

**CHESTNUT GROVE**  
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Date and Time \_\_\_\_\_

**CHESTNUT GROVE**  
**APPLICATION INSTRUCTIONS**

**Applications:**

Please complete the application and sign the release forms. Check all boxes and fill-in all lines even if the answer is Not Applicable (N/A) or zero. Return all forms and make copies for your records. This applies to all persons who will be living in the apartment.

**Identification:**

We require two (2) forms of identification. Please do not send originals.

We need a copy of your **Social Security Card** and if possible, a second form of identification with your Date of Birth.

**Qualification:**

To qualify for tenancy at Chestnut Grove an applicant must be 62 years of age or older and a U.S. citizen

**Income Verification:**

All sources of income must be verified:

1. If applicable, please attach a copy of two (2) of your most recent:
  - Social security payments
  - Pensions
  
2. Please complete and sign the enclosed Verification Forms. Return them to Chestnut Grove 200 Chestnut Grove New Milford, CT 06776

In order to process this application, we will need the following:

1. Income verification- Social Security, Disability, Pension

No decoration or alterations will be made other than stated on this application, or any other form signed and attached hereto. The Landlord, and agent will not be bound by any representation, agreement, or promises made by representatives or agent, unless contained in the formal lease signed by the landlord or representative.

A lease must be signed and executed prior to occupancy together with the **FIRST MONTH'S RENT and SECURITY DEPOSIT.** Otherwise, the landlord has the option to revoke the lease and retain the deposit. All lease terms are for one year. The Landlord will not be bound and possession will not occur, until a lease is signed by both the landlord and tenant, and all monies are paid.

The agent and landlord or its representatives cannot be held responsible or liable for the occupancy date written on the application. Possession of unit is not guaranteed until the landlord or agent deems the apartment is ready for occupancy. Any delay or inconvenience cause to the tenant is not the responsibility of the landlord or agent.

Tenant is advised to have renter's insurance, as the landlord is not responsible for any loss incurred by the tenant regarding his or her personal property.

I/We hereby apply for the apartment listed. With my/our signature(s) below, I/We authorize and request/release all credit reporting agencies, employers, present and previous landlords, personal references, and all pertinent information about me/us. A photocopy of this shall be valid as original. I/We understand that the credit report (rental history, arrest, conviction records, and retail credit history) will be done through the facilities.

I certify the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Chestnut Grove  
200 Chestnut Grove  
New Milford, CT 06776

Date: \_\_\_ / \_\_\_ / \_\_\_

**Voluntary Affirmative Action Information**

Completion of information below is voluntary.

We consider applicants 62 years of age and older without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a medical condition or disability, or any other legally protected status.

**PLEASE PRINT**

Apartment Applied For: \_\_\_\_\_

Referral Source: \_\_\_ Friend \_\_\_ Flyer \_\_\_ Newspaper \_\_\_ Walking By  
\_\_\_ Relative \_\_\_ Radio \_\_\_ Sign \_\_\_ Driving By  
Other- Source Type: \_\_\_\_\_

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Name: Last	First	Middle
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Address: Street	City	State	Zip Code
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( )

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Telephone Number (Include Area Code)	Signature
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As required, we comply with government regulations including Affirmative Action obligations. In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you please complete this data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for housing. It is considered confidential information and will not be used in any decisions regarding qualifying for housing. This information will be kept separate from your tenant file. Your responses are strictly voluntary and will help in developing and monitoring our Affirmative Action Program.

Information provided will be kept confidential- the one exception is government officials reviewing records for compliance.

Check One: \_\_\_ Female \_\_\_ Male  
Check One: \_\_\_ Hispanic \_\_\_ White \_\_\_ Asian \_\_\_ Black/African American  
\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ American Indian or Alaska Native  
\_\_\_ Multiracial (having parents of different races)

Chestnut Grove  
200 Chestnut Grove  
New Milford, CT 06776  
Telephone: (860) 350-9950

Tenant Application

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Rent: \_\_\_\_\_ Leased From \_\_\_\_\_ To \_\_\_\_\_

Previous Address: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Landlord Phone #: \_\_\_\_\_

Spouse/Co-Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Apartment will be occupied by: \_\_\_\_\_

Applicant Referred By: \_\_\_\_\_

Year & Make of Car: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Term of Lease: \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_ Dep. /Credit Chk Fees Rec'd: \_\_\_\_\_

**Applications may be denied if any of the following apply to you:**

1. You are not eligible because:
  - You are not 62 years of age or older
  - You are an ineligible non-citizen
2. You did not sign the verification form(s)
3. Unfavorable Landlord reference (previous eviction, late payments)
4. Reasonable doubts as to ability to pay rent
5. Failure to supply requested documentation

**Waiting List:**

When your application arrives at Chestnut Grove, it will be placed on a waiting list according to "first-come first-served". Applications must be completely filled-out (no missing information) to be placed on the waiting list.

**Security Deposit:**

A security deposit equal to one month's rent will be due upon acceptance of an available unit

**Pets**

Pets are allowed subject to the "Pet Policy".

**I have read and understand the application instructions:**

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Name- Please Print

\_\_\_\_\_  
Co-Applicant Name-Please Print

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

**CHESTNUT GROVE**  
**HOUSEHOLD INFORMATION**

Applicant Name (A): \_\_\_\_\_

Co-Applicant Name (B): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Telephone # \_\_\_\_\_

Date of Birth (A): \_\_\_\_\_ Social Security # (A): \_\_\_\_\_

Date of Birth (B): \_\_\_\_\_ Social Security # (B): \_\_\_\_\_

Do You: \_\_\_\_\_ RENT \_\_\_\_\_ OWN

If you **OWN**, is your house "on-the-market" (listed for sale with a realtor)? \_\_\_ YES \_\_\_ NO

What is your monthly mortgage payment? \_\_\_\_\_ Equity in home?

If you **RENT**, what is the amount of your monthly rent? \_\_\_\_\_

How long at current address: \_\_\_\_\_

**INCOME INFORMATION**

Monthly Gross Income: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Social Security: (A) \_\_\_\_\_ (B) \_\_\_\_\_

SSI Benefits: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Pension: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Veteran's Benefits: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Public Assistance: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Employment: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Alimony: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Other, Please Specify: (A) \_\_\_\_\_ (B) \_\_\_\_\_

Do you file Federal Income Tax Returns? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please enclose a copy

**CHESTNUT GROVE**  
**ASSET INFORMATION**

**Checking Account**

Bank: \_\_\_\_\_ Acct. # \_\_\_\_\_ Balance: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. # \_\_\_\_\_ Balance: \_\_\_\_\_

**Savings Account**

Bank: \_\_\_\_\_ Acct. # \_\_\_\_\_ Balance: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. # \_\_\_\_\_ Balance: \_\_\_\_\_

**Certificates of Deposit (CD's)**

Bank: \_\_\_\_\_ Acct. # \_\_\_\_\_ Balance: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. # \_\_\_\_\_ Balance: \_\_\_\_\_

**Credit Union**

Bank: \_\_\_\_\_ Acct. # \_\_\_\_\_ Balance: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. # \_\_\_\_\_ Balance: \_\_\_\_\_

**Savings Bonds**

Maturity Date: \_\_\_\_\_ Bond #: \_\_\_\_\_ Value: \_\_\_\_\_

**Mutual Funds**

Name: \_\_\_\_\_ #Shares \_\_\_\_\_ Interest/Div: \_\_\_\_\_ Value: \_\_\_\_\_

**Stocks and Bonds**

Name: \_\_\_\_\_ # Shares \_\_\_\_\_ Interest/Div: \_\_\_\_\_ Value: \_\_\_\_\_

**Real Estate**

Location: \_\_\_\_\_ Mtg. Amt: \_\_\_\_\_ Value: \_\_\_\_\_

**Whole Life Insurance**

Company: \_\_\_\_\_ Acct # \_\_\_\_\_ Cash Value: \_\_\_\_\_

Do you have any assets not listed above? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES please explain:

\_\_\_\_\_



# CHESTNUT GROVE

## REFERENCES

Current Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Occupancy Address: \_\_\_\_\_  
Dates of Occupancy: From \_\_\_\_\_ To: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Occupancy Address: \_\_\_\_\_  
Dates of Occupancy: From \_\_\_\_\_ To: \_\_\_\_\_

Mortgage Holder Name: \_\_\_\_\_  
Mortgage Holder Address: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Dates of Mortgage: From \_\_\_\_\_ To: \_\_\_\_\_

Personal Reference Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

## PET INFORMATION

Do you own any pets? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, describe: \_\_\_\_\_

## CHESTNUT GROVE

### ADDITIONAL INFORMATION

How did you hear about Chestnut Grove?  Friend  Flyer  Newspaper  Sign  
 Relative  Radio  Walking By  
 Driving By

Other, Please explain: \_\_\_\_\_

Have you ever been convicted of a felony?  YES If YES, when \_\_\_\_\_  NO

Have you ever been evicted from any housing?  YES If YES, when \_\_\_\_\_  NO

Are you currently using an illegal substance?  Yes If YES, what \_\_\_\_\_  NO

Have you ever filed bankruptcy?  Yes If YES, when \_\_\_\_\_  NO

Do you need a handicapped accessible unit?  YES  NO

Will you take an apartment when one is available?  YES  NO

You will be notified when your application is at the top of the waiting list. If you do not wish to take the apartment at that time, your name will be removed from the waiting list or, if you are still interested, it will be placed on the bottom of the waiting list.

### CERTIFICATION

I/We hereby certify that I/We **will not maintain a separate unit** in another location. I/We understand that this will be my/our permanent residence. I/We understand that eligibility for housing will be based on applicable income limits and management's selection criteria. I/We certify that all information is true to the best of my/our knowledge and I/We understand that false statements and/or information are/is punishable by law and will lead to the cancellation of this application or termination of tenancy after occupancy. All applicants must sign the application. I/We authorize Chestnut Grove, or its agent, to obtain such credit, criminal and eviction records necessary to evaluate my application for housing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHESTNUT GROVE**  
**ASSET VERIFICATION FORM**

Date: \_\_\_\_\_  
To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**From: Chestnut Grove**  
**200 Chestnut Grove**  
**New Milford, CT 06776**

Place a check if you have **NO** assets: \_\_\_\_\_ NO Assets

**RELEASE:** I hereby authorize the release of the requested information. Information obtained Under this consent is limited to information no older than twelve (12) months.

Applicant Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO APPLICANT/TENANT:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Have you disposed of any assets in the last TWO (2) years? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, please explain and if possible give us a copy of the sale agreement. \_\_\_\_\_  
If own Real Estate: Original Price: \_\_\_\_\_ Unpaid Bal: \_\_\_\_\_ Equity: \_\_\_\_\_

**To be completed by Financial Institution**

<b>Checking Account:</b>	6-Month Average	Current
Acct # _____	Balance: _____	Balance: _____ Int. Rate _____
Acct # _____	Balance: _____	Balance: _____ Int. Rate _____
<b>Savings Account:</b>	6-Month Average	Current
Acct # _____	Balance: _____	Balance: _____ Int. Rate _____
Acct # _____	Balance: _____	Balance: _____ Int. Rate _____
<b>Certificates of Deposit (CD'S):</b>		Withdrawal
Number: _____	Balance: _____	Penalty: _____ Int. Rate: _____
Number: _____	Balance: _____	Penalty: _____ Int. Rate: _____

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone**

**CHESTNUT GROVE  
LANDLORD VERIFICATION FORM**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: Chestnut Grove  
200 Chestnut Grove  
New Milford, CT 06776

**RELEASE:** I hereby authorize the release of the requested information; information obtained under this consent covers, at a minimum, the last 12 months.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Current Address: \_\_\_\_\_

Dates Lived at Property Noted Above: From: \_\_\_\_\_ To: \_\_\_\_\_

**NOTE TO APPLICANT/TENANT:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

\*\*\*\*\*

**TO BE COMPLETED BY LANDLORD**

Move-in Date: \_\_\_\_\_ Still Tenant \_\_\_\_\_ Move-out Date: \_\_\_\_\_

Amount of Monthly Rent \$ \_\_\_\_\_ Utilities Included \_\_\_\_\_ Not Included \_\_\_\_\_

Does tenant have rental assistance? \_\_\_\_\_ YES \_\_\_\_\_ No If YES, type: \_\_\_\_\_

Rent Generally Paid: \_\_\_\_\_ On Time \_\_\_\_\_ Occasionally Late \_\_\_\_\_ Often Late

Legal action taken against this tenant? \_\_\_\_\_ YES \_\_\_\_\_ NO If YES, Explain: \_\_\_\_\_

Housekeeping Habits: \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor

Would you rent to this tenant again? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure

Comments: \_\_\_\_\_

\_\_\_\_\_  
Landlord's Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

**CHESTNUT GROVE**  
**SOCIAL SECURITY VERIFICATION FORM**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**From: Chestnut Grove**

**200 Chestnut Grove**

**New Milford, CT 06776**

**RELEASE:** I hereby authorize the release of the requested information; information obtained under this consent is limited to information that is no older than 12 months.

**Applicant Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE TO TENANT/APPLICANT:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

\*\*\*\*\*

**To Be Completed by Social Security Administration**

Please supply the following information:

**Gross Monthly Social Security Benefit/Payment:** \_\_\_\_\_

**Specify Type of Benefit: (Please Check)**

\_\_\_\_\_ Retirement

\_\_\_\_\_ Disability

\_\_\_\_\_ Widow(er)

**Gross Monthly Supplemental Security Income Payment**  
**Amount- Include State Supplement:** \_\_\_\_\_

**Specify Type of Payment: (Please Check)**

\_\_\_\_\_ Old Age

\_\_\_\_\_ Disability

\_\_\_\_\_ Blind

**Date of Birth:** \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone #**