
APPLICATION-FmHA 515 PROGRAM
PHINEAS PARK
BETHEL HOUSING AUTHORITY
5-7 MAIN STREET
BETHEL, CONNECTICUT

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER
Commencing September 1, 2015 – Phineas Park will become a SMOKE-FREE facility

This is an application for housing in the **Phineas Park Apartments** located in Bethel, CT. Please complete this application and return to Capital Square Management, LLC (agent for management) at the address listed at the bottom of this page. Completed applications are placed in the order of date and time received. An application will be reviewed in detail when a unit becomes available. Applicants will be contacted by the address given on the application.

A. GENERAL INFORMATION

Applicant Name(s) _____

Address: _____
Street Apt# City State Zip

If less than two (2) years, give previous address and length of time at that address, up to two (2) years, use additional paper if necessary.

_____ Street Apt# City State Zip

Telephone # _____ Present Monthly Rent _____ # of Bedrooms _____

Check Utilities paid by you:

Heat _____

Electricity _____

Gas _____

Other _____

Approximate monthly cost of

utilities paid by you:

(excluding phone and cable)

\$ _____

Bedroom Size Requested: ONE _____ TWO _____ HANDICAP _____
CHECK ONE PLEASE

RETURN COMPLETED TO:
Capital Square Management, LLC
323 MAIN STREET
DANBURY, CT 06810
(203) 797-8255



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B. FAMILY COMPOSITION

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List ALL persons who will be living with you:

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTHDATE</u>	<u>PLACE OF BIRTH</u>	<u>SOCIAL SEC #</u>
1.		HEAD			
2.					
3.					
4.					

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

<u>FAMILY MEMBER NAME</u>	<u>SOURCE OF INCOME</u>
_____ a. Social Security..	Monthly Amount \$ _____
_____ Social Security..	Monthly Amount \$ _____
_____ Social Security..	Monthly Amount \$ _____
_____ b. Pension.....	Monthly Amount \$ _____
_____ Pension.....	Monthly Amount \$ _____
	Source of Pension (s) _____
_____ c. Veteran Benefits.	Monthly Amount \$ _____
	Monthly Amount \$ _____
_____ d. SSI Benefits....	Monthly Amount \$ _____
_____ SSI Benefits....	Monthly Amount \$ _____
_____ e. Unemployment..	Monthly Amount \$ _____
_____ Unemployment..	Monthly Amount \$ _____
_____ f. AFDC.....	Monthly Amount \$ _____
_____ g. Employment Wages.	Monthly Amount \$ _____
	Employer _____
	Address _____
	Phone # _____
	Position Held _____ How long employed _____
_____ Employment Wages.	Monthly Amount \$ _____
	Employer _____
	Address _____
	Phone # _____
	Position Held _____ How long employed _____
_____ h. Full Time Student Income (Only 18 & Older)	Monthly Amount \$ _____



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C. (continued) INCOME:

_____ i. Earned Income
 Tax Credit..... Monthly Amount \$ _____
 _____ j. Alimony..... Monthly Amount \$ _____
 _____ k. Child Support..... Monthly Amount \$ _____
 _____ l. Interest Income.... Monthly Amount \$ _____
 Interest Income.... Monthly Amount \$ _____
 _____ m. Other Income..... Monthly Amount \$ _____
 Other Income..... Monthly Amount \$ _____

TOTAL GROSS ANNUAL INCOME (base this on the monthly amounts listed above and multiply by 12)

\$ _____ ANNUAL INCOME

Do you anticipate any changes in this income in the next 12 months?

YES _____ NO _____ IF YES,

EXPLAIN _____

D. ASSETS

CHECKING ACCOUNT (S) # _____ bank _____ balance _____
 # _____ bank _____ balance _____
 # _____ bank _____ balance _____

SAVINGS ACCOUNT (S) # _____ bank _____ balance _____
 # _____ bank _____ balance _____
 # _____ bank _____ balance _____

TRUST ACCOUNTS # _____ bank _____ balance _____

CERTIFICATES # _____ bank _____ balance _____

CREDIT UNION # _____ bank _____ balance _____

_____ bank _____ balance _____

SAVINGS BONDS # _____ maturity date _____ value _____

_____ maturity date _____ value _____

LIFE INSURANCE POLICY # _____ face value _____

REAL PROPERTY: Do you own any property? YES _____ NO _____

IF YES, Type of Property _____

Location _____

Appraised Market Value \$ _____

Mortgage or Outstanding Loans Balance Due \$ _____

Amount of Annual Insurance Premium \$ _____

Amount of Most Recent Tax Bill \$ _____

Have you sold/dispensed of any property in the last 2 years? YES _____ NO _____

IF YES, Type of Property _____

Market value when sold/dispensed \$ _____

Amount sold/dispensed for \$ _____

Date of Transaction _____



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Have you disposed of any other assets in the last 2 years (EXAMPLE: Given money away to relatives, set up trust funds) YES _____ NO _____

IF YES, Describe Asset _____

Date of Disposition _____

Amount Disposed \$ _____

Do you have any other assets not listed above (EXCLUDING PERSONAL PROPERTY) If YES, List _____

E. MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSE

MEDICAL COST: Complete this part ONLY IF HEAD OR SPOUSE IS 62 YEARS OR OLDER, DISABLED, OR HANDICAPPED.

Medicare Premiums.....Monthly Amount \$ _____

Monthly Amount \$ _____

AARP Premiums.....Monthly Amount \$ _____

Monthly Amount \$ _____

Additional Insurance.....Monthly Amount \$ _____

Company Name _____

Address _____

Anticipated Medical/Drug prescription costs for the next 12 months NOT covered by Insurance or Reimbursed Monthly Amount \$ _____

Medical bills or outstanding costs for which you are making monthly payments: Balance due _____ Monthly Payments _____

Do you see a physician regularly? YES _____ NO _____

If YES, Name _____

Address _____

Projected cost for the next 12 months not covered or reimbursed by insurance. Monthly Amount \$ _____

Any other medical expenses? List type and amounts: _____ \$ _____
_____ \$ _____

CHILDCARE COSTS: Complete only for children 12 and younger:

Name (s) of children cared for _____ Age _____

_____ Age _____

_____ Age _____

Name and Address of Person OR Agency Caring for Children

NAME _____

ADDRESS _____

TELEPHONE # _____

WEEKLY COST FOR CHILDCARE DUE TO EMPLOYMENT \$ _____

WEEKLY COST FOR CHILDCARE DUE TO EDUCATION \$ _____



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HANDICAP ASSISTANCE EXPENSE: Complete ONLY if handicap expenses allow the handicapped person OR another household member to WORK.

LIST TYPE OF EXPENSES, WEEKLY AMOUNT, PAID TO WHOM

F. PROGRAM INFORMATION

Are you displaced? YES _____ NO _____

IF YES, Displacement Agency _____

Address _____

Telephone # _____

Is your current unit condemned? YES _____ NO _____

IF YES, by whom? Name _____

Telephone # _____

Are you requesting a handicap/disability adjustment to income or a special handicapped accessible unit or both?
YES _____ NO _____

Are you a veteran? YES _____ NO _____ If yes, date of service _____

Are you currently living in substandard housing? YES _____ NO _____

Have you ever resided in a project financed and/or subsidized by the government?

YES _____ NO _____ If yes, NAME and ADDRESS _____

Have you ever been evicted from public housing or any other Federal Housing Program?

YES _____ NO _____ If YES, WHERE _____

WHEN _____ DESCRIBE REASON _____

Have you ever been evicted from other housing? YES _____ NO _____

How did you hear about this housing? _____

Will you take an apartment as soon as it is available? YES _____ NO _____

Briefly describe your reason for applying. _____

G. REFERENCE INFORMATION

CURRENT LANDLORD: Name _____

Address _____

Home phone _____ Work Phone _____

PREVIOUS LANDLORD: Name _____

Address _____

Home Phone _____ Work Phone _____



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CREDIT REFERENCES:

PERSONAL REFERENCES:

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

IN CASE OF EMERGENCY NOTIFY:

NAME & RELATION: _____
ADDRESS _____
PHONE # _____

H. OTHER REQUIRED INFORMATION:

VEHICLES: List any truck, car, or other vehicles owned. (Parking will be provided for ONE (1) vehicle only). Arrangements with management must be made if necessary for any additional vehicle.

TYPE OF VEHICLE _____ YEAR/MAKE _____ COLOR _____
LICENSE PLATE # _____ OPERATOR # _____
TYPE OF VEHICLE _____ YEAR/MAKE _____ COLOR _____
LICENSE PLATE # _____ OPERATOR # _____

PETS: Do you own a pet? YES _____ NO _____
If yes, describe _____

Applicant _____ DATE _____
Applicant _____ DATE _____

“RACE, NATIONAL ORIGIN, AND SEX DESIGNATION”

“The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through its Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of an individual applicant on the basis of visual observation or surname.”

RACE _____ NATIONAL ORIGIN _____ SEX _____

Capital Square, LLP
323 MAIN STREET
DANBURY, CONNECTICUT
(203) 797-8255



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I. CERTIFICATION/AUTHORIZATION

CERTIFICATION

I/We 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/our eligibility for housing will be based on Farmers Home Administration income/occupancy limits and by Capital Square, LLP 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.

SIGNATURE

HEAD
Dated _____

SPOUSE
Dated _____

AUTHORIZATION

I/We Do Hereby Authorize Capital Square, LLP and its staff or authorized representative to contact any agencies, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by Capital Square, LLP.

SIGNATURE

HEAD
Dated _____

SPOUSE
Dated _____



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