

FEDERATION HOMES

156 WINTONBURY AVENUE, BLOOMFIELD, CT 06002

Managed by:

VESTA MANAGEMENT CORPORATION
245 Hopmeadow Street, Weatogue, CT 06089
Phone: 860.408.5412 – Fax: 860.371.2543

Contact: Linda Collins

Instructions: Please print and fill in completely. An incomplete application will be rejected. It is important that you provide the documentation required as stated in lines #18 and #19. If, for any reason, you cannot supply the information at this time, please explain why.

1. Name: _____
(Last) (First) (Middle Initial)

2. Address: _____
(Number and Street) (City, State, Zip Code)

3. Phone #: _____ Your Age: _____ Date of Birth: _____

4. Place of Birth: _____ Race(optional): _____

5. Social Security Number: _____

6. If under 62, are you handicapped or disabled? Yes _____ No _____

7. Are you a citizen or national of the United States? Yes _____ No _____

8. If more than one person is to occupy the apartment, please supply this information:

Name: _____
(Last) (First) (Middle Initial)

Social Security Number: _____ Date of Birth: _____

Relationship to Applicant: _____ Age: _____

9. Current Housing: Own? Yes ___ No ___ Rent? Yes ___ No ___

Current value of house? \$ _____ If rent, monthly amount? \$ _____

Reason for moving: _____



10. Approximate Financial Status:

Current Income: (Indicate annual/monthly)

Assets: (List current values)

- 1. Social Security: \$ _____
- 2. Pension: \$ _____
- 3. Employment: \$ _____
- 4. Interest/Divs.: \$ _____
- 5. Other Income: \$ _____
(i.e., alimony, unemployment benefits, etc.)

- 1. Savings: \$ _____
- 2. Checking: \$ _____
- 3. Stocks & Bonds: \$ _____
- 4. Property: \$ _____
- 5. Other Assets: \$ _____
(i.e., house, land, etc. – excluding an automobile)

11. Will you be waiting for:

1st Floor _____ 2nd Floor _____ Either _____

One Bedroom Only _____ Two Bedroom Only _____ Either _____

NOTE: One person will not be considered for a two-bedroom apartment.

12. Will you have a car? (Yes/No) _____

13. Will you have a pet living with you? (Yes/No) _____

14. Will stairs present a physical barrier? (Yes/No) _____

15. Do you feel you will require a barrier-free/handicapped unit? (Yes/No) _____

16. Within the past twenty-four (24) months, have you or any member of your household disposed of any assets for less than fair market value (e.g., gifts to relatives, etc.)? (Yes/No) _____ All applicants must complete the attached Certification form.

17. List of relatives or friends to contact in case of an emergency:

(a) Name: _____

Complete Address: _____

Relationship: _____ Phone Number: _____

(b) Name: _____

Complete Address: _____

Relationship: _____ Phone Number: _____



18. Included with your completed application you must enclose the following:

1) A copy of your social security card. If not, explain why not:

2) Proof of age and proof of citizenship (birth certificate, marriage license, passport or alien registration card). If you are not enclosing proof of age and citizenship, explain why:

Additional Comments or Information you think would be helpful to your application:

Signature of Applicant

Date

Signature of Co-Applicant (if applicable)

Date

**PRIOR TO MOVE-IN A CREDIT AND CRIMINAL BACKGROUND CHECK
WILL BE COMPLETED AT NO COST TO YOU.**



Certification of Assets Disposed of for Less than Fair Market Value

I, or any family member did ___/did not ___ dispose of one or more assets for less than fair market value in the twenty-four (24) months prior to the date of this application.

If asset(s) were disposed of for less than fair market value, describe below:

Disposed of Asset	Date of Disposition	Fair Market Value	Amount Received
		\$	\$

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure or information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the owner responsible for the unauthorized disclosure or improper use.

Signature of Applicant Date

Signature of Co-Applicant (if applicable) Date

Important:

Before you move in, you are expected to provide us with the information we need to verify all income and assets, including pensions, bank accounts, stocks, bonds, employment and any other assets you possess.



One last reminder:

Please review your application and make sure that it is complete. Incomplete applications will be returned.

Please read the following carefully:

Do any of the following circumstances apply to your housing situation?

1. Are you living in sub-standard housing? (Yes/No) _____
2. Are you involuntarily displaced? (Yes/No) _____
3. Are you paying more than fifty percent (50%) of family income for rent? (Yes/No) _____

If you responded "yes" to any of the above, please provide verification of your situation.

1. Certification from an Agency (city or state) of unsuitable conditions.
2. Certification of the action taken and reasons directly from Owners or Landlord – or Agency (if homeless).
3. Certification from Landlord or Owners stating amount of rent paid – and if utilities are included in this rent. _____

