

**STAMFORD, CT**

**THE HAZEL**

**BRAND NEW AFFORDABLE  
STUDIOS & 1 BEDROOM APARTMENTS  
44 JOHN STREET, STAMFORD, CT 06902**

**MAXIMUM GROSS ANNUAL INCOME**

PEOPLE	ONE	TWO	THREE
50% AMI	\$63,175.00	\$72,200.00	\$81,225.00

**GROSS MONTHLY RENT**

STUDIO	1 BEDROOM
50% AMI - \$1,233	50% AMI - \$1,440

**NOW ACCEPTING APPLICATIONS**

**SCREENING FEE \$26.95 PAYABLE WHEN CALLED FOR APARTMENT HOME**

**SECURITY DEPOSIT \$750**

**(CREDIT AND BACKGROUND CHECK REQUIRED)**

Applications can be obtained from The Hazel Stamford website or in person at 44 John Street, Stamford, CT 06902

**MAIL OR DROP OFF APPLICATION**

The Hazel Stamford  
44 John Street, Stamford, CT 06902  
For more information contact 475-477-9944  
Monday-Friday | 9:00 am-5:00pm

South Oxford Management is committed to providing Fair Housing to all eligible members of our community!



# THE HAZEL

ALL FIELDS MUST BE COMPLETED

DATE & TIME RECEIVED: \_\_\_\_\_

Requested Bedroom Size: \_\_\_\_\_

## AFFORDABLE HOUSING RENTAL APPLICATION

COMPLEX

**The Hazel Stamford**

*Each applicant over 18 must complete a separate application*

LAST NAME OF APPLICANT		FIRST NAME		MIDDLE INITIAL		HOME PHONE #	
STREET ADDRESS		CITY		STATE		ZIP	
DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		EMAIL ADDRESS	
LAST NAME OF CO-APPLICANT		FIRST NAME		MIDDLE INITIAL		HOME PHONE #	
DATE OF BIRTH		SOCIAL SECURITY NO.		DRIVER'S LICENSE NO.		EMAIL ADDRESS	
<b>RACE / ETHNICITY</b>		<input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> OTHER _____ <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER ETHNICITY				<b>CHECK ONE:</b> <input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> HISPANIC	
<b>PETS</b>		DO YOU HAVE ANY PETS? (INCLUDE BIRDS, FISH, ETC.) <input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, WHAT KIND?				<b>APARTMENT TO BE OCCUPIED BY:</b> # _____ PERSONS	
<b>OCCUPANTS</b>		LIST PERSONS WHO WILL OCCUPY APRTMENT - LIST YOURSELF & YOUR CO-APPLICANT.					IF MORE THAN 6 USE ADDITIONAL INFORMATION
NAME		BIRTH DATE	SEX (OPTIONAL)	STUDENT	SOCIAL SECURITY NUMBER		RELATIONSHIP TO APPLICANT
1			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
4			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
5			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
6			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>INCOME SOURCES</b>		LIST SOURCES OF INCOME FOR ALL FAMILY MEMBERS-DO NOT LEAVE BLANK FIELDS-WRITE N/A IF DOES NOT APPLY					
Employment \$ _____ /per _____		AFDC/TANF \$ _____ /per _____		Pension \$ _____ /per _____		Other (Type) _____	
Social security \$ _____ /per _____		General Relief \$ _____ /per _____		Alimony/Child Support \$ _____ /per _____		_____	
SSI \$ _____ /per _____		Unemployment \$ _____ /per _____		Disability \$ _____ /per _____		\$ _____ /per _____	
<b>ASSET / BANK ACCOUNTS</b>		CHECKING ACCOUNT / PRE-PAID CARD <input type="checkbox"/> YES <input type="checkbox"/> NO		SAVINGS ACCOUNT <input type="checkbox"/> YES <input type="checkbox"/> NO		STOCK / BONDS <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>PRESENT EMPLOYER</b>		NAME		TELEPHONE #		ANNUAL SALARY	
EMPLOYER ADDRESS						START DATE OF EMPLOYMENT AT THIS JOB:	
<b>PREVIOUS EMPLOYER</b>				ANNUAL SALARY		START DATE:	
PREVIOUS EMPLOYER ADDRESS						END DATE:	
<b>MINIMUM OF 2 YEARS RENTAL HISTORY REQUIRED</b>							
<b>PRESENT LANDLORD</b>		DO YOU: <input type="checkbox"/> RENT <input type="checkbox"/> OWN		LANDLORD NAME		LANDLORD TELEPHONE #	
ADDRESS						MONTHLY PAYMENT \$	
						DATE OF RESIDENCE: FROM: TO:	



<b>PREVIOUS LANDLORD</b>	DID YOU: <input type="checkbox"/> RENT <input type="checkbox"/> OWN	LANDLORD NAME	LANDLORD TELEPHONE #	MONTHLY PAYMENT \$	DATE OF RESIDENCE: FROM:
	ADDRESS				TO:

**PREFERENCE ELIGIBILITY**

The Department of Housing and Urban Development has established requirements for ensuring that housing assistance is directed to those with the most urgent housing needs. These categories that may include one or more of the following as may be required by individual programs pursuant to statute or based upon HUD regulation.

If you think you may be eligible for the preference required by individual programs pursuant to statute or based upon HUD regulation, please check the box below.

- I have been displaced from an urban renewal area, or as a result of government auction, or as a result of a disaster determined by the President to be a major disaster.
- I do not think I am eligible for the displacement preference at this time.
- I am 62 years or older.
- I am handicapped or disabled.

I agree to provide documentation sufficient to verify my qualification for a preference when the resident manager request that I do so.

If my eligibility for a preference changes in the future, I will contact the resident manager.

INITIAL	DATE
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**SPECIAL UNIT REQUIREMENT(S)**

THIS SECTION TO BE INCLUDED IN EVERY APPLICATION. It is used to determine whether an applicant needs special features in its apartment. The need for special adaptations must be verified in order to assure that the limited number of apartments with special features go to families that actually need the features.

I choose not to complete this section of the form.

INITIAL	DATE
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1. Do you, or does any member of your family have a condition that requires:

- a separate bedroom
- a barrier-free unit
- one-level unit
- unit for vision-impaired
- unit for hearing-impaired
- bedroom / bath on 1<sup>st</sup> floor
- physical modifications to a typical apartment

2. Can you and your entire family member go up and down stairs unassisted?  YES  NO

If No, please indicated how we could accommodate your family: \_\_\_\_\_

3. Will you or any of your family members require a live-in aide to assist you?  YES  NO

If Yes, please explain: \_\_\_\_\_

4. If you checked any of the above listed categories of apartments, please explain exactly what you need to accommodate your situation:

\_\_\_\_\_

5. What is/are the name(s) of the family member(s) who need/s the features identified above? \_\_\_\_\_

6. Who should be contacted to verify your needs for the features you have identified above?

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address

<b>PRIOR TENANCY</b>	Has your family's assistance or tenancy in a subsidized housing program ever been terminated for:	
	Fraud <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, explain _____
	Nonpayment of rent <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, explain _____
	Failure to cooperate with recertification procedures <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, explain _____

<b>CRIMINAL CONVICTION</b>	Have you or any member of your household ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Have you or any member of your household ever been convicted of possession, usage, or distribution of a controlled, illegal substance? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Are you or any member of your household subject to state lifetime sex offender registration in any state? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If Yes, which family member	<input type="checkbox"/> misdemeanor or <input type="checkbox"/> felony	If Yes, which family member	<input type="checkbox"/> misdemeanor or <input type="checkbox"/> felony

WHEN	WHERE – CITY & STATE	WHEN	WHERE – CITY & STATE
EXPLAIN DETAILS		EXPLAIN DETAILS	

We are an equal housing opportunity provider. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, or national origin in compliance with the Fair Housing Act.

Your signature below authorizes management to obtain a "consumer report" at any time during the application process or any time after initial occupancy as defined in the Fair Credit Reporting Act. 15 U.S.C Section 1681 a(d), seeking information on creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Owner or agent has the right to reject this application and return the deposit(s) at any time prior to execution of a lease agreement. If applicant(s) withdraws application or fails to execute a lease agreement upon request of owner or agent, the deposit(s) may be retained by owner as liquidated damages.

APPLICANT(S) HEREBY REPRESENTS THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND COMPLETE AND AUTHORIZES INQUIRIES OF ANY STATEMENT MADE HEREIN.

**NOTIFY US IN WRITING OF ANY CHANGE TO INFORMATION PROVIDED WITHIN THIS RENTAL APPLICATION.**

APPLICANT SIGNATURE X	DATE	CO-APPLICANT SIGNATURE X	DATE
MANAGEMENT SIGNATURE X			DATE

**\*\*TO BE PROCESSED, THIS APPLICATION MUST BE FILLED OUT COMPLETELY, SIGNED AND DATED\*\***

