

APPLICATION FOR HOUSING

Please complete this application and return to:
MUTUAL HOUSING ASSOCIATION OF GREATER HARTFORD, INC.

Mailing Address: 887 Park Street Hartford, CT 06106

Leasing Site Office Location: 887 Park Street Hartford, CT 06106

Telephone: (860) 951-7217 x 2604/x 3900 Fax: (860) 951-0766 TTY: 711

Email: Leasing@mutualhousing.org

*** PLEASE TAKE TIME TO READ AND REVIEW CAREFULLY ***

Thank you for your interest in our apartment community. All completed applications must be submitted to our Leasing Office located at 887 Park Street. All sections of the application must be completed, **leave no blanks**. Any incomplete application or fraudulent misleading information will cause your application to be denied. You must be 18 years or older unless deemed to be an adult under applicable law with respect to the execution of contracts.

You must submit the following documents with this application:

1. If employed, copies of (4 to 6) four to six current consecutive paystubs
2. If self-employed/independent contractor, submit a copy of the most recent filed Tax Return
3. Copies of current benefit award letters (i.e. Social Security, SSI, SSD, TANF, SAGA, DSS, Pensions, Unemployment Compensation, Disability Compensation, etc.)
4. Copies of social security cards for all household members
5. Copies of birth certificates for all housing members
6. Copies of picture identifications for all persons 18 years in age or older
7. **YOU MUST SUBMIT A \$50.00 APPLICATION FEE FOR EACH PROPERTY YOU SELECT.**
Application fee is not required for Willow Arms, Plaza Terrace and Dart Garden, and 233 Allen Street. We only accept money orders; payable to "Mutual Housing Association". No cash or personal checks will be accepted.
8. All copies of documents submitted must be legible (clear).

An applicant must provide all the necessary information needed to meet program eligibility requirements. The household must have a gross annual income that does not exceed maximum income limits as established by the U.S. Department of Housing and Urban Development (HUD). Your application will be added to a waitlist if your household meets all the eligibility requirements. Households applying for communities with HUD Project-Based Rental Assistance do not need to have income. Applicants holding a Section 8 Voucher or RAF are welcome to apply.

Once the applicant's name advances to the top of the waitlist, we will verify household composition, income, assets, rental history, credit, and criminal background to ensure program eligibility. After viewing and acceptance of the apartment, a non-refundable holding fee is required to reserve the unit prior to signing a lease. Upon signing a lease, the holding fee will be applied toward the required security deposit payment.

The Mutual Housing Association of Greater Hartford, Inc. (MHAGH) is a non-profit housing development and management firm. Essential to the organization's mission is our commitment to diversity. The Association will not discriminate against any applicant on the basis of race, sexual orientation, age, gender, religion, national origin, physical or mental disability, marital status, learning disability, lawful source of income, individuals with children, or any other status protected by statute.



A. GENERAL INFORMATION

Applications are placed in order of date and time received. Every question must be answered. Do NOT leave blanks. Use N/A when applicable.

Applicant Name: _____

Street & Apt #	City	State	Zip Code
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Email Address:	Evening Phone #:	Cell Phone #:
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Do you currently: RENT or OWN? (check one)

Bedroom size requested:	<input type="checkbox"/> One BR	<input type="checkbox"/> Two BR	<input type="checkbox"/> Three BR	<input type="checkbox"/> Four BR
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1. Does any household member need an accessible or wheelchair-adapted unit? Yes No
2. Does any household member have accessibility or reasonable accommodation requests or need for changes in a unit or development? Yes No If yes, please explain: _____
3. Does any member of the household have a reasonable accommodation request for an alternate way to communicate with you? Yes No If yes, please explain: _____

Do you receive housing assistance? (Section 8 Voucher, RAP, etc....)? Yes No

B. HOUSEHOLD COMPOSITION

List **ALL** the persons in your household, including yourself. Include all adults, child(ren), unborn child, foster and adoptive child (ren), foster adults, and live-in aide. List the head of household first.

	Household Member Name	Relationship To Head of Household (Self, Spouse, Co-Tenant, Other Adult Member, Child, Dependent, Unborn Child, or Live-in Aide)	Birth Date	SS#	Are you a student? <i>Check Yes or No for each household member below.</i>
1. Head		SELF			[] YES or [] No
2. Co-Tenant					[] YES or [] No
3.					[] YES or [] No
4.					[] YES or [] No
5.					[] YES or [] No
6.					[] YES or [] No
7.					[] YES or [] No

1. Will all listed minors be living in the unit at least 50% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, explain custody agreement (proof of custody may be required):
2. Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:
3. Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:
4. Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:
STUDENT STATUS
1. Will all the persons in the household be or have been a full-time students during five calendar months of this year or plan to be in the next calendar year at the educational institution with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is any household member a part time student? <input type="checkbox"/> Yes <input type="checkbox"/> No

C. HOUSEHOLD MEMBER INCOME

EMPLOYMENT INCOME (Gross Income before Taxes)

Please indicate the gross income received by each member of your household. If you have additional information, write it on a separate sheet of paper and attach to this application.

Household Member Name _____
Employer Name: _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wage \$ _____
 (Check one) [] weekly [] bi-weekly [] monthly

Household Member Name _____
Employer Name: _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wage \$ _____
 (Check one) [] weekly [] bi-weekly [] monthly

Household Member Name _____
Employer Name: _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wage \$ _____
 (Check one) [] weekly [] bi-weekly [] monthly

Household Member Name _____
Employer Name: _____ Telephone _____
 Address _____
 Years Employed _____ Position _____ Current Wage \$ _____
 (Check one) [] weekly [] bi-weekly [] monthly

D. OTHER HOUSEHOLD INCOME

1. Do you receive alimony? Yes No

Household Member Name _____
 If yes, list amount you are *entitled* to receive \$ _____ [] weekly [] bi-weekly [] monthly
 Are you *legally entitled* to receive alimony? Yes No

2. Do you receive child support? Yes No

Household Member Name _____
 If yes, list amount you are entitled to receive \$ _____ [] weekly [] bi-weekly [] monthly
 Are you *legally entitled* to receive child support? Yes No
 Do you receive formal/informal (money, items, etc.) child support? Yes No *If court order exists, you will need to provide with a current payment history from the enforcement agency.*

3. Do you expect any changes in income within the next 12 months? Yes No

If yes, please explain _____

4. Do you or any other household member receive any other income such as Grubhub, Instacart, Uber, UberEats, Lift, Onlyfans, Social Media influencer, etc.

If yes, List amount you receive \$ _____ [] weekly [] bi-weekly [] monthly

List ALL sources of other income as requested below. If a section doesn't apply, cross out or write N/A.		
Household Member Name	Source of Income	Gross Monthly Amount
	Does any member work for themselves? (Example, Uber/Lyft driver, Grubhub, Instacart, virtual job, personal cook, housekeeper, caregiver, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension	\$
	Pension	\$
	Veterans' Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF, SAGA), etc.	\$
	Public Assistance (Title IV/TANF, SAGA), etc.	\$
	Contributions to the Household (monetary or not)	\$
	Full Time Student Income (18 & Over Only)	\$
	Student Financial Aid (excluding loans)	\$
	Annuities (List Source: _____)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$
	Other Income	\$
	Other Income	\$

E. INCOME FROM HOUSEHOLD ASSETS:

List all your assets information below. If a section doesn't apply, cross out or write N/A. If your assets fill this section, please request an additional form.			
Checking Account	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Account	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Direct Deposit Cards For SS, SSI SSDI, SSP, TANF, Child Support, Work, Unemployment Comp	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Venmo, Cash App, Apple Pay, Google Pay, Pay Pal, etc.	#	Cash Value\$	Balance\$
	#	Cash Value\$	Balance\$
	#	Cash Value\$	Balance\$
GoFundMe, Cryptocurrency, etc.	#	Cash Value\$	Balance\$
	#	Cash Value\$	Balance\$
	#	Cash Value\$	Balance\$
Certificate of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Money Market Acct	#	Bank	Balance \$
	#	Bank	Balance\$
Savings Bonds	#	Maturity Date	Value\$
	#	Maturity Date	Value\$
Mutual Fund	Name	Interest/Dividend \$	Value \$
	Name	Interest/Dividend \$	Value \$
	Name	Interest/Dividend \$	Value \$
Stocks	Name	Interest/Dividend \$	Value \$
	Name	Interest/Dividend \$	Value \$
Bonds	Name	Interest/Dividend \$	Value \$
	Name	Interest/Dividend \$	Value \$
Life Insurance Policy	Policy#		Cash Value\$
	Policy #		Cash Value\$
	Policy #		Cash Value\$
Investment Property	Address: City, State, Zip		Appraised Value \$

1. Real Estate Property: *Do you own any property?* Yes No Marke: Value \$ _____
2. 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 in this application? Yes No
3. Have you sold/dispensed of any property in the last 2 years? Yes No
4. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up irrevocable trust accounts, etc..)? Yes No

F. ADDITIONAL INFORMATION

1. Are you or any household member currently using an illegal substance? Yes No
2. Have you or any household member ever been convicted of a crime? Yes No
3. Are you or any household member registered as a sex offender? Yes No
4. Have you or any household member ever been evicted from any housing? Yes No
5. What states have you or other adult household members resided? List them on the line below:

6. Will you take an apartment when one is available? Yes No
Briefly describe your reason for applying. _____
7. Were you age 62 as of 1/31/2010 and receiving HUD housing assistance as of 1/31/2010? Yes No
- 8. PETS ARE NOT ALLOWED. Do you have a service/assistance animal?** Yes No
If Yes, Compliance Department will require further documentation.

CURRENT LANDLORD REFERENCE

Name: _____ Address: _____
City, State, Zip: _____ Phone #: _____ How Long? _____

CERTIFICATIONS & CONDITIONS

I/We hereby certify that I/We do not and will not maintain a separate rental unit in another location. I/We further certify that this will be my/our permanent residence and that the intended use is as a primary residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits, housing program requirements and eligibility criteria and by management's Tenant Selection Plan (TSP). 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 affirm that my/our answers to the questions on the application are true and correct and that I/we have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I/We hereby authorize you to verify any and all information contained in this application. I release all concerned parties from any liability in connection with any information that they may provide. I/We understand that all information given in the application will be accessible to the owner and its agents assigned and housing authorities and funders. **I/We understand that all adult applicants, 18 or older, must sign application.**

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



TENANT/APPLICANT RELEASE AND CONSENT

I/We, the undersigned, hereby authorize all persons, companies and agencies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information listed in my/our application for housing and during the selection and tenant certification process. I/We authorize the release of information without liability to the Mutual Housing Association of Greater Hartford, Inc., agents, funding sources, housing authorities and its assigns.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, employment, income, assets, medical or childcare allowances, student status, credit history, rental history, criminal history, family composition, marital status, social security number and residences. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a qualified applicant or tenant.

GROUPS OR INDIVIDUALS WHERE WE MAY OBTAIN INFORMATION:

The groups or individuals that may release the above information may include, but are not limited to:

- | | | |
|--|--------------------------------|---|
| Past and Present Employers | Social Service Agencies | Veterans Administrations |
| Support and Alimony Providers | Educational Institutions | Retirement and Pension Providers |
| State Unemployment Agencies | Social Security Administration | Medical and Child Care Providers |
| Banks and other Financial Institutions | Previous/Current Landlords | Criminal Offenders Record (CORI) |
| Enterprise Income Verification System | Consumer Credit Agencies | Law Enforcement Agencies |
| Housing and Urban Development | State Department of Labor | Dru Sjodin National Sex Offender Registry |
| | CT Judicial Website | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file. All information is regarded as confidential in nature. I understand that a photocopy of this authorization is as valid as the original. **Everyone 18 years or age and older must sign this form.**

SIGNATURES:

Signature –Head of Household	Print Name	Date
Signature- Co Tenant	Print Name	Date
Signature- Co-Tenant	Print Name	Date
Signature- Co-Tenant	Print Name	Date

THIS CONSENT IS VALID FOR A PERIOD OF FIFTEEN MONTHS FROM THE DATE ABOVE



EMERGENCY CONTACT FORM

Instructions: Optional Contact Person or Organization: You have the right by law to include the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Tenant Name:	Email Address	
Applicant Street Address:	City:	Phone#:
Name of Contact Person:		
Contact Address:	Contact City, State, Zip:	
Contact Telephone No:	Contact Cell Phone No:	
Contact E-Mail Address (if applicable):		
Contact Relationship to Applicant:		
Reason for Contact: (Check all that apply)		
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	
<input type="checkbox"/> Processing my Application for Housing	<input type="checkbox"/> Change in house rules	
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Termination of rental assistance	
<input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Other: _____	
<p>Commitment of Mutual Housing Association of Greater Hartford, Inc., its assigns or Owner: This information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.</p>		
<p>Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.</p>		

Signature of Head of Household

Date



TAX CREDIT INCOME LIMITS

INCOME LIMITS	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
25% of AMI	\$ 20,675	\$ 23,625	\$ 26,575	\$ 29,525	\$ 32,900	\$ 34,250	\$ 36,625	\$ 38,975
30% of AMI	\$ 24,810	\$ 38,250	\$ 31,890	\$ 35,430	\$ 38,280	\$ 41,100	\$ 43,950	\$ 46,770
50% of AMI	\$ 41,350	\$ 47,250	\$ 53,150	\$ 59,050	\$ 63,800	\$ 68,500	\$ 73,250	\$ 77,950
60% of AMI	\$ 49,620	\$ 56,700	\$ 63,780	\$ 70,860	\$ 76,560	\$ 82,200	\$ 87,900	\$ 93,540

A \$50 FEE IS REQUIRED PER SELECTED PROPERTY

Anvil Place (Senior 55+) Program: Tax Credit
 51-55 West Main Street
 New Britain CT 06051

Total Units: 28
 1 BR \$838
 2 BR \$1,054 - \$1,071

\$50 Application Fee

Summit Park Program: Tax Credit
 459 Zion St; 439-441 & 443-445 Summit St; 889 & 899 Park St.
 Hartford, CT 06106

Total Units: 27
 2 BR \$1,006 - \$1,063
 3 BR \$1,121 - \$1,136

\$50 Application Fee

Brick Hollow LP Program: Tax Credit
 555-609 Zion Street: 14-16 York Street
 Hartford, CT 06106

Total Units: 50
 2 BR \$946
 3 BR \$1,066

\$50 Application Fee

Summit Park(Senior 62+) Program: Tax Credit
 445 Zion Street
 Hartford CT 06106

Total Units; 15
 1 BR - Rent based on Income
 2 BR - Rent based on Income

\$50 Application Fee

Carter Court Coop Program: Tax Credit
 1-56 Ful Circle
 Glastonbury CT 06033

Total Units: 20
 1 BR \$939
 2 BR \$1,015 - \$1,141
 3 BR \$1,293

\$50 Application Fee

The HUB on Park Program: Tax Credit
 26-28; 30-32; 34-36 York St; 929 Park St.
 Hartford, CT 06106

Total Units: 45
 1 BR \$852-\$929
 2 BR \$1,001 - \$1,155
 3 BR \$1,208

\$50 Application Fee

Grove Street Program: Tax Credit
 55 Grove Street
 Winsor Locks CT 06096

Total Units: 20
 2 BR \$1,022
 3 BR \$1,104

\$50 Application Fee

Union Street Program: Tax Credit
 1-63 Jennifers Way
 Manchester, CT 06040

Total Units: 25
 1 BR \$887
 2 BR \$1,051 - \$1,141
 3 BR \$1,141 - \$1,293

\$50 Application Fee

Park Terrace
 22-248 Park Terrace
 Hartford, CT 06106

Total Units: 42
 1 BR \$924
 2 BR \$1,032

\$50 Application Fee

Webster Street Program: Tax Credit
 63-65; 69-71 Webster Street
 Hartford, CT 06114

Total Units: 30
 2 BR \$977
 3 BR \$1,106

\$50 Application Fee

Ribbon Row Program: Tax Credit
 459 Summit St; 268-340 Park Terrace
 Hartford, CT 06106

Total Units: 89
 1 BR \$843-\$865
 2 BR \$945-\$984
 3 BR \$1,067-\$1,109
 4 BR \$1,162

\$50 Application Fee

Zion Street Program: Tax Credit
 511-529 Zion Street
 Hartford, CT 06106

Total Units: 24
 3 BR \$1,133

\$50 Application Fee

HUD Income Limits

Programs		1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Project Based	30% of AMI	\$ 24,850	\$ 28,400	\$ 31,950	\$ 35,450	\$ 38,300	\$ 41,150	\$ 45,420	\$ 50,560
Section 236	50% of AMI	\$ 41,350	\$ 47,250	\$ 53,150	\$ 59,050	\$ 63,800	\$ 68,500	\$ 73,250	\$ 77,950
	80% of AMI	\$ 66,150	\$ 75,600	\$ 85,050	\$ 94,500	\$ 10,210	\$ 109,650	\$ 117,200	\$ 124,750
221 BMIR	95% of AMI	\$ 76,200	\$ 87,050	\$ 97,950	\$ 108,800	\$ 117,550	\$ 126,250	\$ 134,950	\$ 143,650

233 Allen Street 233 Allen Street, New Britain, CT 06053 Total Units: 10 1 BR rent based on income	Program: Project Based Elderly 62+/Disabled Individuals <input type="checkbox"/> NO APPLICATION FEE
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Dart Gardens 615-637 Brookfield Street; 168-238 Dart Street Total Units: 54 1 BR \$854-\$886 2 BR \$962-\$994 3 BR \$1,048-\$1,092	Program: Section 221 BMIR <input type="checkbox"/> NO APPLICATION FEE
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Plaza Terrace 17-19 Martin Street, Hartford, CT 06120 Total Units: 14 2 BR rent based on income 3 BR rent based on income	Program: Project Based <input type="checkbox"/> NO APPLICATION FEE
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Willow Arms 55 Elm Street, Tariffville, CT 06081 Total Units: 16 Units 1 BR rent based on income 2 BR rent based on income	Program: Project Based <input type="checkbox"/> NO APPLICATION FEE
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Willow Arms 55 Elm Street, Tariffville, CT 06081 Total Units: 65 1 BR \$815-\$838 2 BR \$922-\$954	Program: Section 236 <input type="checkbox"/> NO APPLICATION FEE
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