

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: Studio One BR Two BR Three BR Handicap BR

The following four questions are asked for the sole purposes of providing an equal opportunity to enjoy your housing. Answering them is **voluntary**, but if you do not let us know what you need to have an equal opportunity to enjoy your housing we cannot satisfy your needs. This application includes a copy of our Applicant's and Resident's Right to Request a Reasonable Accommodation.

1. Do you need a fully accessible unit for someone with a mobility impairment? Yes No
2. Do you need only certain accessible features of a unit? Yes No
If yes, please list the features you need to be accessible: _____
3. Are you of 62 years of age or older? Yes No
 - a. If yes, those applicant(s) who were 62 or older as of January 31, 2010, and do not have a SSN, but were receiving HUD rental assistance at another location on January 31, 2010 may qualify for an exemption. If this information is verified the applicant may qualify for the exemption from disclosing and providing verification of a SSN.
4. Do you need a unit with special features for someone with a hearing and/or visual impairment?
 Yes No
5. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? Yes No
If yes, please explain: _____

| B. HOUSEHOLD COMPOSITION | | | | | | | |
|--|------|----------------------|--------------------------|-------------------|----------------------------------|--|--|
| List ALL persons who will live in the apartment. List the head of household first. | | | | | | | |
| | Name | Relationship to head | Birth Date 00/00/0000 | Age (optional) | Social Security # 000-00-0000 | Student? | Subject to State Lifetime Sex Offender Registry? |
| Head | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Co-T | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Have you or any household member resided in another state? Yes No
If yes, please list the household member(s) and **all** the state(s) they have lived in:

Have you or any household member used any other name or alias not named on this application? Yes No
If yes, please list the household member(s) and **all** alternate name(s):



Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

Is there someone not listed above who would normally be living with the household? Yes No

If yes, explain:

Will **all** of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS 1- 5:

| | | |
|--|------------------------------|-----------------------------|
| 1. Are any full-time student(s) married and filing a joint tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are any full-time student(s) a TANF or a title IV recipient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. INCOME

List **ALL** sources of gross income anticipated to be received by **any/all** household members in the next 12 months as requested below. If an income source does not apply, cross out or write N/A.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|-----------------------------------|----------------------|
| | Social Security | \$ |
| | Social Security | \$ |
| | Social Security | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | Veteran's Benefits (list claim #) | \$ |
| | Worker's Compensation | \$ |
| | Unemployment Compensation | \$ |



| | | |
|------------------------------|--|-----------------------------|
| | Unemployment Compensation | \$ |
| | Public Assistance (Title IV/TANF etc.) | \$ |
| | Contributions to the Household (monetary or not) | \$ |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | | |
| Household Member Name | Source of Income | Gross Monthly Amount |
| | Student Financial Assistance* in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.)? List source: _____ | \$ |
| | Annuities (list sources) | \$ |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |
| | Scheduled Payments from Investments | \$ |

*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.): ONLY counted for Section 8 and/or LIHTC members with Section 8 assistance IF the individual is applying separate from his/her parent(s) and he/she is not 24+ with a dependent child.

| Household Member Name | Source of Income | Gross Monthly Amount |
|-----------------------|---|--|
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | Alimony | |
| | Are you <i>legally entitled</i> to receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list amount you receive. | \$ |
| | Child Support | |
| | Are you <i>legally entitled</i> to receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list the amount you are <i>entitled</i> to receive. | \$ |



| | | | |
|---|---|--|-----------------------------|
| | Do you receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, list the amount you receive. | \$ | |
| | Other Income (including gifts, lottery winnings, rental property, net income from a business, etc.)? List Source: _____ | \$ | |
| | Other Income | \$ | |
| TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) | | \$ | |
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR | | \$ | |
| Do you anticipate any changes in this income in the next 12 months? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household legally entitled to receive income assistance? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes to any of the above, explain:</i> | | | |
| | | | |
| Is the income received? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you or any other adult household member claiming <u>zero income</u> ? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

| | | | |
|---|---|---------|------------|
| Checking Accounts | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| Savings Accounts | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| Direct Express Debit Card (SSA) | # | Member: | Balance \$ |
| | # | Member: | Balance \$ |
| | # | Member: | Balance \$ |
| Prepaid Debit Card (TANF, Employer, etc.) | # | Member: | Balance \$ |
| | # | Member: | Balance \$ |
| | # | Member: | Balance \$ |
| Trust Account | # | Bank | Balance \$ |
| Certificates of Deposit | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| Money Market Accounts | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |

Application

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as modified by Vesta Corporation 2/16/21

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| | | | | |
|-----------------------|-------|---------------|-------------------------|--------------------|
| Savings Bonds | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | | | | |
| Life Insurance Policy | # | Cash Value \$ | | |
| Life Insurance Policy | # | Cash Value \$ | | |
| Mutual Funds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Stocks | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | | | | |
| Bonds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| Investment Property | | | | Appraised Value \$ |

| | |
|--|--|
| Real Estate Property: <i>Do you own any property?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , Type of property | |
| Location of property | |
| Appraised Market Value | \$ |
| Mortgage or outstanding loans balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |

| | |
|---|--|
| Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , describe: | |
| | |
| | |
| Do they have access to the asset(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Have you sold/dispensed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , Type of property: | |
| Market value when sold/dispensed | \$ |
| Amount sold/dispensed for | \$ |
| Date of transaction: | |



| | |
|--|--|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, describe the asset:</i> | |
| Date of disposition: | |
| Amount disposed | \$ |

| | |
|--|--|
| Do you have any other assets not listed above (excluding personal property)? | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, please list:</i> | |
| | |
| | |

| E. ADDITIONAL INFORMATION | | |
|--|------------------------------|-----------------------------|
| How were you referred to this property? | | |
| <i>Please Note:</i> We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; or (2) to advise applicant households who are applying for a unit with a Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher. | | |
| Do you currently have a mobile Section 8 Voucher/Certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you anticipate receiving a mobile Section 8 Voucher/Certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you or any member of your family currently using an illegal substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe:</i> | | |

| | | |
|---|------------------------------|-----------------------------|
| Have you or any member of your family ever been evicted from any housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | |
| Have you ever filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | |
| Will you take an apartment when one is available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Briefly describe your reasons for applying: | | |
| Are you currently homeless? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, are you: (please check all that apply)</i> | | |
| ___ with or soon to be without housing | | |
| ___ lacking a fixed nighttime residence | | |
| ___ fleeing/attempting to flee violence | | |
| Are you or any member of your family a U.S. Military veteran? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please indicate which family member(s) _____ | | |



| | | |
|--|------------------------------|-----------------------------|
| Are you relocating from a Presidentially Declared Disaster area (PDD)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | | |
|--------------------------|------------------------------|-----------------------------|
| Do you own any pets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe:</i> | | |

F. REFERENCE INFORMATION

Please provide **all** full addresses **resided** at in the past 3 (three) years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 3 years.)

| | | |
|-----------------|----------------|-----------------------|
| Current Address | Address: | |
| | How Long? | From: _____ To: _____ |
| | Landlord Name: | |
| | Address: | |
| | Phone #: | |
| Prior Address | Address: | |
| | How Long? | From: _____ To: _____ |
| | Landlord Name: | |
| | Address: | |
| | Phone #: | |

| | |
|------------------------------|----------|
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |

G. VEHICLE (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

| | |
|------------------|------------------|
| Type of Vehicle: | License Plate #: |
| Year/Make: | Color: |
| Type of Vehicle: | License Plate #: |
| Year/Make: | Color: |

H. EXPENSES/DEDUCTIONS (if applicable)

Section 8 Applicants Only:



| | |
|--|--|
| Do you currently pay for day care expenses to go to work or school? Yes No | Do you have unreimbursed medical expenses, which are paid out of pocket? (Only for persons 62 and older or disabled): Yes No |
| If yes, please provide: | If yes, please provide: |
| Day Care Provider: | Medical Provider: |
| Phone & Fax #: | Phone & Fax #: |
| Amounts paid per month: | Amounts paid per month: |

CERTIFICATION

I/We hereby 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 eligibility for housing will be based on applicable income limits and by management’s 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. I/We hereby authorize the release of information regarding criminal background and credit checks, as well as landlord history. I/We understand that every household member listed on this application will be checked against the National Sex Offender Registry, regardless of age. I/We understand that drug screening is also required. All adult applicants, 18 or older, must sign application.

SIGNATURE(S):

| | |
|--------------------------|------|
| (Signature of Tenant) | Date |
| (Signature of Co-Tenant) | Date |
| (Signature of Co-Tenant) | Date |
| (Signature of Co-Tenant) | Date |

Attachments (as applicable, based on affordable program(s) at property):

- Attachment A: Applicant’s and Resident’s Right to Request a Reasonable Accommodation
- Attachment B: Race and Ethnic Data Reporting Form – OMB # 2502-0204

Vesta Corporation does not discriminate on the basis of any protected status, including disability, in admission of or access to its programs and activities. Vesta provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities.

The Violence Against Women Reauthorization Act of 2013 (“VAWA”) protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

For further information, please contact the property manager at this location; Vesta Corporation at (866) 715-5400, Relay #711; or at Vesta Corporation, 175 Powder Forest Drive, Weatogue, CT 06089.

