
APPLICATION USDA-RD PROGRAM
HALPIN COURT
17 HALPIN LANE
RIDGEFIELD, CONNECTICUT

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

This is an application for housing in the **Halpin Court Apartments** located in Ridgefield, CT. Please complete this application and return to Capital Square Management, LLC (agent for management) at the address listed at the bottom of this page. Applications are placed in the order of date and time received. An applicant may be interviewed only after Capital Square Management, LLC receives the completed application.

A. GENERAL INFORMATION

Head of Household Name: _____

Address: _____
Street Apt# City State Zip

Telephone Number (_____) _____ - _____

If less than two (2) years, give previous address and length of time at that address, up to two (2) years, use additional paper if necessary.

Address: _____
Street Apt# City State Zip

Present Monthly Rent _____ # of Bedrooms _____

Check Utilities paid by you:

HEAT ELECTRIC GAS OTHER: _____

Approximate monthly cost of utilities paid by you: (excluding phone and cable) \$ _____

Bedroom Size Requested: ONE _____ TWO _____ HANDICAP ACCESSIBLE UNIT: YES NO
CHECK ONE PLEASE

RETURN COMPLETED TO:
CAPITAL SQUARE MGMT., LLC
323 MAIN STREET
DANBURY, CT 06810
203- 797-8255
(TDD) 1-800-833-8134



B. FAMILY COMPOSITION

List ALL persons who will be living with you:

	Name	Relationship	Date of Birth	Place of Birth	Social Security Number
1		HEAD			- -
2					- -
3					- -
4					- -

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

FAMILY MEMBER NAME	SOURCE OF INCOME
_____	a. Social Security..... Monthly Amount \$ _____
_____	Social Security..... Monthly Amount \$ _____
_____	Social Security..... Monthly Amount \$ _____
_____	b. Pension Monthly Amount \$ _____
_____	Pension..... Monthly Amount \$ _____
	Source of Pension(s) _____
_____	c. Veteran Benefits..... Monthly Amount \$ _____
_____	Veteran Benefits..... Monthly Amount \$ _____
_____	d. SSI Benefits..... Monthly Amount \$ _____
_____	SSI Benefits..... Monthly Amount \$ _____
_____	e. Unemployment..... Monthly Amount \$ _____
_____	Unemployment..... Monthly Amount \$ _____
_____	f. AFDC..... Monthly Amount \$ _____
_____	g. Employment Wages..... Monthly Amount \$ _____
	Employer _____
	Address _____
	Phone # _____
	Position Held _____ How long employed _____
_____	Employment Wages..... Monthly Amount \$ _____
	Employer _____
	Address _____
	Phone # _____
	Position Held _____ How long employed _____
_____	h. Full Time Student Income (Only 18 & Older)
	Monthly Amount \$ _____



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C. (continued) INCOME:

_____	i. Earned Income- Tax Credit	Monthly Amount \$	_____
_____	k. Child Support.....	Monthly Amount \$	_____
_____	l. Interest Income.....	Monthly Amount \$	_____
_____	Interest Income.....	Monthly Amount \$	_____
_____	l. Other Income: _____	Monthly Amount \$	_____
_____	Other Income: _____	Monthly Amount \$	_____

TOTAL GROSS ANNUAL INCOME: (Monthly Gross Income x12)

MONTHLY GROSS INCOME (total income listed above):		YEARLY GROSS INCOME
\$	X 12	\$

Do you anticipate any changes in this income in the next 12 months? YES NO
 IF YES, PLEASE EXPLAIN: _____

D. ASSETS:

ACCOUNT TYPE (Checking, Savings, Trusts, Savings Bonds, Etc...)	Bank Name	Account Number	Balance as of Today
			\$
			\$
			\$
			\$
			\$

Life Insurance Policy # _____ Provider: _____ Face Value \$ _____

REAL PROPERTY: Do you own any property? YES NO

IF YES, Type of Property _____
 Location (City & State): _____
 Appraised Market Value \$ _____
 Mortgage or Outstanding Loans Balance Due \$ _____
 Amount of Annual Insurance Premium \$ _____
 Amount of Most Recent Tax Bill \$ _____

Have you sold/disposed of any property in the last 2 years? YES NO

IF YES, Type of Property _____
 Market value when sold/disposed \$ _____
 Amount sold/disposed for \$ _____
 Date of Transaction \$ _____



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Have you disposed of any other assets in the last 2 years (EXAMPLE: Given money away to relatives, set up trust funds) YES NO

IF YES, Describe Asset _____

Date of Disposition _____

Amount Disposed \$ _____

Do you have any other assets not listed above (EXCLUDING PERSONAL PROPERTY)

If YES, List _____

E. MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSE

ONLY IF HEAD OR SPOUSE IS 62 YEARS OR OLDER, DISABLED, OR HANDICAPPED.

FAMILY MEMBER NAME SOURCE OF INCOME

_____ a. Medicare Premium..... Monthly Amount \$ _____

_____ Medicare Premium..... Monthly Amount \$ _____

_____ b. AARP Premium Monthly Amount \$ _____

_____ AARP Premium Monthly Amount \$ _____

_____ c. Additional Insurance Monthly Amount \$ _____

_____ Company Name & Address: _____

_____ Additional Insurance Monthly Amount \$ _____

_____ Company Name & Address: _____

Anticipated Medical/Drug prescription costs for the next 12 months NOT covered by Insurance or Reimbursed Monthly Amount \$ _____

Medical bills or outstanding costs for which you are making monthly payments:

Balance due\$ _____ Monthly Payments \$ _____

Do you see a physician regularly? YES NO

If YES, Name: _____ Address: _____

Projected cost for the next 12 months not covered or reimbursed by insurance.

Monthly Amount \$ _____

Any other medical expenses? List type and amounts: _____ \$
_____ \$

CHILDCARE COSTS: Complete only for children 12 and younger:

Name (s) of children cared for _____ Age _____

_____ Age _____

_____ Age _____

Name and Address of Person OR Agency Caring for Children

Name of Caretaker & Relationship if Applicable: _____

Address: _____ Phone Number: () -

Weekly Cost for Children Due to Employment: \$ _____

Weekly Cost for Children Due to Education: \$ _____



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HANDICAP ASSISTANCE EXPENSE: Complete *ONLY* if handicap expenses allow the handicapped person *OR* another household member to WORK.

TYPE OF EXPENSES	WEEKLY AMOUNT	PAID TO WHOM

F. PROGRAM INFORMATION

Are you displaced?

YES NO IF YES, Displacement Agency: _____
 Address: _____
 Telephone # () - _____

Is your current unit condemned? YES NO

IF YES, by whom? Name: _____
 Telephone # () - _____

Are you requesting a handicap/disability adjustment to income or a special handicapped accessible unit or both? YES NO

Military Status: Active Military Beginning _____ Veteran, Date of Service _____

Are you currently living in substandard housing? YES NO

Have you ever resided in a project financed and/or subsidized by the government?

YES NO If yes, NAME and ADDRESS _____

Have you ever been evicted from public housing or any Federal Housing Program? YES NO

If YES, Landlord: _____ Address: _____ Year: _____

Reason for Eviction: _____

Have you ever been evicted from any other housing? YES NO

How did you hear about this housing opportunity? _____

Will you take an apartment as soon as it is available? YES NO

Briefly describe your reason for applying. _____

G. REFERENCE INFORMATION

CURRENT LANDLORD: Name _____

Address _____

Telephone # () - _____

PREVIOUS LANDLORD IF LESS THAN TWO YEARS AT CURRENT ADDRESS

Name _____

Address _____

Telephone # () - _____



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CREDIT REFERENCES (Credit Cards, Utility Accounts, Etc...):

PERSONAL REFERENCES:

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER

EMERGENCY CONTACT:

Name: _____ Relationship: _____
Address: _____ Phone Number: _____

H. OTHER REQUIRED INFORMATION:

VEHICLES: List any truck, car, or other vehicles owned. (Parking will be provided for ONE (1) vehicle only). Arrangements with management must be made if necessary for any additional vehicle.

1.) Make & Model: _____ Year: _____ Color: _____
License Plate Number: _____ Operator License Number: _____
2.) Make & Model: _____ Year: _____ Color: _____
License Plate Number: _____ Operator License Number: _____

PETS: Do you own a pet? YES NO If yes, explain: _____

SIGNATURE

Applicant _____ DATE _____
Applicant _____ DATE _____

“RACE, NATIONAL ORIGIN, AND SEX DESIGNATION”

“The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through its Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of an individual applicant on the basis of visual observation or surname.”

RACE: _____ NATIONAL ORIGIN: _____ SEX: _____

Capital Square Mgmt., LLC
323 MAIN STREET
DANBURY, CONNECTICUT
203-797-8255



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I. CERTIFICATION/AUTHORIZATION

CERTIFICATION

I/We 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/our eligibility for housing will be based on Farmers Home Administration income/occupancy limits and by Capital Square Management, LLC 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.

SIGNATURE

HEAD

CO-HEAD

DATE

DATE

AUTHORIZATION

I/We Do Hereby Authorize Capital Square Management, LLC and its staff or authorized representative to contact any agencies, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by Capital Square, LLP.

SIGNATURE

HEAD

CO-HEAD

DATE

DATE