



## **APPLICATION PACKAGE**

### ***East End Phase II***

**1755 Stratford Avenue, 1853 Stratford Avenue, 1998 Seaview Avenue  
Bridgeport, CT**

### **PLEASE READ CAREFULLY AND FOLLOW THESE INSTRUCTIONS**

Please answer **ALL** Questions even if the answer is “Not Applicable” (N/A) or zero and sign all consent forms. A blank does not mean “Not Applicable”

Please make sure all necessary information is attached when returning the package and that the application is **BOTH** signed and dated.

Applications will be time and date stamped for processing through a first come, first serve policy which will be used to determine the sequence of applications on the waiting list. Once the initial waiting list has been established, all subsequent applications will be time and date stamped and placed on the waiting list accordingly.

Incomplete applications will not be accepted for the waiting list. **It is critical that we have current contact information or a means to reach you in a timely manner.** Returned correspondence or failure to respond will prevent your application from being processed. Applications must be hand delivered to starting February 24, 2020:

Bridgeport Neighborhood Trust  
570 State Street  
Bridgeport, CT 06604

**If you have any questions please call 203-290-4255**

**Or you can reach us using the AT&T relay service by dialing 711.**

**\*\*EAST END PHASE II is a SMOKE FREE Community\*\***

---

BRIDGEPORT NEIGHBORHOOD TRUST





## APPLICATION INSTRUCTIONS

**Application:**

Please complete the application in its entirety and sign and date all consent forms. Check all applicable boxes and fill in all lines even if the answer is “Not Applicable” (N/A) or zero. Incomplete applications cannot be processed. Return all required forms and make copies for your records. **Complete household information is required.**

**Identification:**

We require copies of three (3) forms of identification as described below. Do not send originals. The originals will be reviewed at the time of final application processing.

We require a picture ID (driver’s license) or State Issued Identification, Birth Certificate and social security card for all adult household members. Picture ID must have date of birth on it. For minors under 18 years of age, Birth Certificate and social security cards.

Other acceptable forms of identification with date of birth include: Baptismal Certificate, Valid Passport, and Naturalization Certificate.

**Verifications:**

An individual or a service provider working with an applicant can assist with completing this application.

**Qualifications:**

To qualify for tenancy at East End Phase II, an applicant **MUST** be a U. S. Citizen, National or Eligible Non-Citizen and have a gross annual income per the established guidelines as stated below. All household members age 18 or older must complete & sign the application and provide proof of income. Eligibility is recertified every 12 months and annual household income will be verified.

**Maximum Income Limits as of 04/2019:**  
**Income limits per the size of Household**  
*Fairfield County Area Median Income (AMI)*

AMI	1person	2persons	3persons	4persons
<b><u>50%</u></b>	<b><u>\$35,950</u></b>	<b><u>\$41,050</u></b>	<b><u>\$46,200</u></b>	<b><u>\$51,300</u></b>
<b><u>60%</u></b>	<b><u>\$43,140</u></b>	<b><u>\$49,260</u></b>	<b><u>\$55,440</u></b>	<b><u>\$61,560</u></b>

**BRIDGEPORT NEIGHBORHOOD TRUST**





### **Income Sources**

**All sources of Income must be verified:**

- |   |   |
|---|---|
| <input type="checkbox"/> Paycheck stubs (2-4)                   | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Workman's Compensation                 | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Social Security Payments               | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> SSI (Supplemental Security Income)     | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Pensions                               | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Budget Sheet (TANF/SAGA)               | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Court Records Child Support or Alimony | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Bank Statements                        | <input type="checkbox"/> Not Applicable |

**All sources of Assets must be verified:**

- |  |   |
|--|---|
| <input type="checkbox"/> Checking Accounts                             | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Savings Accounts                              | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Certificate of Deposits (CD'S)                | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> 401K Accounts                                 | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> 403B Accounts                                 | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> IRA/Roth Accounts                             | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Keogh Accounts                                | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Real Estate (own a home/condo/land)           | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Stocks or Bonds                               | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Money Market Accounts                         | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Mutual Funds                                  | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Life Insurance Whole or Universal Policy Only | <input type="checkbox"/> Not Applicable |

---

**BRIDGEPORT NEIGHBORHOOD TRUST**





**Applications may be denied if any of the following apply:**

You are **NOT** eligible if:

- Your income is too high
- You do not meet the maximum or minimum occupancy standards
- You are not a citizen or an eligible immigrant as defined for purposes of program selection
- You have not completely filled out the application
- You have failed to provide current and accurate information
- You have failed to supply requested documentation
- You or anyone in the household is a registered Sex Offender
- You did not sign all verification and consent forms
- You have an unfavorable criminal background and/or credit check
- You have unfavorable reference(s): landlord or personal
- There is reasonable doubt of your ability to pay rent

---

**Security Deposits:**

A security deposit equal to one month's rent will be due upon acceptance of an available.



# Program Eligibility Criteria

- Income not to exceed 60% of AMI.





**FOR OFFICE USE ONLY** Application # \_\_\_\_\_ Interviewer: \_\_\_\_\_

# APPLICATION

**What is the property location you are applying for?**

- Any
- Other: \_\_\_\_\_

**APPLICATION FOR AFFORDABLE HOUSING**

**We do not discriminate on the basis of race, color, creed, religion, sex, national origin, age, familial status, social economic class, sexual orientation, marital status, disability.**

**1. FAMILY COMPOSITION:**

*Complete the following information for each member of your family (including yourself) who will be occupying the apartment. (NOTE: A Social Security number must be provided for all persons.*

*Applicants will be required to provide proof for each social security number and birth certificate upon approval in addition to photo identification for all persons 18 years and older).*

	NAME	SOC. SEC. #	BIRTHDATE	AGE	SEX	RELATIONSHIP
<i>Applicants:</i>						
<i>Co-Head:</i>						
<i>Children/Other:</i>						

2. **Do you anticipate any changes in your family composition?**      \_\_\_ Yes \_\_\_ No

**BRIDGEPORT NEIGHBORHOOD TRUST**





If Yes, When? (for example, in the next two (2) weeks? Six (6) months? Twelve (12) month)

---

---

---

3. **What is your present address?**

---

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

---

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you lived here? \_\_\_\_\_ Years \_\_\_\_\_ Months

4. **How many bedrooms do you require?** \_\_\_\_\_

5. **Do you:**

- a. Rent your home? \_\_\_\_\_yes \_\_\_\_\_no (If yes, go to question number 6)
- b. Own you home? \_\_\_\_\_yes \_\_\_\_\_no (If yes, skip to question number 7)
- c. Live in a home owned or rented by others? \_\_\_\_\_ yes \_\_\_\_\_no  
If yes, please explain (including who you are living with):

---

---

- d. Have other living arrangements? \_\_\_\_\_ yes \_\_\_\_\_no

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

---

6. **Who is your current landlord?**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_





7. **Have you ever been evicted or foreclosed?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Are you being forced to move from your home?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Please identify the racial or ethnic group of which you are a member:**

Black \_\_\_ Asian/Pacific Islander \_\_\_ Native American \_\_\_ Hispanic \_\_\_ White \_\_\_ Other \_\_\_

10. **Certain units have been made accessible for persons with mobility or sensory impairments. State whether you need to be considered for such a unit and the reason:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **Do you receive rental assistance/subsidy or have a Section 8 voucher? If yes, from what agency.**

\_\_\_\_\_

**12. CURRENT EMPLOYMENT INFORMATION:**

Household member: _____	Are you employed: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/>
Dates of employment : _____ to _____	
Address: _____	
City/State/Zip _____	Phone #: _____ Fax #: _____

Household member: _____	Are you employed: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/>
Dates of employment : _____ to _____	
Address: _____	
City/State/Zip _____	Phone #: _____ Fax #: _____

**BRIDGEPORT NEIGHBORHOOD TRUST**







Household member: \_\_\_\_\_ Are you employed: Full-time  Part-time  Seasonal

Dates of employment : \_\_\_\_\_ to \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**13. What is the monthly gross amount of your:**

	Applicant	Co-Head	Other Household Member Name _____	
Salary (Gross Amount) * per month	\$	\$	\$	
Social Security per month				
Supplemental Security Income per month				
Pension income per month (Name of fund _____)				
Retirement income per month (Name of fund _____)				
Other Pension or Annuity per month (Name of fund _____)				
Unemployment per month				
Worker's Compensation per month				
General Relief/Assistance per month				
AFDC per month				
Child support per month				
Alimony per month				
Food Stamps per month				
Other (Specify: _____) per month				

**BRIDGEPORT NEIGHBORHOOD TRUST**





14. Does anyone in your household have a Checking and/or Savings Account? \_\_\_ Yes \_\_\_ No  
If yes, list below:

Bank Name	Balance	Type Savings, checking, etc.

15. Do you own a pet: \_\_\_ Yes \_\_\_ No If Yes, Specify what kind \_\_\_\_\_  
How much does it weigh? \_\_\_\_\_

16. Is this a service animal? \_\_\_\_\_ Yes \_\_\_\_\_ No

17. Please give three (3) references (other than family members).

Name	Address or Email	Telephone #

18. VEHICLE INFORMATION:

Year of vehicle	Make	Model	Color	License Plate #	State

BRIDGEPORT NEIGHBORHOOD TRUST





**19. EMERGENCY CONTACT:**

Name if Nearest Relative/Contact:	_____
Relationship:	_____
Address:	_____
Home Phone:	_____
City/State/Zip:	_____
Work Phone:	_____
Email:	_____

*APPLICANT CERTIFICATION*

**PLEASE READ EACH ITEM BELOW CAREFULLY BEFORE YOU SIGN.**

- 1) I hereby certify that the information provided in this application is correct to the best of my knowledge.
- 2) I understand that this is a preliminary application and the information provided does not guarantee housing, additional information and verifications may be necessary to complete the application process.
- 3) I hereby give Bridgeport Neighborhood Trust, Inc. authorization to verify the information in this housing history including obtaining a consumer credit report.
- 4) **WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make willful false statements or misrepresentations on this application and is grounds for denying residency.

\_\_\_\_\_  
**Applicant's Signature** **Date**

\_\_\_\_\_  
**Co-Head's Signature** **Date**

OPTIONAL

Why do you want to move to this property? (Please use another sheet of paper if additional space is required).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





PROPERTY MANAGEMENT BY BRIDGEPORT NEIGHBORHOOD TRUST

I certify that the program eligibility criteria claimed is current at the time of application. I/we will be able to provide the necessary documentation when requested to confirm eligibility for the preference claimed.

\_\_\_\_\_  
Please Print - Applicant Name  
Head-of-Household

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print – Applicant Name  
Co-Head/Spouse

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Identification of Individual or Entity that assisted with completion of this Application.**

If you were assisted in completing this application and wish us to contact the person(s) who assisted you with this application, please sign below authorizing us to contact this person or persons at the same time we attempt to contact you.

I hereby authorize Bridgeport Neighborhood Trust to contact the following individual or group who is assisting me with the application.

Name: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Please Print - Applicant Name  
Head of Household

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print - Applicant Name  
Co-Head of Household

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

