



In accordance with HUD financial requirements, Tower One requires you to provide a summary of your income, assets and liabilities so that we can determine whether you meet the income requirements of this facility and what resources you have available to pay for the services of the facility. Please be advised that HUD may verify the information provided by you with the IRS.

Applicant's Name: _____

(Note if more than one applicant list both names)

Address _____
 Street _____ City _____ State _____ Zip Code _____

Telephone Number _____ Home _____ Work _____

"Did you dispose of any assets during the past two years for less than fair market value?"

If Yes, total of amount _____; No _____

INCOME: Most current Financial Information (required by HUD)

*Combine totals for all categories except for Social Security and Pension, which must be listed separately for each applicant.

	Monthly Income	Asset Value
Applicant:		
Social Security Gross Benefit Amount	_____	_____
Medicare Deduction	_____	_____
Social Security – Net Amount of Check	_____	_____
Private Pension - Gross Amount	_____	_____
Private Pension – Medicare Reimbursement	_____	_____
Private Pension – Net Amount of Check	_____	_____
Co-Applicant:		
Social Security Gross Benefit Amount	_____	_____
Medicare Deduction	_____	_____
Social Security – Net Amount of Check	_____	_____
Private Pension - Gross Amount	_____	_____
Private Pension – Medicare Reimbursement	_____	_____
Private Pension – Net Amount of Check	_____	_____

Annuities (copy of last statement)	_____	_____
Disability Insurance	_____	_____
Checking Account Balance (6 month Average)	_____	_____
Checking Account Interest Rate	_____	_____
Savings Account Current Balance	_____	_____
Savings Account Interest Rate	_____	_____
CDs - Balance and Interest Rate	_____	_____
Money Market Balance and Interest Rate	_____	_____
Dividends Last Quarter	_____	_____
Trust Income/Asset Value	_____	_____
Alimony	_____	_____
Life Insurance (cash value)	_____	_____
Real Estate	_____	_____
Other Source of Income or Assets	_____	_____
Specify: _____	_____	_____

Total Monthly Income \$ _____ Total Yearly Income for most recent year \$ _____

EXPENSES/LIABILITIES: Average Monthly Medical Expenses for the Last three Months: _____

(Specify on separate page: Doctor, Dentist and Pharmacy bills; Medical Insurance)

Other liabilities: _____



1. The following person(s) will assist me in maintaining my financial records:

Name _____ Relationship _____

Address _____

Street City State Zip
Phone No. Home _____ Work _____ Cell _____

Email Address _____

Name _____ Relationship _____

Address _____

Street City State Zip
Phone No. Home _____ Work _____ Cell _____

Email Address _____

2. Will another individual guarantee payment for rent and other fees? Yes No

If yes, whom:

Name _____ Relationship _____

Address _____

Street City State Zip
Phone No. Home _____ Work _____ Cell _____

Email Address _____

3. Whom should we contact with questions regarding this form?

Self/Applicant _____ Relationship _____

Address _____

Street City State Zip

Address _____

Street City State Zip
Phone No. Home _____ Work _____ Cell _____

Email Address _____



Does any member of your household smoke? ___ Yes ___ No

Do you have the assistance of another person or persons with any of the following activities in your current place of residence? Yes No

If Yes, who provides this assistance.

			Agency	Family
Managing finances and paying rent or bills	___ Yes	___ No	_____	_____
Housekeeping/cleaning	___ Yes	___ No	_____	_____
Cooking/eating	___ Yes	___ No	_____	_____
Shopping	___ Yes	___ No	_____	_____
Bathing/Dressing	___ Yes	___ No	_____	_____
Assistance with Medication	___ Yes	___ No	_____	_____
Arranging for appointments	___ Yes	___ No	_____	_____
Do you currently use any assertive or medical devices (e.g. walker, shower chair, or commode)	___ Yes	___ No		

If yes, please describe

If others provide services to you, will you continue to utilize those assistants/services if you move to [Tower One / Tower East]? _____ Yes _____ No

If you do not plan on maintaining your current means of assistance, how do you plan to provide for services here in Tower One/Tower East? _____

Do you plan to use a service animal (e.g., Guide Dog) at Tower One/Tower East? ___ Yes ___ No

If yes, please describe the type of animal you will use

Does someone have power of attorney or conservatorship for either applicant? ___ Yes ___ No

If yes, copies of legal documents are required.

TOWER ONE/TOWER EAST APPLICATION CERTIFICATION

I/we hereby make formal application for an apartment at, TOWER ONE and/or TOWER EAST, and if accepted will comply with all terms and conditions of the written lease and Resident Handbook.

I/we hereby authorize Tower One and/or Tower East to contact all employers, landlord or other reference sources that I/we have provided.

I/we hereby authorize Tower One and /or Tower East to conduct a criminal back ground check.

Note: please include a copy of social security card, picture I.D. and proof of age.

Applicant Statement: I/we certify that the statements in this application and all information provided are true and complete to the best of my/our knowledge and belief.

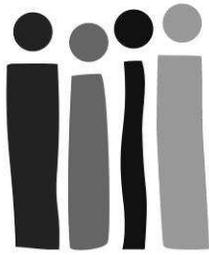
I/we understand that false statements or information may be punishable under federal or state law and may result in denial or terminancy of application.

Signature (Applicant)

Date

Signature (Co-applicant)

Date



**Tower One
Tower East**

**New Haven Jewish Community Counsel Housing Corporation
New Haven Jewish Federation Housing Corporation
18 TOWER LANE
NEW HAVEN, CT 06519
(203)772-1816 FAX: (203)785-8280**

APPLICATION FORM

_____ Date of Application

APPLICANT INFORMATION:

NAME: Last name First Middle Age Date of Birth

_____ Social Security Number

Co-applicant (if applicable) Age Date of Birth

_____ Social Security Number

CURRENT ADDRESS TELEPHONE NUMBER

CITY STATE ZIP CODE

_____ EMAIL ADDRESS

APARTMENT PREFERENCE

TOWER ONE: TOWER EAST:
___ Studio ___ One Bedroom
___ Deluxe Studio ___ Two Bedrooms

PARKING SPACE REQUIRED: ___ YES ___ NO

Fostering Independence and Community – It's All Right Here!



18 Tower Lane • New Haven, Connecticut 06519 • 203-772-1816 • Fax 203-777-5921



Equal Housing Opportunity

www.towerone.org

