



171 Orange Street • New Haven, CT 06510
 (203) 562-4663 Fax (203) 865-6475



HOUSING APPLICATION FOR B'NAI B'RITH HOUSING OF NEW HAVEN, INC.

Date Received: _____ For Office	Time Received: _____ Use Only
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Selection of residents for B'nai B'rith Housing of New Haven, Inc. is based on Resident Selection Criteria consisting of family size and household composition, gross annual income and assets, five years rental history, credit references and a housekeeping inspection of your current residence. Homeownership during the five years rental history period will not disqualify your eligibility. Before an apartment offer is made, your housing application will be reviewed by B'nai B'rith.

Incomplete Applications Will Not Be Accepted
Please contact our office should your address change. This could affect your eligibility.
APPLICANT AND HOUSEHOLD INFORMATION

 Name Address

 City State Zipcode Home Telephone Work Telephone

List all persons who will occupy the apartment. According to Occupancy Standards no more than two persons can occupy the apartment.

Name	Date of Birth	Sex M/F	Social Security Number Alien Registration No.	Relationship To Applicant
#1 Head of Household				Self

#2 Spouse or Co-Applicant				

1) Check one:

_____ White _____ Black _____ Asian/Pacific Islander
 _____ American Indian/Alaskan Native _____ Other

2) Check one: _____ Hispanic _____ Non-Hispanic

3) Do you have any pets? _____ Yes _____ No

If yes, what kind: _____

4) Do you live, or have you ever lived, in subsidized housing? _____ Yes _____ No

If yes, where: _____

5) How many vehicles does the family own: _____

6) Does any member of the family need an apartment to accommodate special needs? _____ Yes _____ No. If the answer is yes, please list the name of the family member of the household and the type of accommodation that they need.

7) Do you require a live-in attendant? _____ Yes _____ No

RENTAL HISTORY

Five-Year Rental History must be completed for each member of the household.

Head of Household

Name:

Length of time you have lived at present address: _____ years _____ months

Present Landlord Name: _____

Present Landlord's Address: _____

Present Landlord's Telephone Number: _____

Previous Address: _____

Length of time you lived at previous address: _____ years _____ months

Previous Landlord: _____

Previous Landlord's Address: _____

Previous Landlord's Telephone Number: _____

Previous Address: _____

Length of time you lived at previous address: _____ years _____ months

Previous Landlord: _____

Previous Landlord's Address: _____

Previous Landlord's Telephone Number: _____

Spouse or Co-Applicant

Name:

Length of time you have lived at present address: _____ years _____ months

Present Landlord Name: _____

Present Landlord's Address: _____

Present Landlord's Telephone Number: _____

Previous Address: _____

Length of time you lived at previous address: _____ years _____ months

Previous Landlord: _____

Previous Landlord's Address: _____

Previous Landlord's Telephone Number: _____

Previous Address: _____
 Length of time you lived at previous address: _____ years _____ months
 Previous Landlord: _____
 Previous Landlord's Address: _____
 Previous Landlord's Telephone Number: _____

INDIVIDUAL FINANCIAL INFORMATION

Head of Household

Name: _____

1) INCOME: List the exact amounts of income that you receive:

- a) Social Security per month \$ _____
- b) Supplemental Security Income (SSI) per month \$ _____
- c) Gross Wages: Hourly Rate \$ _____
 Hours Per Week: _____
 Weeks Per Year: _____

Employer: _____

- d) V.A. Pension per month \$ _____

- e) Other pension/annuity
Specify:

_____ per month \$ _____
 _____ per month \$ _____
 _____ per month \$ _____

- f) Other income that we need to know about: _____

2) ASSETS:

Savings Accounts:

Account #	Interest Rate	Balance	Bank

Checking Accounts:

Account #	Interest Rate	Balance	Bank

Certificates of Deposit or Money Market Accounts:

Account #	Interest Rate	Balance	Bank

List any stocks or bonds, including name of company, number of shares, amount of interest or dividends earned, and total value: _____

List any other assets: _____

List any assets that you have disposed for less than fair market value: _____

3) MEDICAL/HANDICAP EXPENSES:

List any medical/handicap expenses that you pay directly. Major categories include health insurance premiums and out of pocket medical expenses after insurance has been billed and paid. Additional medical expenses can be considered and will be discussed should you attend an Eligibility Interview. _____

4) Do you expect any changes in your income, assets, or medical/handicap expenses during the next 12 months? _____ Yes _____ No. If yes, explain: _____

Spouse or Co-Applicant

Name:

1) INCOME: List the exact amounts of income that you receive:

a) Social Security per month \$ _____

b) Supplemental Security Income (SSI) per month \$ _____
 c) Gross Wages: Hourly Rate \$ _____
 Hours Per Week: _____
 Weeks Per Year: _____
 Employer: _____

d) V.A. Pension per month \$ _____

e) Other pension/annuity
 Specify:
 _____ per month \$ _____
 _____ per month \$ _____
 _____ per month \$ _____

f) Other income that we need to know about: _____

2) ASSETS:

Savings Accounts:

Account #	Interest Rate	Balance	Bank

Checking Accounts:

Account #	Interest Rate	Balance	Bank

Certificates of Deposit or Money Market Accounts:

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3) MEDICAL/HANDICAP EXPENSES:

List any medical/handicap expenses that you pay directly. Major categories include health insurance premiums and out of pocket medical expenses after insurance has been billed and paid. Additional medical expenses can be considered and will be discussed should you attend an Eligibility Interview. _____

4) Do you expect any changes in your income, assets, or medical/handicap expenses During the next 12 months? _____ Yes _____ No. If yes, explain: _____

We understand that the information on the application will be used to determine eligibility for an apartment and that this information will be verified.

I certify that the information that I have provided is true and accurate to the best of my knowledge. I am prepared to provide additional information if requested.

Signature of Head of Household

Date

Signature of Spouse or Co-Applicant

Date

Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.