

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 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, SSDI, 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. All copies of documents submitted must be legible (clear).

8. You can select no more than three (3) communities

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 RAP 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
Email Address:	Evening Phone #:		Cell Phone #:

Do you currently: ☐ RENT or ☐ OWN? (check one)

Bedroom size requested:	☐ One BR	☐ Two BR	☐ Three BR	☐ 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? Check Yes or No for each household member below.
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 100% of the time? ☐ Yes ☐ 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? ☐ Yes ☐ No
If yes, explain:
3. Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No
If yes, explain:
4. Is there someone not listed above who would normally be living with the household? ☐ Yes ☐ 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? ☐ Yes ☐ No
2. Is any household member a part time student? ☐ Yes ☐ No

Information below will be used for statistical reporting only. Check all that applies to you:

- **Ethnicity:** ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ I choose not to respond
- **Race:** ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native
- ☐ Native Hawaiian or Other Pacific Islander ☐ Other Race ☐ I choose not to respond

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/Lyft Driver, Only fans, Social media influencer, Online remote/home job, etc. ☐ Yes ☐ No

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
	Employment	\$
	Employment	\$
	Self Employment: (Example: Business Owner, Uber/Lyft driver, Grubhub, Instacart, Only fans, Online remote/home based job, Social media influencer, Caregiver, Housekeeper, etc.....)	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension	\$
	Pension	\$
	Veterans' Benefits - list claim #	\$
	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)	\$
	Annuity/Retirement Payments	\$
	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 \$
Internet-based Assets: Venmo, Chime, Cash App, Apple/Google Pay, Pay Pal, Zelle, Crowdfunding, 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 Market 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/disposed 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 felony? ☐ 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. List the name of the states where you and all other household members have resided 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 inquiries 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
Support and Alimony Providers
State Unemployment Agencies
Banks and other Financial Institutions
Enterprise Income Verification System
Housing and Urban Development

Social Service Agencies
Educational Institutions
Social Security Administration
Previous/Current Landlords
Consumer Credit Agencies
State Department of Labor
CT Judicial Website

Veterans Administrations
Retirement and Pension Providers
Medical and Child Care Providers
Criminal Offenders Record (CORI)
Law Enforcement Agencies
Dru Sjodin National Sex Offender Registry

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Emergency ☐ Unable to contact you ☐ Processing my Application for Housing ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Termination of rental assistance ☐ Other: _____ </td> </tr> </table>				☐ Emergency ☐ Unable to contact you ☐ Processing my Application for Housing ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Termination of rental assistance ☐ Other: _____
☐ Emergency ☐ Unable to contact you ☐ Processing my Application for Housing ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Termination of rental assistance ☐ Other: _____				
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.					
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.					

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	\$ 21,325	\$ 24,375	\$ 27,425	\$ 30,450	\$ 32,900	\$ 35,325	\$ 37,775	\$ 40,200
30% of AMI	\$ 25,590	\$ 29,250	\$ 32,910	\$ 36,540	\$ 39,480	\$ 42,390	\$ 45,330	\$ 48,240
50% of AMI	\$ 42,650	\$ 48,750	\$ 54,850	\$ 60,900	\$ 65,800	\$ 70,650	\$ 75,550	\$ 80,400
60% of AMI	\$ 51,180	\$ 58,500	\$ 65,820	\$ 73,080	\$ 78,960	\$ 84,780	\$ 90,660	\$ 96,480

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

Total Units: 28
1 BR \$908
2 BR \$1,133-\$1,206

☐

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 \$1,125-\$1,150
3 BR \$1,175-\$1,225

☐

Brick Hollow LP **Program: Tax Credit**
555-609 Zion Street: 14-16 York Street
Hartford, CT 06106
Total Units: 50
2 BR \$1,125-\$1,150
3 BR \$1,175-\$1,225

☐

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

☐

Carter Court Coop **Program: Tax Credit**
1-56 Full Circle
Glastonbury CT 06033
Total Units: 20
1 BR \$975-\$1,024
2 BR \$1,100-\$1,226
3 BR \$1,378

☐

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 \$931--\$1,099
2 BR \$1,090-\$1,300
3 BR \$1,350-\$1,400

☐

Grove Street **Program: Tax Credit**
55 Grove Street
Winsor Locks CT 06096
Total Units: 20
2 BR \$1,130
3 BR \$1,230

☐

Union Street **Program: Tax Credit**
1-63 Jennifers Way
Manchester, CT 06040
Total Units: 25
1 BR \$940
2 BR \$1,125-\$1,275
3 BR \$1,250-\$1,425

☐

Park Terrace
22-248 Park Terrace
Hartford, CT 06106

Total Units: 42
1 BR \$999
2 BR \$1,107

☐

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

Total Units: 30
2 BR \$1,108
3 BR \$1,225

☐

Ribbon Row **Program: Tax Credit**
459 Summit St; 268-340 Park Terrace
Hartford, CT 06106
Total Units: 89
1 BR \$925-\$965
2 BR \$1,058-\$1,128
3 BR \$1,225
4 BR \$1,325

☐

Zion Street **Program: Tax Credit**
511-529 Zion Street
Hartford, CT 06106
Total Units: 24
3 BR \$1,258

☐

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	\$ 25,600	\$ 29,250	\$ 32,900	\$ 36,550	\$ 39,500	\$ 42,400	\$ 47,340	\$ 52,720
Section 236	50% of AMI	\$ 42,650	\$ 48,750	\$ 54,580	\$ 60,900	\$ 65,800	\$ 70,650	\$ 75,550	\$ 80,400
221 BMIR	95% of AMI	\$ 81,000	\$ 92,600	\$ 104,150	\$ 115,700	\$ 125,000	\$ 134,250	\$ 143,500	\$ 152,750

233 Allen Street 233 Allen Street, New Britain, CT 06053	Program: Project Based Elderly 62+/Disabled Individuals
Total Units: 10	
1 BR rent based on income	
☐	
NO APPLICATION FEE	

Dart Gardens 615-637 Brookfield Street; 168-238 Dart Street, Hartford, CT 06106	Program: Section 221 BMIR
Total Units: 54	
1 BR \$904-\$936	
2 BR \$1,012-\$1,044	
3 BR \$1,098-\$1,142	
☐	
NO APPLICATION FEE	

Plaza Terrace 17-19 Martin Street, Hartford, CT 06120	Program: Project Based
Total Units: 14	
2 BR rent based on income	
3 BR rent based on income	
☐	
NO APPLICATION FEE	