



Dear Interested Applicant:

Thank you for your interest in Laurel Hill. With spectacular views of the Berkshire Mountains southern foothills, Laurel Hill gives residents a picturesque, quiet living environment while still being accessible to local amenities. Each thoughtfully designed two-bedroom apartment features an open-concept floor plan with over-sized windows, walk-in closets, and modern kitchens complete with energy efficient appliances. We know you will love living here. Apply today!

Overview of Screening Criteria:

- Satisfactory rental history. (Lack of history will not be cause for rejection).
- No previous evictions for lease violations.
- No criminal record.
- Good credit history. (Lack of history will not be cause for rejection).
- Demonstrated ability to pay rent.
- Must meet Student Eligibility.

Below outlines our application process. We hope this helps you in submitting your application.

Completing Your Application:

Please complete the application in its entirety. If any areas do not apply to your household, indicate with N/A in that section.

In addition to submitting this application, you will also need the following:

1. Picture ID
2. Social Security Card*
3. Birth Certificate*
4. Proof of Income**
 - a. 6 most recent paystubs, if working
 - b. Social Security Award letter
 - c. Pension
 - d. TANF letter
 - e. Gift Income
 - f. Child Support
5. Proof of Assets**
 - a. 6 months of most recent, consecutive bank statements,
 - b. Current balance from savings account
 - c. Balance Inquiry from ATM for pay cards
 - d. Retirement account (401k, IRA, etc)
 - e. Whole life insurance cash value
 - f. Stocks, bonds, etc.



*If you are unable to provide a birth certificate or social security card, please contact us to discuss alternative forms of verification.

**All documents provided to verify income and assets must be less than 60 days old at the time of your appointment

Submitting Your Application:

Once your application is complete and you have all additional documentation, submit your application and documentation in its entirety to the Management Office.

Methods for Submission:

- Drop off the application at our office at 50 Laurel Hill Road, Brookfield, CT 06084 during business hours (M-F 9:00 AM – 5:00 PM).
- Send the application via email to laurelhill@vestacorp.com.
- Mail the application to our office at 50 Laurel Hill Road, Brookfield, CT 06084.

Once the complete application and documentation is received, we can begin processing and discuss apartment availability with you.

We look forward to working with you on your application. If you have any questions, do not hesitate to reach out to us or set up an appointment to complete your application in person.

Sincerely,

Laurel Hill Apartments





Laurel Hill
50 Laurel Hill Road
Brookfield, CT 06084
Phone: (203) 546-7342
Relay #711

For Office Use:	
Date of Receipt:	_____
Time of Receipt:	_____
<input type="checkbox"/> Initial Application	Bedroom Size:
<input type="checkbox"/> Updated Application	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4



APPLICATION FOR HOUSING

Affordable Housing Community

Please Print Clearly

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put your initials and the date next to the crossed out information. If necessary, we would be happy to provide you with a new form.

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this completed tenant application.

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign all necessary forms. Thank you for your assistance.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Phone: _____ E-mail address: _____

Do you (check one) RENT or OWN Subsidized Housing(check one): yes No

Number of bedrooms currently: _____

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

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

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

*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.

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.

<u>YES</u>	<u>NO</u>	<u>Source Of Income</u>	<u>Household Member</u>	<u>Gross Monthly Amount</u>
		Social Security		
		Social Security		
		Social Security		
		SSI Benefits		
		SSI Benefits		
		SSI Benefits		
		Pension (list source)		
		Pension (list source)		
		Veterans Benefits (list claim number)		
		Unemployment Benefits		
		Public Assistance (TANF/Title IV)		
		Contributions from outside the household (monetary)		
		Full-Time Student Income (18 and over)		
		Annuities (list source)		



		Scheduled Payments from Investments		
		Are you entitled to receive child support? Case Number#		
		Do you receive child support		

Yes	NO	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:	
			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>)		<input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes to any of the above, explain:		
		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



Yes	No	D. ASSETS				
		If your assets are too numerous to list here, please request an additional form.				
		Household Member	Source	Last 4 Digits	Balance/Value	
		Checking Account		#	\$	
		Checking Account		#	\$	
		Savings Account		#	\$	
		Savings Account		#	\$	
		Direct Express Card (SSA issued)		#	\$	
		Prepaid Debit card (TANF, Child Support, Employer etc.)		#	\$	
		Trust Account		#	\$	
		Certificate of Deposits		#	\$	
		Money Market Account		#	\$	
		Life Insurance		#	\$	
		Savings Bond # Of Shares _____		Maturity Date:	\$	
		Mutual Funds # Of Shares _____		Interest or dividends:	\$	
		Stocks # Of Stocks _____		Dividends Paid: \$	\$	
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, describe:</i>						
Do they have access to the asset(s)?					<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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



Have you disposed of any 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</i> , describe the asset:	
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</i> , please list:		

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</i> , describe:		

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

<i>Briefly describe your reasons for applying:</i>		
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)		



Do you have pets? If Yes, Please Describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------------------------------	-------------------------------------	------------------------------------

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?	Do you have unreimbursed medical expenses, which are paid out of pocket? (Only for persons 62 and older or disabled):
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. 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

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.



Exhibit 3-5: **Sample Citizenship Declaration **

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

-
- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

