BEACON communities™

The Atwater at Ninth Square

AFFORDABLE PRE-APPLICATION

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS PRE-APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Instructions for Head of Household:

1. Complete all sections by printing in **ink**. Please do not leave any section blank, including sections which do not apply to you. If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g., "Whiteout").
2. All household members (aged 18 or older) must sign and date the Pre-Application. All information must be complete and correct. **False, incomplete, or misleading information will cause your household's pre-application to be declined**.
3. As long as your pre-application is on file with us, it is your responsibility to contact us whenever there is a change in your address, telephone number, income situation, or household composition (if you need to add or remove a person from your pre-application). It is also your responsibility to respond to all waitlist updates within 14 days of receipt. These updates will be sent to the address we have on file.
4. After we receive your pre-application, we will make a preliminary determination of eligibility. If your household does not appear eligible, you will receive a denial letter and will not be placed on our waitlist. If your household appears to be eligible for housing, your pre-application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your pre-application will be declined. We will process your pre-application according to our standard procedures, which are summarized in the Tenant Selection Plan. If there is no wait for an apartment and your pre-application appears to be eligible, we will contact you to continue processing your pre-application.
5. Filling out a pre-application does not guarantee eligibility for an apartment at our community.
6. Return completed pre-application to the management office via email, fax, or in person.

NOTE: Upon request to the Management Agent, you have the right to receive a copy of the Tenant Selection Plan which summarizes the pre-application process including eligibility and screening requirements for occupancy in this Community.

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NOTICE OF IMPORTANT DOCUMENT

This is an important document. If you need translation free of charge, please contact the management office.

Este es un documento importante. Si necesita una traducción gratuita, póngase en contacto con la Oficina de Administración.

Sa se yon dokiman enpòtan. Si ou gen bezwen tradiksyon gratis, tanpri kontakte biwo jesyon an.

Este documento é importante. Se necessitar de uma tradução gratuita, contacte o serviço de gestão.

هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة مجانية، يرجى الاتصال بمكتب الإدارة.

Este é um documento importante. Se precisar de tradução gratuita, entre em contato com o escritório de administração.

Это важный документ. Если вам нужен бесплатный перевод, свяжитесь с администрацией.

这是一份重要文件 **如果您需要免**费翻译，请联系管理办公室

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Date/Time Stamp:

Affordable Pre-Application for The Atwater at Ninth Square

28 Orange Street New Haven , CT 06510
TEL: (203) 404-0322 TTY: 711
EMAIL: theatwater@BeaconCommunitiesLLC.com

This form must be filled out in English. Please print neatly in ink. All fields are required. Read the instructions on the cover page before completing each item.

1. Name and address of head of household (HOH)

Last Name | First Name | Middle Initial

Mailing Address | Apartment Number

City | State | Zip Code

( ) -- ☐ Home ☐ Cell ☐ Work
Area Code / Telephone Number

Email Address

2. What bedroom size(s)/type are you requesting? ☐ Studio ☐ 1-BR ☐ 2-BR ☐ Accessible

3. List all the States where all household members have lived:

Note: If your and/or your household member(s) criminal record is SEALED, you may answer "NO" to the applicable questions asked below.

4. Have you or any household member been convicted of, found guilty, or pled guilty or no contest to a Felony, Drug-related criminal offense, or Sexual offense? ☐ Yes ☐ No

5. Have you or any family member been convicted of, found guilty, or pled guilty or no contest to the manufacture of methamphetamines on the premises of a federally assisted unit? ☐ Yes ☐ No

6. Are you or any member of your household a lifetime registered sex offender? ☐ Yes ☐ No

If "Yes", for which States: _____

7. Does the household currently have a section 8 (mobile) voucher (e.g., Housing Choice Voucher, MRVP, HUD-VASH, etc.)? ☐ Yes ☐ No

If Yes, list Agency: _____

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8. List yourself and all others who will live with you. Include all unborn children and live-in aides.						
#	**Relation**	**Last Name**	**First Name**	**Social Security Number**	**Birthdate** (mm/dd/yyyy)	**Student Status** (Y/N) (FT/PT)
1	Head of Household					
2						
3						
4						
5						
6						
7						
8						

8a. Do you anticipate a change in your household composition in the next 12 months? ☐ Yes ☐ No

If "Yes," please explain: _____

8b. Are any family members temporarily absent from the home? ☐ Yes ☐ No

9. <u>Optional Information</u>: Gender, Ethnicity, Race and Disability Status of Household Members				
#	**Gender** (Male, Female, Decline)	**Ethnicity** (Hispanic, Non-Hispanic, Decline)	**Race** (White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other or Decline)	**Disabled** (Y/N)
1				
2				
3				
4				
5				
6				
7				
8				

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10. Income and assets for all household members. Provide gross (not net) amounts for all questions.

10a. Total monthly income $_____

Include income from all family members. You may estimate. Put zero (0) if no income.

10b. Income Source(s): *Check all that apply.*

☐ Wages ☐ SSA ☐ SSI – Federal ☐ SSI – State

☐ Child support/Alimony ☐ Pension ☐ Unemployment ☐ Public Assistance

☐ Interest/annuity income ☐ Worker's Compensation ☐ Someone pays my bills/gives me money

☐ Other income source: _____ ☐ Household has no income

10c. Value of household assets $_____

Assets include bank accounts, investments, and real estate of all household members.

11. Do you anticipate a change in your household income in the next 12 months? ☐ Yes ☐ No

If Yes, please explain _____

12. How did you hear about this Beacon Community? _____

13. Smoke-Free Community

I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments, interior and exterior common areas and all locations of this community._____(initial here)

14. What is your current monthly rent or mortgage payment? $_____

15. Reasonable Accommodation

Do you or any member of your household require any reasonable accommodation to be made to your apartment (i.e., wheelchair access, apparatus for the hearing impaired, visual aids (Braille), etc.)?

If yes, please describe: _____

16. Rental History

Current Address

Years at Current Address	Rental Amount	Landlord Name	Landlord Phone Number

Previous Address

Years at Previous Address	Rental Amount	Landlord Name	Landlord Phone Number

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Previous Address

Years at Previous Address	Rental Amount	Landlord Name	Landlord Phone Number

If you need additional space for your rental history, please check this box ☐ and attach a blank sheet of paper.

Certification of applicant: 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 complete an application. In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Rental Application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and character standing. Applicant authorizes any person or background checking agency having any information on him/her to release all information to the owner/manager/employee or their agents or background checking agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever. Beacon Residential Management Limited Partnership or NDC Real Estate Management LLC, Agent for this community, does not discriminate based on any state, federal, or local protected class in the access or admission to its programs or employment, or in its programs, activities, functions, or services.

X _____
Signature of Applicant Date

X _____
Signature of Applicant Date

X _____
Signature of Applicant Date

X _____
Signature of Applicant Date

If you are signing this application electronically, the Head of Household must check this box ☐ and complete the statement below:

I, _____, acknowledge and understand that by signing this rental application electronically, that all electronic signatures are the legal equivalent of your manual/handwritten signature, and I consent to be legally bound to this agreement.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

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Applicant's and Resident's Right to Request a Reasonable Accommodation

If you have a disability and, as a result of that disability, you need:

- A ***change or waiver in the rules or policies*** of the community to afford equal access and full enjoyment of your apartment home, the common facilities or to participate in special programs located at the community;
- A ***physical modification*** in your apartment or to some other feature of the community which would afford you equal access and full enjoyment of your apartment home or use of the facilities located at the community; or
- A ***more effective means of communication*** to provide official information or permit you to contact the management office.

Then you can request these modifications or exceptions to how the community conducts its operations by making a request for a Reasonable Accommodation. The right to request a Reasonable Accommodation is established under federal and state law.

If you have a physical or mental limitation (disability) which meets the legal definitions under federal and state law and have a request that is not too expensive or difficult to arrange ***and*** this request will provide you with improved use of your apartment home or the common facilities of the community, then we will try to fulfill your request.

You may make this request in writing by completing a ***Reasonable Accommodation Request Form,*** or by contacting Management to initiate the process. If you require additional information about our procedures, we will be happy to explain them in a manner that is fully comprehensible by you. If this requires the use of sign language or another alternative form of communication, we will attempt to meet your needs.

We will give you an answer within ten (10) working days of receiving documentation that provides sufficient information to be able to issue a decision on your Reasonable Accommodation Request. If we require additional time, we will notify you and explain the reason for the delay. We will let you know if we require additional information or if we would like to propose an alternative solution which has an equal outcome to the accommodation requested.

If for any reason we are unable to fulfill your accommodation request, we will provide you with an explanation. You will then have ten (10) working days from the date of denial to provide additional information before we consider the matter closed.

You may obtain a Reasonable Accommodation Request Form at the management office. If you have a disability and have any comments on your experience at the community, please contact the onsite Property Manager who will make arrangements for you to be contacted to discuss your experience.

_____ _____

Applicant/Resident Signature Date