



Paradise Agency, LLC

Property Development & Management

151 Broadway

P.O. Box 175

Colchester, Connecticut 06415

Phone: (860) 537-7044 • Fax: (860) 537-1142 • TDD/TT: 1-800-842-9710

Visit us at www.paradiseagency.com

Gan-Aden of Colchester

385 South Main Street, Colchester

Thank you for your inquiry regarding our apartments. Please complete the Rental Application as accurately as possible and return it to this office at the address noted above.

Your income information (current gross amounts) and medical expenses (if applicable) make a difference as to your placement on the waiting list so please complete everything as correctly as you can.

After we receive your application it will be reviewed and you will be put on the waiting list. At the time that you are offered an apartment, we will run a credit check and criminal history report. You will be charged the actual cost of this report. Please do not send money at this time.

If you have any questions regarding the application process, please do not hesitate to call the office.

PARADISE AGENCY, LLC

This institution is an equal opportunity provider and employer



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Rental Application

FOR OFFICE USE ONLY

Date App. Rcvd _____

Deposit Rcvd & Date _____

Unit Occ & Date _____

GAN-ADEN COLCHESTER 385 South Main Street, Colchester CT 06415
Property Name Address

1BR 2BR Barrier-Free
Size/type of unit preferred

APPLICANT / CO-APPLICANT INFORMATION

1. FULL NAME (Applicant) _____ Social Security # _____
Date of Birth _____

Email address _____ Phone _____ Cell _____

2. FULL NAME (Co-Applicant) _____ Social Security # _____

Relationship to Applicant _____ Date of Birth _____

Email address _____ Phone _____ Cell _____

3. INFORMATION ABOUT ALL OTHER OCCUPANTS

Full Name Date of Birth Gender Relationship Social Security Number

RESIDENCE HISTORY

1. CURRENT ADDRESS (Applicant) _____
Street City State Zip

Length at this address _____ Reason for Leaving _____

Expenses: Rent _____ Fuel _____ Electric _____ Other _____

Owner/Agent/Landlord: _____ Phone: (____) _____

Have you ever been evicted? Yes No If yes, please explain on attached page.

2. CURRENT ADDRESS (Co-Applicant) _____
Street City State Zip

Length at this address _____ Reason for Leaving _____

Expenses: Rent _____ Fuel _____ Electric _____ Other _____

Owner/Agent/Landlord: _____ Phone: (____) _____

Have you ever been evicted? Yes No If yes, please explain on attached page.

3. PREVIOUS ADDRESSES if within 3 years:

Applicant: _____
Street City State Owner/Agent/Landlord

Length at this address: _____ Reason for Leaving: _____

Co-Applicant: _____
Street City State Owner/Agent/Landlord

Length at this address: _____ Reason for Leaving: _____

BANK AND CREDIT REFERENCES

| Bank Name | City, State | Branch | Type of Account | Account Number |
|-----------|-------------|--------|-----------------|----------------|
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |

Have you ever filed for bankruptcy? Applicant: Yes No If yes, please explain on attached page.
Co-Applicant: Yes No If yes, please explain on attached page.

EMPLOYMENT INFORMATION

1. EMPLOYER (Applicant) _____
Employer's Address _____ Phone(____) _____
Position _____ Supervisor _____ Date Employment Began _____

2. PREVIOUS EMPLOYER (Applicant) _____ Phone(____) _____

3. EMPLOYER (Co-Applicant) _____
Employer's Address _____ Phone(____) _____
Position _____ Supervisor _____ Date Employment Began _____

4. PREVIOUS EMPLOYER (Co-Applicant) _____ Phone(____) _____

INCOME INFORMATION

Please fill in gross monthly amounts from the following sources of income:

| | Applicant (gross/mo) | Co-Applicant (gross/mo) |
|---------------------------------|----------------------|-------------------------|
| 1. Wages | _____ | _____ |
| 2. Social Security | _____ | _____ |
| 3. Veteran's Benefits | _____ | _____ |
| 4. Interest Income | _____ | _____ |
| 5. Pension/Annuity | _____ | _____ |
| 6. Business/Rental | _____ | _____ |
| 7. Public Assistance | _____ | _____ |
| 8. Child Support/Alimony | _____ | _____ |
| 9. Unemployment Benefits | _____ | _____ |
| 10. Family Support | _____ | _____ |
| 11. Other (please detail) _____ | _____ | _____ |
| 12. TOTAL INCOME: | _____ | _____ |

Do you wish to request a handicap/disability adjustment to your income Yes No

CURRENT ASSETS (APPLICANT AND CO-APPLICANT)

| | Bank Name | Account Number | Balance |
|--|------------------|------------------------|---------|
| Checking Account(s) | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Savings Account(s) | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Certificate(s) of Deposit | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| IRA(s) | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Stocks/Bonds | Cash value _____ | Yearly Dividends _____ | |
| Mutual Funds | Cash value _____ | Yearly Dividends _____ | |
| Whole Life Insurance | Cash value _____ | Yearly Dividends _____ | |
| Do you own your own home? | Yes No | | |
| If yes, what is the value | _____ | Mortgage balance _____ | |
| Do you own any other real estate? | Yes No | | |
| If yes, what is the value | _____ | Mortgage balance _____ | |
| Have you disposed of any assets within the past two years? | Yes No | | |
| If yes, what was the value of the assets? | _____ | | |

CHILD CARE EXPENSES

Name of children cared for _____ Age _____

Name and address of childcare facility _____ Phone _____

Weekly cost of childcare? _____

Do you need childcare because of employment? Yes or Do you need childcare because of school? Yes

If you are a student, what school do you attend? _____

MEDICAL EXPENSES - To be completed by elderly and/or handicapped applicants only

| | Applicant | Co-Applicant | Carrier Name |
|--|----------------------|----------------------|-------------------|
| Monthly Medicare Premiums | \$ _____ | \$ _____ | N/A |
| Other Medical Insurance Premiums | \$ _____ /mo/qrtr/yr | \$ _____ /mo/qrtr/yr | _____ |
| | \$ _____ /mo/qrtr/yr | \$ _____ /mo/qrtr/yr | _____ |
| | \$ _____ /mo/qrtr/yr | \$ _____ /mo/qrtr/yr | _____ |
| Anticipated amount of expenses for prescription drugs NOT covered by insurance: <u>These would be on-going prescriptions you take year after year.</u> | | | \$ _____ /monthly |
| Anticipated amount of expenses for doctors, dentists and eye care NOT covered by insurance: <u>These would be yearly expenses such as physicals, dental cleanings, eye exams/glasses for which you do not get reimbursed.</u> | | | \$ _____ /monthly |

PLEASE NOTE THE FOLLOWING

- This is a preliminary application and in no way ensures occupancy.
- Additional information may be requested to complete processing your application
- By signing below, you are authorizing us to perform necessary inquiries to verify the information contained in the application, including searches of credit records and other public documents. You also consent to release wage matching data to RD and borrower.
- Should you lease a unit, this application and the information it contains is made part of the lease entered into by you and the owner.
- By signing below, you are certifying that the information herein is, to the best of your knowledge, true and correct. Please note that should you lease a unit, any misrepresentation of this information will constitute a default under your unit lease.
- Your signature below certifies that the housing for which you are applying will be your permanent residence, and you will not maintain another subsidized rental unit.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

The following information is requested by the Federal Government in order to monitor our compliance with various Federal civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, we are required to note the race and sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way.

Applicant: *() I do not wish to furnish this information*

Co-applicant: *() I do not wish to furnish this information*

1. Ethnicity: () Hispanic or Latino
 () Not Hispanic or Latino

1. Ethnicity: () Hispanic or Latino
 () Not Hispanic or Latino

2. Race/
National () American Indian or Alaskan Native
 () Asian
Origin: () Black or African American
 () Native Hawaiian or Pacific Islander
 () White

2. Race/
National () American Indian or Alaskan Native
 () Asian
Origin: () Black or African American
 () Native Hawaiian or Pacific Islander
 () White

3. Sex: () Male
 () Female

3. Sex: () Male
 () Female

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must immediately report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

| A complaint may not be filed with the owner/management if: | A complaint may be filed with the owner/management if: |
|---|--|
| USDA has authorized a proposed rent change. | There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA. |
| A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management. | The owner or management fails to maintain the property in a decent, safe, and sanitary manner. |
| The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances. | The owner violates a lease provision or occupancy rule. |
| USDA has required a change in the rules and proper notices have been given. | A tenant is denied admission to the complex. |
| The tenant is in violation of the lease and the result is termination of tenancy. | |
| There are disputes between tenants that do not involve the owner/management. | |
| Tenants are displaced or other adverse effects occur as a result of loan prepayment. | |

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.