

Sunset Ridge Apartments Income Qualifications



One Bedroom Standard

Annual Gross Income	<u>\$1,000-\$1050</u>
1 person	\$30,750-\$47,340
2 persons	\$30,750-\$54,060

One Bedroom Deluxe

Annual Gross Income	<u>\$1,100-\$1,150</u>
1 person	\$33,750-\$47,340
2 persons	\$33,750-\$54,060

Two Bedrooms

Annual Gross Income	<u>\$1,350-\$1,400</u>
1 person	\$41,250-\$47,340
2 persons	\$41,250-\$54,060
3 persons	\$41,250-\$60,840
4 persons	\$41,250-\$67,560

Source: HUD 2022 Income Limits.

* Rent amounts are subject to change.

Move In Requirements: 1st month rent & security deposit
(TBD upon review of application by manager)

CATS ARE WELCOME - \$300 non-refundable fee applies
(Proof of spay/neuter & rabies/distemper shots required)

Sunset Ridge Rental Office (203) 776-5175

****\$25.00 Application Fee Per Adult (charged at screening)**
Money order onlyApplication Fee is Non-Refundable**

HEAT AND HOT WATER INCLUDED!!

Note: Failure to provide all essential paperwork for Tax Credit Housing prior to the initial move in date will result in forfeiture of deposits as liquidated damages. Please see back of this sheet for farther information.

Sunset Ridge does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status or national origin.

Sunset Ridge

17 Mountain Ridge Terrace, New Haven CT 06513

Telephone: (203) 776-5175

Fax: (203) 776-5871

Welcome to our Community

Date: ___/___/___

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: (____) _____ - _____ Alt. phone number: (____) _____ - _____

Email Address: _____

Size of apartment needed: JR 1BR 2BR

How many people will occupy the apartment? _____

Preferred move in date: ___/___/___

Employed by: _____ City: _____ State _____

Position: _____

Total household annual gross income: \$ _____

Do you have other sources of income? YES NO

If yes, please list other source: _____

Do you currently have a Section 8 voucher? YES NO

If yes, which house authority? _____

Vehicles (how many – describe): _____

Pets? YES NO If yes, how many? _____ Describe: _____

We would like to know how you heard about us: (check one)

Drive by Now Leasing Sign ForRent.com MyNewPlace.com

Apartments.com ApartmentGuide.com Craigslist Google

Resident Referral: _____ Referral's Address: _____

Other: _____

SUNSET RIDGE APARTMENTS APPLICATION CRITERIA

1. CREDIT

Credit report requests are made through Safe Rent. Credit status for (a minimum of) the last five years will be checked through the appropriate credit bureaus. If you do not have a file with them, a minimum of one month or maximum of two months' rent will be charged for a security deposit prior to move in. If your credit report demonstrates good credit your application may be approved.

2. CRIMINAL HISTORY

A nationwide background check will be conducted, including the state of your last residency. Presence of a criminal history may result in the rejection of your application.

3. RESIDENT/RENTAL HISTORY

Sunset Ridge Apartments requires a verifiable and positive rental history of up to 1-5 years. Past residence address/es, landlord names, numbers and landlord addresses must be available and listed on the application. Negative landlord references or evictions can result in rejection of application.

4. EMPLOYMENT & INCOME

Your employment and any other sources of income must be verified in advance and approved by an independent auditor prior to move in. Your monthly rent cannot exceed a certain percentage of your gross monthly income. In addition, your gross annual income must meet the income guidelines set forth by the guidelines of the Affordable Housing Program with which this property participates.

5. VERIFICATION and APPROVAL

All initial verifications must be completed and returned within five (5) days for clarification and approval. In addition, if the initial verification process cannot be completed in seven (7) business days prior to actual move in date, the move in date may be postponed to allow for the file to be completed. Delays in the move in date due to lack of response/failure to provide necessary information to management will result in cancellation of application and the reserved unit will be made available to next qualified applicant.

6. SECURITY DEPOSIT & FIRST MONTH'S RENT

Security deposit and first month's rent must be paid by money order and in full PRIOR to move in. If you have a housing subsidy: you will be required to pay an estimated portion of your rent based on your income ($\text{Annual income} \times 30\% / 12 = \text{estimated rental portion}$) prior to move in. If security deposit/rent is not paid in full before move in date, or, if applicant chooses to NOT execute a lease, lease is subject to cancellation and a portion of the security deposit can be retained as liquidated damages. *If we are unable to verify, or if the information provided is marginal in any of the above categories an extra deposit may be required. Sunset Ridge policy does not permit lease cosigners.*

I certify that the following information is given freely and to the best of my knowledge is true. Landlord or his agent is authorized to verify the accuracy and correctness of these statements and to check my credit & criminal history, as well as a search for any prior landlord history. I expect you to rely on this information, and I agree that if any information herein contained is false, that any contract made on the strength of this application may, at your option, be terminated. I also understand that this application must be approved before occupancy will be allowed.

Application Signature _____ Date _____

Application Signature _____ Date _____

Sunset Ridge does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status or national origin.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project:
	Address: SUNSET RIDGE APARTMENT 17 MOUNTAIN RIDGE TERR NEW HAVEN, CT 06513
Please complete this application and return to:	Name:
	Address: SUNSET RIDGE APARTMENT 17 MOUNTAIN RIDGE TERR NEW HAVEN, CT 06513

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Every question **must** be answered. Do **NOT** leave blanks. Use N/A when applicable.

A. GENERAL INFORMATION

Applicant Name: _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

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 Handicap BR

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at 100% of the time? Yes No

If not, explain custody agreement (proof of custody may be required): _____

1. Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
2. Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
3. Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
4. Are you living with anyone now who will not be moving into this unit with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>

5. 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 (6-10):

6. Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. 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
8. Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent 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



10. 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
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C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
11.	Social Security	\$
12.	Social Security	\$
13.	Social Security	\$
14.	SSI Benefits	\$
15.	SSI Benefits	\$
16.	SSI Benefits	\$
17.	Pension (list source)	\$
18.	Pension (list source)	\$
19.	Veteran's Benefits (list claim #)	\$
20.	Veteran's Benefits (list claim #)	\$
21.	Unemployment Compensation	\$
22.	Unemployment Compensation	\$
23.	Public Assistance (Title IV/TANF etc.)	\$
24.	Contributions to the Household (monetary or not)	\$
25.	Full-Time Student Income (18 & Over Only)	\$
26.	Financial Aid (excluding loans)	\$
27.	Annuities (list sources)	\$
28.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
29.	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
30.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
31.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	



Household Member Name	Source of Income	Monthly Amount
32.	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
33.	Previous Employment amount (last 60 days)	\$
	Employer:	
	Position Held	
	How long employed:	
34.	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.	\$
35.	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 formal/informal (money, items, etc.) child support? <i>If court order exists, it will need to be provided with a current payment history from the enforcement agency.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
36.	Other Income	\$
37.	Other Income	\$
38.	Other Income	\$
39. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do NOT leave this blank)		\$
41. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
43. 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
44. <i>If yes to any of the above, explain:</i>		
45. Is the income received?		<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.

46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$



47. Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
48. Trust Account	#	Bank	Balance \$	
49. Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
50. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
51. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
52. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
53. Life Insurance Policy	#		Cash Value \$	
54. Life Insurance Policy	#		Cash Value \$	
55. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
56. Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
58. Investment Property				Appraised Value \$

59. Real Estate Property:	<i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>		
60. Location of property		
61. Appraised Market Value		\$
62. Mortgage or outstanding loans balance due		\$



63. Amount of annual insurance premium	\$
64. Amount of most recent tax bill	\$
65. Is the property subject to foreclosure, bankruptcy or eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	

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

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

72. 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>	
73. Date of disposition:	
74. Amount disposed	\$

75. 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

76. Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
77. Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
78. 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>		
79. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



If yes, describe

80. Will you take an apartment when one is available?

Yes

No

Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

81. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
82. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
83. Credit Reference #1:		
Address:		
Account #:	Phone #:	
84. Credit Reference #2:		
Address:		
Account #:	Phone #:	
85. Credit Reference #3:		
Address:		
Account #:	Phone #:	
86. Personal Reference #1:		
Address:		
Relationship:	Phone #:	
87. Personal Reference #2:		
Address:		
Relationship:	Phone #:	
88. Personal Reference #3:		
Address:		
Relationship:	Phone #:	



89. In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (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.			
90. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
91. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
92. Do you own any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If yes, describe:</i>			

H. APPLICATION ASSISTANCE		
93. Did anyone help/assist you in filling out this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, who assisted and what was the reason for the assistance:</i>		

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. 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



BEFORE YOU TURN IN YOUR RENTAL APPLICATION, MAKE SURE YOU HAVE THE FOLLOWING:

1. Application fee in the form of a Money Order, \$25 per adult.
2. Copies of driver's license or state ID for all adults.
3. Copies of SS card for all adults.
4. Copies of 6 most recent paystubs for all adults from all employers, and any/all proof of income.
5. Copies of Birth Certificates and SS cards for all minor children.

*Please note, each adult in the household must fill out his/her own separate application.

Applications must be filled out **COMPLETELY**, do not leave anything blank. All questions must be answered, anything that does not pertain to you must have an "N/A." Failure to do so may result in a rejected application.

Thank you,

Sunset Ridge Apartments

Sunset Ridge

17 Mountain Ridge Terrace, New Haven CT 06513
Telephone: (203) 776-5175
Fax: (203) 776-5871

Landlord Verification Form

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Name of Applicant: _____

Name of Landlord: _____ Phone: _____

Landlord's Address: _____

The above named individual(s) has applied for housing at Sunset Ridge. We would appreciate the following information to verify past/present rental information on the above named party. All information obtained will be held in strict confidence and used by this office only. Please return this form to Sunset Ridge in the enclosed envelope or by fax to (203) 776-5871. Thank you for your cooperation.

Applicant Release

I, _____ hereby authorize the release of the requested information:

Signature

Date

Fill this top portion ONLY

Are you a relative or friend of the applicant? If so, please describe the relationship: _____

Current Landlord _____ Previous Landlord _____ Other: _____

Address where applicant rented: _____

Occupancy Dates: _____ to _____

Does/Did the applicant have a lease? Yes _____ No _____

1. Rent Payment

A. Amount of monthly rent \$ _____

B. Does (did) applicant pay rent on time Yes _____ No _____

C. Has (had) he/she ever paid late? Yes _____ No _____

How late? _____

How often? _____

D. Have (had) you ever begun or completed an Eviction proceeding for non-payment? Yes _____ No _____

E. Do you provide any of the utilities for the unit? Yes _____ No _____

F. Have tenant-paid utilities ever been disconnected? Yes _____ No _____

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2. Caring for the Unit

- A. Does (did) the applicant keep the unit clean, safe, and sanitary? Yes ___ No ___
- B. Had (had) the applicant damaged the unit Yes ___ No ___
- C. Does this applicant have any pets? Yes ___ No ___
If so, what type of pet? _____
- D. Will (did) you keep any security Yes ___ No ___
- E. Did the applicant have any problems with insects/rodents? Yes ___ No ___
- F. Did the applicant's housekeeping contribute to infestation? Yes ___ No ___

3. General

- A. Is (was) the applicant listed on the lease for the unit? Yes ___ No ___
- B. Does (did) the applicant permit persons other than those
On the lease to live in the unit Yes ___ No ___
- C. Has (had) the applicant, family members, or guests
Damaged or vandalized the common areas? Yes ___ No ___
- D. Does (did) the applicant, family members, or guests create
any physical hazards to the property or residents? Yes ___ No ___
Describe _____
- E. Have the applicant, family members, or guests engaged in any
Criminal activity (including drug-related) on your property? Yes ___ No ___
- F. Has (had) the applicant given you any false information? Yes ___ No ___
Describe _____
- G. Has (had) the applicant, family members, or guests acted in a
Physically violent, and/or verbally abusive manner toward neighbors,
landlords, or staff? Yes ___ No ___
- H. Would you re-lease to this applicant? Yes ___ No ___
If not, why? _____
- I. Do you have any additional comments about the applicant? _____

Signature of Landlord _____

Date: _____

Print Name _____