>
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next 12 months?  Yes  No

If yes, explain: \_\_\_\_\_

(1) Spouse's Maiden Name \_\_\_\_\_

(2) Will **ALL** of the persons listed above be (or have they been) full time students during 5 months of this calendar year or plan to be in the next calendar year at an educational institution with regular faculty and students, other than a correspondence or night school?  
 Yes \_\_\_ No \_\_\_

If yes, who? \_\_\_\_\_

Are they 18 or older? Yes \_\_\_ No \_\_\_

(3) Will this person be receiving any income? Yes \_\_\_ No \_\_\_

(4) Are any full-time student(s) married and filing a joint tax return? Yes \_\_\_ No \_\_\_

(5) (a.) Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes \_\_\_ No \_\_\_

(b.) Are any full-time student(s) a TANF or a title IV recipient? Yes \_\_\_ No \_\_\_

(6) 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? Yes \_\_\_ No \_\_\_

**PART II. HOUSEHOLD INCOME**

***For questions (7) through (16), indicate the amount of anticipated income for all persons named in question (1) above, during the 12-month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.***

(7) Wages, salaries, overtime pay, commissions, fees, tips, bonuses, and any other compensation resulting from employment for each household member.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(8) Net income, salaries, and other amounts distributed from a business.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____

(9) Welfare Assistance payments.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(10) Gross amount of periodic social security payments.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(11) Annuities, insurance policies, retirement funds (401-K, IRA, etc.), pensions, disability or death benefits, and other similar types of periodic payments.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(12) Lump sum payments received due to delays in processing unemployment, social security, welfare, or other benefits.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(13) Payments in lieu of earnings, such as unemployment and disability compensation, workers compensation, and severance pay.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(14) Alimony and child support Are you entitled to receive alimony or child support? _____ Are the payments court ordered? _____	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(15) Interest, dividends, and other income from net family assets (including income distributed from trust funds).	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(16) Amount by which educational grants, scholarships, or veteran's benefits are intended as a subsistence allowance to cover rent, utilities, and board of a student living away from home (do not include any part of a student loan).	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(17) Lottery winnings paid in periodic payments.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____

(18) Regular contributions of gifts received from persons not residing in the unit, including rent or utility payments regularly paid on behalf of the family.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(19) All regular pay, special pay, and allowances of a member of the Armed Forces (whether living in the unit or not) who is head of household, spouse, or other person whose dependants are residing in the unit.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____

**TOTAL INCOME (all Members): \$ \_\_\_\_\_**

**APPLICANT ALSO REQUIRED TO FILL OUT ASSET CERTIFICATION ATTACHED**

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***PART III. EMPLOYMENT HISTORY***

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(21) **Applicant Employed By:** \_\_\_\_\_ How Long? \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Position Held \_\_\_\_\_

a. **Co-applicant Employed By:** \_\_\_\_\_ How Long? \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Position Held \_\_\_\_\_

b. **Other Applicant Employed By:** \_\_\_\_\_ How Long? \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Position Held \_\_\_\_\_

c. **Other Applicant Employed By:** \_\_\_\_\_ How Long? \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Position Held \_\_\_\_\_



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**PART IV. CREDIT REFERENCES (e.g., car loans, credit card, other debt)**

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Name	Address	Phone	Monthly Payment
(22)	_____	_____	\$ _____
(23)	_____	_____	\$ _____
(24)	_____	_____	\$ _____
(25)	_____	_____	\$ _____

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**PART V. LANDLORD HISTORY (Please provide all landlords in past 3 years)**

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(26) Present Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_

\_\_\_\_\_

Address	City	State	Zip	Phone
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Monthly Rent? \_\_\_\_\_

a. Previous Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_

\_\_\_\_\_

Address	City	State	Zip	Phone
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Monthly Rent? \_\_\_\_\_

*Attach additional information, if necessary.*

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**PART VI. PREVIOUS ADDRESS (Please provide all previous addresses in the past 7 years.)**

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(27) \_\_\_\_\_

Address	City	State	Zip	From/To
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(28) \_\_\_\_\_

Address	City	State	Zip	From/To
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**PART VII. GENERAL INFORMATION**

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- (31) Have any of the applicants ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
- (32) Have any of the applicants ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
- (33) Have any applicants filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
- (34) Have any of the applicants ever received rental assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
a. Has your assistance ever been terminated for fraud, non-payment of rent  
or failure to recertify? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
- (35) Will this be your only place of residence? Yes \_\_\_\_\_ No \_\_\_\_\_

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**PART VIII. ADDITIONAL INFORMATION**

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- (36) What is the condition of your current housing?  
Standard \_\_\_\_\_ Unsafe or Unhealthy \_\_\_\_\_  
No indoor Plumbing/Kitchen \_\_\_\_\_ Currently without Housing \_\_\_\_\_
- (37) Are you qualified for a dwelling available to a person with disabilities? Yes ( ) No ( )  
Some evidence of the eligibility to occupy this unit may be needed.
- (38) Are you or is anyone in your household a smoker? Yes ( ) No ( )  
If yes, there will an additional deposit required to cover the cost of painting the ceilings and  
shampooing the carpeting.

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**PART IX. DECLARATION STATEMENT**

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I/We, the undersigned, state that I/We have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit in the above rental development for which application is made, all of whom are listed above.

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 below.

I/We further understand that as part of the application process my credit references may be checked without further authorization and that:

I hereby authorize the release of the requested information about us. A photocopy of this shall be as valid as the original. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

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Applicant(s) Name (Please Print)

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Applicant(s) Name (Please Print)

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Applicant(s) Name (Please Print)

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Applicant(s) Signature

Date

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Applicant(s) Signature

Date

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Applicant(s) Signature

Date

**Asset Income Certification Addendum to Tenant Application**

**Current Assets:** List all assets currently held and the cash value. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash, i.e. broker and legal fees.

<u>Yes</u>	<u>No</u>		<u>Account #</u>	<u>Bank</u>	<u>Cash Value</u>
___	___	Do you have a Savings Account? If so, list Current Balance.	_____	_____	\$ _____
___	___	Do you have a Checking Account? If so, list Average Balance for past 6 months.	_____	_____	\$ _____
___	___	Do you have a Safety Deposit Box?	_____	_____	\$ _____
___	___	Do you have money held in Trust?	_____	_____	\$ _____
___	___	Do you have any other cash?	_____	_____	\$ _____
___	___	Do you have any stocks or bonds?	_____	_____	\$ _____
___	___	Do you have any Certificate of Deposits?	_____	_____	\$ _____
___	___	Do you have any Treasury Bills?	_____	_____	\$ _____
___	___	Do you have any Money Market accounts?	_____	_____	\$ _____
___	___	Do you have a retirement fund?	_____	_____	\$ _____
___	___	Do you have a pension fund?	_____	_____	\$ _____
___	___	Do you own any life insurance policies? If so, list cash value.	_____	_____	\$ _____
___	___	Have you received an inheritance?	_____	_____	\$ _____
___	___	Have you received any lottery winnings? If so, when and where are the funds held? _____	_____	_____	\$ _____
___	___	Do you own any real estate? If so, list fair market value and mortgage balance.	_____	_____	\$ _____
___	___	Do you have any personal property held as an investment?	_____	_____	\$ _____
___	___	Have you received any settlements? If so, how much?	_____	_____	\$ _____
___	___	Do you have any money owed to you in loans?	_____	_____	\$ _____

Applicant/tenants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification.

Did you have any assets in the last two years not listed above? \_\_\_\_\_

If yes, did you dispose of any assets for less than fair market value? \_\_\_\_\_  
 (This means that the assets were either given away or sold at less than the allotted market value.)

If yes, list the assets market value, amount received and the date you disposed of the assets. \_\_\_\_\_  
 \_\_\_\_\_

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets if the difference between the value and the amount received exceeds \$1000.00. I/We, the undersigned, state that I/We have completed and answered the above Asset Certification fully and truthfully. I/We hereby authorize the property management company to verify any of the information above and give my/our consent for the above financial institutions to release any or all information to the property manager.

\_\_\_\_\_  
 Applicant(s) Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
 Applicant(s) Signature

Date: \_\_\_\_\_

**Charles Street Place  
122 Charles Street  
Meriden, CT 06450  
(203) 686-1015-OFFICE  
(203) 686-1012-FAX**

**PRESENT/PREVIOUS LANDLORD VERIFICATION**

Charles Street has my permission to request the following information from my present and/or previous Landlord. Please answer each question and return it to Charles Street as soon as possible.

Applicant's name (please print): \_\_\_\_\_ Apt.# \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To Whom It May Concern:

\_\_\_\_\_ applied for housing at Charles Street. In order to assist in the selection process, we would appreciate your answering the following confidential questions.

1. Address where applicant resided as your tenant: \_\_\_\_\_.
2. Length of residency: \_\_\_\_\_.
3. What was the applicant's monthly rent? \_\_\_\_\_.
4. Did the applicant pay rent on or before the 10th? Yes\_\_ No\_\_ If not, how many times late? \_\_\_\_\_.
5. Were eviction proceedings (NTQ) ever initiated against this tenant? Yes \_\_ No \_\_ If so, how many times and why? \_\_\_\_\_.
6. Did applicant have any returned checks? Yes \_\_ No \_\_ If so, how many? \_\_\_\_\_.
7. How many people occupied this apartment? \_\_\_\_\_.
8. Did applicant have any pets? Yes \_\_ No \_\_ If so, what and how many? \_\_\_\_\_.
9. Have complaints been registered against this household or their guests for: Noise: Yes \_\_ No \_\_ / Pets: Yes \_\_ No\_\_ / Drugs: Yes\_\_ No\_\_ / Other: \_\_\_\_\_ Yes \_\_ No \_\_.
10. Does resident currently owe you money? Yes \_\_ No \_\_ If so, how much and for what? \_\_\_\_\_.
11. Did resident leave the apartment in good condition? Yes \_\_ No \_\_.
12. Would you consider renting to this resident again? Yes \_\_ No \_\_.
13. What is your relationship to the applicant? \_\_\_\_\_.

To the best of my knowledge, the above information is valid and correct.

Landlord/Owner name: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

# LIVE-IN-AIDE ATTENDANT APPLICATION

Applicant/Resident Name: \_\_\_\_\_

Date: \_\_\_\_\_

Initial Certification Date of Expected Move-In: \_\_\_\_\_

Recertification (Annual or Interim) Effective Date: \_\_\_\_\_

I am applying to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program requires management to certify all of your income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source and other claims of eligibility. I am stating the need for a live-in-aide attendant. The attendant by signing below acknowledges the following:

\_\_\_\_\_  
I, \_\_\_\_\_, hereby certify that:

- I am the live-in-aide attendant for the above-mentioned applicant/resident have will be working for the applicant/resident and be residing at the applicant/residents apartment;
- I am not responsible for the financial support of said applicant/resident;
- I would not otherwise be living in this unit EXCEPT to provide the necessary support and care to allow said person to live independently;
- I understand that I have no survivorship rights to the unit and that if said person moves-out, for whatever reason, I must immediately vacate the apartment. I understand that HUD and the Low Income Housing Tax Credit Program govern this unit and that the occupants of such a unit must meet all eligibility requirements of these Programs. I understand that I will not be certified as such and that my only reason for living in the unit is to provide supportive care services to applicant/resident;
- I understand that as long as I remain a live-in-aide attendant for the above mentioned applicant/resident, I will be bound by all terms of the lease and of the Community House Rules and Regulations and that I will read and understand the Lease and Community House Rules and Regulations;
- I will be required to comply with the mandatory screening for criminal background and consent to a criminal back ground investigation.

I hereby say that I understand the above statements and that they are true and correct; and furthermore, failure to provide truthful or correct information is subject to my denial and/or dismissal as a live-in-aide attendant.

\_\_\_\_\_  
Signature of Live-In-Aide Attendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date