



Paradise Agency, LLC

Property Development and 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

Indian Ridge I and II

404 East Main Street, Griswold

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.

Indian Ridge Apartments consists of the following:

- 20 units of townhouse style two bedroom apartments
- 24 units of garden style, one floor one bedroom apartments
- 4 units of townhouse style three bedroom apartments.

Each unit has hardwood flooring throughout the unit along with ample storage and large rooms. The heat is included in the rent along with all the maintenance.

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 may 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

Thank you!

THIS FORM CAN BE DOWNLOADED TO BE FILLED OUT AND EMAILED TO PARADISE AGENCY USING **ACROBAT READER**. BE SURE TO SIGN AND CHECK THE AUTHORIZATION RELEASE BOX.

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 _____

INDIAN RIDGE 404 East Main Street, Griswold CT 06351
Property Name Address

1BR 2BR 3BR 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. LIST ALL STATES WHERE YOU OR MEMBERS OF YOUR HOUSEHOLD HAVE RESIDED

5. ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO STATE LIFETIME SEX OFFENDER REGISTRATION IN ANY STATE? Y N

6. WERE YOU RECEIVING HUD RENTAL ASSISTANCE ON OR BEFORE JANUARY 31, 2010? Y N

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 No Do you need childcare because of school? Yes or No

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 or clicking this box, 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 or clicking this box, 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.

**Application can be emailed to Info@ParadiseAgency.com
or faxed to 860 537 1142 or mailed to office**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number. **Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. **HUD- 92006 (05/09)**

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.