



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
<b>Applicant:</b>		
Social Security <b>Gross</b> Benefit Amount	_____	_____
Medicare Deduction	_____	_____
Social Security – <b>Net</b> Amount of Check	_____	_____
Private Pension - <b>Gross</b> Amount	_____	_____
Private Pension – Medicare Reimbursement	_____	_____
Private Pension – <b>Net</b> Amount of Check	_____	_____
<b>Co-Applicant:</b>		
Social Security <b>Gross</b> Benefit Amount	_____	_____
Medicare Deduction	_____	_____
Social Security – <b>Net</b> Amount of Check	_____	_____
Private Pension - <b>Gross</b> Amount	_____	_____
Private Pension – Medicare Reimbursement	_____	_____
Private Pension – <b>Net</b> 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**

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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? \_\_\_\_\_

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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

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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.

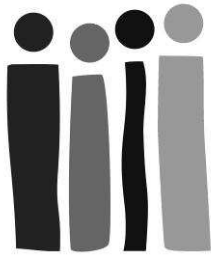
I/we understand that false statements or information may be punishable under federal or state law and may result in denial or terminancy of application.

\_\_\_\_\_  
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:

\_\_\_ Studio

\_\_\_ Deluxe Studio

TOWER EAST:

\_\_\_ One Bedroom

\_\_\_ 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

[www.towerone.org](http://www.towerone.org)

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Equal Housing  
Opportunity



**Have you ever had problems with the following:** If you have checked Yes, please explain.

Complying with a Lease and/or house rules                      \_\_\_Yes    \_\_\_No    \_\_\_\_\_

Complying with Federal, State or Local laws  
(including controlled substance abuse)                      \_\_\_Yes    \_\_\_No    \_\_\_\_\_

Destruction of property                      \_\_\_Yes    \_\_\_No    \_\_\_\_\_

**If there is insufficient verification available from landlords or employers other references may be furnished and accepted along with written authorization to contact any and all reference sources.**

**PLEASE LIST ALL RESIDENCES FOR THE PAST FIVE YEARS** (You may list additional previous landlords on a separate sheet if necessary)

1. Name of current landlord, if applicable \_\_\_\_\_

Address of current landlord \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of Occupancy: from \_\_\_\_\_ to \_\_\_\_\_

Reason for Moving \_\_\_\_\_

\* Are you currently subsidized? Yes\_\_\_No\_\_\_, If yes, what type of subsidy? Project-based or City voucher  
(circle one)

2. Name of previous landlord, if applicable \_\_\_\_\_

Address of next previous landlord \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of Occupancy: from \_\_\_\_\_ to \_\_\_\_\_

Reason for Moving \_\_\_\_\_

**PLEASE LIST ALL THE STATES IN WHICH APPLICANT(S) RESIDED IN THE LAST 5 YEARS:**  
**(include current state):** \_\_\_\_\_

Have you ever been the subject (summary process action) of an eviction? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Is Applicant(s) subject to state lifetime sex offender registration? Yes \_\_\_\_\_ No \_\_\_\_\_