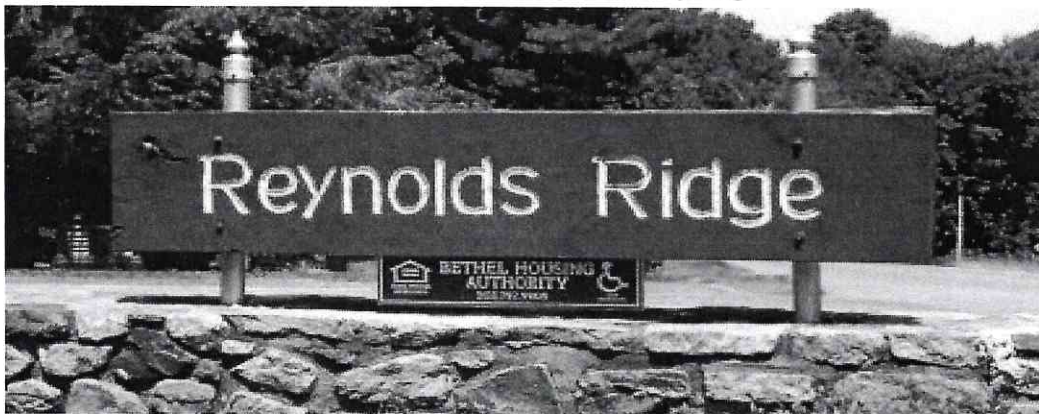


The Housing Authority of the Town of Bethel

25 Reynolds Ridge, Bethel, Connecticut 06801

Phone 203-797-9909 ~ Fax 203-797-0068

office@bethelhousingauthority.org



APPLICATION REYNOLDS RIDGE E 166

Reynolds Ridge E 166 consists of Units 42-82. The 7 buildings include of 36 studio apartments, 4 one-bedroom apartments, onsite laundry and a community room. All apartments are one story in a rural setting and are open to the elderly (62 years of age or older) or those with disabilities. Pets are allowed with restrictions.

All applicants must qualify for admission as a low-income household. A low-income household is an applicant whose annual income is at or below 80% of Area Median Income, as determined by HUD for the metropolitan statistical area.

Rent and utilities are based on 30% of you adjusted income. Units have rental assistance.

APPLICATIONS MUST BE POSTMARKED NO LATER THAN AUGUST 16, 2021

ALL COMPLETED APPLICATIONS MUST BE SENT BY MAIL ONLY TO

**Reynolds Ridge Management
25 Reynolds Ridge
Bethel, Connecticut 06801**

Reynolds Ridge E 166 is owned by The Housing Authority of the Town of Bethel and managed by NP Rentals & Management, LLC.

For additional information please contact the management office@ 203-797-9909 or email at office@bethelhousingauthority.org.



Equal Housing Opportunity

TTY: 1-800-842-9710



For Office Use Only
Time/Date received

Updated July 2021

The Housing Authority of the Town of Bethel

25 Reynolds Ridge ~ Bethel, CT 06801
Phone: 203-797-9909 ~ Fax 203-797-0068
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E166

CONTROL # _____

**INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED
EACH HOUSEHOLD MEMBER MUST FILL OUT AN APPLICATION**

Applicant Name: _____
Current Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Cell Phone #: _____
Email: _____
Vehicle Yes No Make: _____ Model: _____ Plate #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

Member #	Full Name	Relationship	Birth Date	Age	Sex	Social Security No.	United States Citizen (Y/N)
1		HEAD					
2							

Do you plan to have anyone living with you in the future who is not listed above? Yes No

If yes, please explain: _____

Have you or any member of your family ever been convicted of a crime? Yes No

Have you ever been evicted from housing where you resided? Yes No

Are you or anyone in your household subject to a state lifetime registration requirement for sex offenders in any state? Yes No

If yes, please identify household member: _____

Is there a handicap or disability that you (as head of household) or spouse wish to claim for Section 8 eligibility purposes? Yes No

Are there any special accommodations that the household will require? Yes No

If yes, please explain: _____

Do you have a pet? Yes No

If yes, what type: _____ Weight (lbs) _____

Are you now living in a subsidized housing unit now? Yes No

If yes, complex name: _____ Manager's phone #: _____

Have you ever filed for bankruptcy? Yes No

If yes, when: _____

Do you smoke or use a vaporizer? Yes No

Reynolds Ridge has a strict smoking policy and rules. Have you read the enclosed policy and have a full understanding and will comply with the rules Yes No

Is there someone that is not a member of the household that is willing to assist with you rent Yes No

Apartment Application

Page 1 of 5

Updated 4/25/2019

CURRENT HOUSING STATUS

Current Landlord: _____ Phone #: _____

Address: _____

How long have you lived there? _____ Monthly rent: _____

Reason for leaving: _____

Former Landlord: _____ Phone #: _____

Address: _____

How long did you live there? _____ Monthly rent: _____

Reason for leaving: _____

NOTE: At time of vacancy you may be asked for additional landlord references

Please list all states where you and other member of your household have resided:

EMPLOYMENT STATUS

Member #1 Employer: _____ Phone #: _____

Address: _____

Supervisor's Name: _____ Dates of Employment: _____

Previous Employer if Less than 2 Year: _____

Member #2 Employer: _____ Phone #: _____

Address: _____

Supervisor's Name: _____ Dates of Employment: _____

Previous Employer if Less than 2 Years: _____

INCOME & ASSET INFORMATION

Please answer the following questions. For each YES answer, provide details on a separate sheet.

Does any member of your household:

Work full-time, part-time, or seasonally? What is your monthly income \$ _____ Yes No

Expect to work for any period during the next year? Yes No

Work for someone who pays cash? Yes No

Expect a leave of absence from work due to lay-off, medical, maternity,
or military leave? Yes No

Now receive or expect to receive unemployment benefits? Yes No

Now receive or expect to receive child support? Yes No

Not receive child support that he/she is entitled to? Yes No

Now receive or expect to receive alimony? Yes No

Have an entitlement to alimony that he/she is not currently receiving? Yes No

- Now receive or expect to receive public assistance? Yes No
- Now receive or expect to receive Social Security or disability benefits? Yes No
- Now receive or expect to receive income from a pension or annuity? Yes No
- Now receive or expect to receive regular contributions from organizations or individuals not living in the unit? Yes No
- Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from rental property? Yes No
- Own real estate or any assets for which you receive no income (checking account, cash)? Yes No
- Have real property or other assets (including cash) that he/she has sold or given away in the past two years? Yes No

Member #	Source of Income/Type of Income	Annual Income

AT TIME OF VACANCY INCOME FROM EMPLOYMENT MUST BE VERIFIED BY A THIRD PARTY. EXAMPLES INCLUDE PAY STUBS, TAXES, OR A LETTER FROM YOUR EMPLOYER. SS INCOME MUST BE PROVEN WITH A STATEMENT OF BENEFITS

ASSET INFORMATION
CHECKING, SAVINGS, IRA, 401K, STOCKS, BONDS, LIFE INSURANCE

Please list all checking and savings (including IRA's, Keogh Accounts, and Certificates of Deposit) of all household members. Add an additional sheet if necessary.

Member #	Bank Name	Type of Account	Account Number	Current Balance/Cash Value

List any assets disposed of for less than their fair market value in the past two years: I.e. sold a house gave away money

EXPENSES

Do you have expenses for child care of a child age 12 or under? Yes No
If yes, weekly cost: _____

Do you pay for a care attendant or any equipment for a disabled household member,
necessary to permit that person or someone else in the household to work? Yes No
If yes, cost of care attendant and/or equipment: _____
Name, address, & phone # of care attendant: _____

ELDERLY FAMILIES ONLY

Do you have Medicare? Yes No
If yes, what is your monthly premium? _____

Do you have any other kind of medical insurance? Yes No
If yes, What is your premium per month \$ _____

Do you have any outstanding medical bills? Yes No
If yes, please list amount: \$ _____

Do you expect to incur any large medical expenses in the next 12 months?
If yes, please list: _____

Do you pay out of pocket for prescriptions? Yes No
If yes, approximately how much monthly \$ _____ per month

PERSONAL REFERENCES

1. Name: _____	(2) Name: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____
Relationship: _____	Relationship: _____

Applicants must fill out the application in its entirety. Incomplete applications will not be processed and will be returned to the applicant.

As an applicant, I understand that this is a preliminary application for residency and that additional information may be requested at a later date in order to complete processing.

In consideration of my application for this apartment, I hereby represent all information in this application to be true and accurate and that the owner, manager, employee, agent may rely on this information when investigating and accepting this application, including specifically to obtain public and non-public references and credit reports or records and criminal (including sex offender) background records, if applicable. I also expressly authorize NP Rentals & Management, LLC., and its employees or agents (including a third party collection agency), to obtain such references and reports at any time during the term of my tenancy and after termination of my lease, if such reports are needed in attempting to review my continuing eligibility to be a resident, collect any defaulted payments or charger, or for any other permissible purpose.

I hereby release, remise, and forever discharge, from any action whatsoever, in law and equity, all owners, managers, and employees or agents of the Landlord, management company, and their credit checking agencies in connection of processing, investigating, or credit checking this application and will hold them harmless for any suit or reprisal whatsoever.

Applicant represents that all the statements herein are true, and if they change during the term of the tenancy, I will immediately notify the management staff.

The above statements are made under the penalties of perjury and all must be verified.

FRAUD CLAUSE: All of the information I have provided on this application is correct to the absolute best of my knowledge. Any knowing misrepresentation of information may be considered fraud and result in a fine of up to \$500 or imprisonment up to six (6) months, or both.

PLEASE READ CAREFULLY BEFORE SIGNING

All applications are subject to owner's approval.

Tenant agrees not to smoke within premises.

Applicant Signature: _____ Date: _____

Co-applicant Signature: _____ Date: _____



The Housing Authority of the Town of Bethel and NP Rentals & Management, LLC., are committed to comply with all federal, state, and local fair housing and equal housing opportunities laws.