



Dear Applicant,

In order to consider your application for Canaan Parish to be a **complete** application the *entire* application must be filled out. Any lines that don't pertain to you, or your household, must be identified with a "\$0" or by "N/A". Also, any household member's **Income** and **Asset** items you reported on your Application will need to have supporting documents. Please see the list below for some example Income and Asset items that may require your documentation.

In addition, a copy of your Social Security Card, Birth Certificate (or Passport), Drivers License will all need to be included.

Please note, you will need to complete this process in order to be placed on the wait list. If any of the supporting documents are not included you will not be placed on the wait list. There will be no pending applications.

This application must include copies of the necessary documentation to support reported income.

Examples of Sources and Types of Income that may require supporting documents: (Copies only)

- Current monthly Social Security Benefit (not year end)
- Employment wage verification (letter from employer or months worth of pay-stubs)
- Pension/Annuity verification (Current year)
- Stock/Bond verification
- Market value of Real Estate (property appraisal)
- Bank verification (current statements from checking, savings, CD's etc.)
- Alimony award

Please return your documentation to :

Canaan Parish- Office

Attn: Chandritta Evans

186 Lakeview Ave- South Building

New Canaan, CT 06840

Ph: 203-920-1103

Email: Chandritta@westmountmgmt.com



EQUAL HOUSING OPPORTUNITY

Nondiscrimination Statement

Westmount Mgmt does not discriminate based upon race, creed, color, national origin, ancestry, sex, marital status, age, sexual orientation, mental retardation, physical disability, including but not limited to blindness or deafness, children in the family, source of income, or any other classification(s) protected by state or federal law.

Westmount Mgmt does not discriminate on the basis of disability status in the admission of, access to, or treatment, or employment in, its federally assisted programs and activities. Federal law allows applicants or residents with disabilities to ask us to make "reasonable" modifications-physical alterations to their units or the common area. It also says that we must make "reasonable accommodations" to our rules and policies if the accommodations are necessary for the person with disabilities to enjoy the site "equally" with people without disabilities.

Westmount Management, Inc.

R E A L E S T A T E S E R V I C E S



PLEASE READ CAREFULLY AND COMPLETE ALL AREAS ON APPLICATION

- A). All sources of earned income must be reported for all household members 18 years and older.
- B). All unearned income and assets must be reported for all household members, including minors.
- C). All communication will be by mail, and/or via email therefore, you must list a current mailing address and immediately report all changes in address to Canaan Parish Redevelopment.
- D) The following is required for all household members (18 and older): All members must sign the authorization to release information, applicable income verification forms, and background/screening forms.
- E) This list is not "all inclusive" if you have any other income and/or assets not listed, you are required to provide the documentation.

Please provide the list of documents that apply to your household:

Identification and certificates: Driver's license and/or Photo I.D./ Passport, Birth Certificate, Certificate of Marriage, Social Security Card

Non-Citizen – eligible immigration Documents: Permanent Resident Card (Green Card), Alien Registration Receipt Card, Temporary Resident Card, Employment Authorization Card, Receipt issued by INS for issuance or replacement of any of the above

All sources of income: Current Social Security Award Letter, (DSS) State or City Budget Assistance Letter (4) current and consecutive pay stubs, If you are self-employed – copy of last year's Federal Tax Return and W-2 form and/or profit loss statement, Alimony Award/Child Support court ordered or non-court ordered, Pension Benefits, Unemployment Benefit Letter, Workers' Compensation, Cash Contributions any additional sources of income. Please provide and/or disclose any other income that has not been

Assets: Current Saving Account Statement/Checking Account Statements (last six (6) current and consecutive statements, Revocable Trusts, Equity in Real Estate Property, Stocks, bonds, Treasury Bills, Certificate of Deposits, Money Market Funds, IRA's, Keogh Plans, 401k, Personal Property, held as investments (such as jewelry or antiques), Inheritances, Lottery Winning, Capital Gains, Insurance Settlements, and Other Lump Sum Amounts.

Westmount Management, Inc.

R E A L E S T A T E S E R V I C E S

WARNING! Title 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OF AMERICA.

HOUSEHOLD COMPOSITION – YOU MUST LIST ALL THE MEMBERS WHO RESIDE IN YOUR HOUSEHOLD

Failure to accurately report your household composition is a serious program violation and may lead to termination of assistance, lease, and/or application. No one else can join the household without prior approval from Canaan Parish Management

HOUSEHOLD ADDITIONS/DELETIONS

- *You must notify the Management Office in writing of the birth, adoption, or court-award custody of a child within (10) ten business days.*
- *You must submit a written request and receive approval from Canaan Parish Redevelopment to add any other individuals as an occupant.*
- *You must notify the Management Office in writing if any household member no longer lives in the unit within (10) ten business days. Removal documentation (proof of new address from Post Office, rent receipts, court order, divorce or legal separation papers, utility bill(s) notarized letter from the individual being removed etc.) is required.*

HOUSEHOLD INCOME

- *All income must be reported for all members receiving earned and/or unearned income.*

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project:
	Address:
Please complete this application and return to:	Name: Canaan Parish-Office
	Address: 186 Lakeview Ave- South
	New Canaan, CT 06840

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

A. GENERAL INFORMATION

Applicant Name(s): _____

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 least 50% of the time? Yes No

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>
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>
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>

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:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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
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



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
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$



Household Member Name	Source of Income	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:	
	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.	\$
	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 child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	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>) from someone who is not a member of the household as listed on Page 2 etc)?	<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



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.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

Investment Property		Appraised Value \$
---------------------	--	--------------------

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

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</i> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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</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

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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</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>		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		
Relationship:		Phone #:



Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

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.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</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





Credit/background authorization to release

I, _____, consent and allow Westmount Management Inc. to request and obtain my credit and background information from Experian and/or any other reporting agency for the purpose of verifying my eligibility for tenancy at the property indicated below.

One sheet needs to be filled out by each of the household members over eighteen (18) years of age and older

Canaan Parish Redevelopment

Full (Legal) Name : _____

Current Address: _____

Social Security # _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Drivers License #: _____ **State:** _____ **Expiration Date:** _____

Print name: _____

Signature: _____ **Date:** _____

Westmount Management, Inc.

R E A L E S T A T E S E R V I C E S



Credit/background authorization to release

I, _____, consent and allow Westmount Management Inc. to request and obtain my credit and background information from Experian and/or any other reporting agency for the purpose of verifying my eligibility for tenancy at the property indicated below.

One sheet needs to be filled out by each of the household members over eighteen (18) years of age and older

Canaan Parish Redevelopment

Full (Legal) Name : _____

Current Address: _____

Social Security # _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Drivers License #: _____ **State:** _____ **Expiration Date:** _____

Print name: _____

Signature: _____ **Date:** _____

Westmount Management, Inc.

R E A L E S T A T E S E R V I C E S

AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # _____
Property Name: _____
Address: _____

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

Authorized Signature Title

Print Name Date

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information.

Signature Date

Verification form is attached.



AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: _____ Unit # _____
Property Name: _____
Address: _____

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

_____	_____
Authorized Signature	Title
_____	_____
Print Name	Date

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information.

_____	_____
Signature	Date

Verification form is attached.

