

# A BEACON

## rental community

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### LAURELWOOD PLACE APARTMENTS

#### RENTAL APPLICATION

(Affordable Programs)

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

**This community is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. This policy means “No Smoking” not “No Smokers”. Everyone is welcome to apply.**

Instructions for Head of Household:

1. Complete all sections by printing in **ink**. Please do not leave any section blank, including sections which do not apply to you. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. “Whiteout”).
2. As head of household, you should complete the Rental Application in its entirety. Each additional household member 18 years of age and older who will live in the apartment must also sign and date the Application. All information must be complete and correct. **False, incomplete or misleading information will cause your household’s application to be declined.**
3. As long as your application is on file with us, it is your responsibility to contact us in writing whenever there is a change in your address, telephone number, income situation or household composition (if you need to add or remove a person from your application).
4. After we receive your application, we will make a preliminary determination of eligibility. If your household does not appear eligible, you will receive a denial letter and will not be placed on our waitlist. If your household appears to be eligible for housing, your application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan. If there is no wait for an apartment and your application appears to be eligible, we will contact you to continue processing your application.
5. Filling out an application does not guarantee eligibility for an apartment at our community.

Note: Upon request to the Management Agent, you have the right to receive a Resident Selection Plan (with Program Description Insert) which summarizes the application process including eligibility and screening requirements for occupancy in the Community.



This is an important document, if you require language interpretation, please call the telephone number below or come to our Leasing and Management Center.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室。

Este é um documento importante. Caso precise de interpretação, por favor chame o número de telefone abaixo, ou compareça aos nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

**នេះគឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីយល់កម្ពុក ចាំបាច់ត្រូវចង់បានការបកប្រែ  
សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬអញ្ជើញទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dokumenti muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayad.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه،  
أو تفضل بزيارتنا في مكاتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

Telephone Number: (203)579-0577 or TTY 711

585 Norman Street, Bridgeport, CT 06605 ■ Tel (203) 579-0577 ■ TTY: 711  
Email : Laurelwood\_Apartments@BeaconCommunitiesLLC.com

**This form must be filled out in English. Please print neatly in ink. All fields are required.  
Read the instructions on the facing page before completing each item.**

**1. Name and address of head of household (HOH)**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Mailing Address Apt. #

\_\_\_\_\_  
City State ZIP

( ) --  Home  Cell  Work

\_\_\_\_\_  
Area Code Telephone Number

\_\_\_\_\_  
Email

**2. Bedroom size requested?**  1-BR

**3. How many children under 18 in your household?** \_\_\_\_\_

**4. List all the states where all household members have lived:**

\_\_\_\_\_  
**5a. Have you or any household member been convicted of, pled guilty or no contest to a Felony, Drug-related criminal offense or Sexual offense?**  Yes  No

**5b. Are you or any household member required to register as a Sex Offender for any duration?**  Yes  No

*If yes, for which states:*

\_\_\_\_\_  
**6. Does the household current receive any form of rental assistance (e.g. Housing Choice Voucher, HUD-VASH, etc.)?**  Yes  No

*Agency:* \_\_\_\_\_

**7. Do you or does any member of your household need any specific features or unit designs, such as, wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance?**

Yes  No

*If yes, please describe:* \_\_\_\_\_



TTY:711

**8. List yourself and others who will live with you. Include unborn children and live-in-aides.**

#	Relation	Last Name	First Name + Middle Initial	Social Security Number	Birthdate (mm / dd / yyyy)	Student? (Y/N) (FT / PT)	US Veteran Status (Y/N)
1	Head of Household						
2							
3							
4							
5							
6							
7							
8							

Do you anticipate a change in your household composition in the next 12 months?  Yes  No  
 If yes, please explain: \_\_\_\_\_

If you do not have a Social Security Number, were you 62 years old as of 1/31/2010 and living in affordable housing?  Yes  No

**9. Optional Information: Gender, Ethnicity, Race and Disability Status of household members**

#	Gender (Male/Female/Decline)	Ethnicity (Hispanic/Non-Hispanic/ Decline)	Race (White/Black/Asian/American Indian/Native Hawaiian/ Other/Decline)	Disabled? (Yes/No)
1/Self				
2				
3				
4				
5				
6				
7				
8				

**10. Income and assets for all household members. Provide gross (not net) amounts for all questions.**

10a. Total monthly income \$ \_\_\_\_\_  
Include income from all family members. You may estimate. Put zero (0) if no income.

10b. Value of household assets. \$ \_\_\_\_\_  
Assets include bank accounts, investments, and real estate of all household members.

10c. Income Source(s): *Check all that apply.*

- Wages                       SSA                       SSI – Federal
- SSI – State                       Child support                       Pension
- Unemployment                       Public Assistance                       Interest/annuity income
- Worker's compensation                       Other income: \_\_\_\_\_
- Someone pays my bills/gives me money: \$ \_\_\_\_\_ /month
- Household has no income

**11. Do you anticipate a change in your household income in the next 12 months?**

Yes    No

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

**12. How did you hear about us?**

- Advertising: \_\_\_\_\_
- Website: \_\_\_\_\_
- Social Media: \_\_\_\_\_
- Friend: \_\_\_\_\_
- Other: \_\_\_\_\_

**13. Smoke Free Community**

I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and any and all locations of this community. \_\_\_\_\_ (Initial here)

**14. What is your current housing situation?**    Own    Rent    Other

If other, please describe: \_\_\_\_\_

**15. Landlord history of past 5 years**

Current Landlord		Prior Landlord	
Address		Address	
Phone Number		Phone Number	
Duration		Duration	

**If you need additional space, please check this box  and use a blank sheet of paper.**

**Certification of applicant:** 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. All adult applicants, 18 or older, must sign application. In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and character standing. Applicant authorizes any person or background checking agency having any information on him/her to release any and all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever. Beacon Residential Management Limited Partnership, Agent for this community, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors), or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

X \_\_\_\_\_  
Signature of head of household Date

X \_\_\_\_\_  
Signature of spouse or co-head of household Date

X \_\_\_\_\_  
Signature of co-head of household Date

X \_\_\_\_\_  
Signature of co-head of household Date

**PENALTIES FOR MISUSING THIS CONSENT:** 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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use 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 willingly 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 of information may bring civil action for damages, and seek other relief, as may be appropriate, against for misusing the social security number contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).