



Bethel Senior Housing

Return Application to:
Richman Asset Management
340 Pemberwick Road
Greenwich, CT 06831

Information: (203) 869-0900
Website: www.richmancapital.com

General Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Household Information

List all persons, including you who will occupy the apartment:

Full Name	Head of Household	SS#	Birthday Including Yr.	Male/Female

Will any alterations to the apartment be necessary for a member of your family?
___ Yes or ___ No

If yes, please explain: _____



Income: Please be advised, you will be asked to show proof of all income.

List all full and or part-time employment for all household members, including self-employment earnings. See below for non-employment sources of income.

1. Household Members Name _____

2. Name & Address of Employer _____

3. Length of Employment _____
4. Gross Earnings Before Taxes _____

Other Source of Income

(Examples: Social Security, SSI, Pension, Disability, Unemployment, Compensation, Interest, Welfare, Babysitting, Caretaking, Alimony, Child Support, Annuities, Dividends, Income from Rental Properties, Armed Forces, Reserves, Scholarships, and or Grants.

1. Household Members Name _____
2. Type of Income _____

3. Gross Amount before Deductions \$ _____ Per Month.
\$ _____ Per Month.

Does anyone in the household receive contributions or gifts from a non-household member? ____ Yes ____ No



Housing Status

Do you own the home you are currently living in? ___ Yes or ___ No
If **No**, please complete the following selection:

Monthly Rent: \$ _____

How long have you lived at present address? _____ Years _____ Months

Are you sharing your apartment? Yes / No

Is the apartment lease in your name? Yes / No / NA

Please check utilities paid by you:

_____ Heat \$ _____ per Month _____ Electric \$ _____ per Month

_____ Gas \$ _____ per Month _____ Water \$ _____ per Month

Landlord References:

Current Landlord Name: _____

Address: _____

Prior Landlord Name: _____

Address: _____

Reason for Moving: _____

Are you currently under eviction or have you ever been evicted? ___ Yes ___ No

If Yes, please explain _____

Credit References:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____



Assets

Checking Accounts:

Bank	Account Number	Balance

Passport Savings	Money Market	Value (\$)
		\$
		\$
		\$

Savings CD	Value (\$)
	\$
	\$

	Value
Stocks & Bonds	\$
Savings & Bonds	\$
IRA's	\$
IDA's	\$

Real Property:

Do you own any property? _____ Yes or No _____

If yes, type of property? _____

Where is the property located? _____

Appraised Market Value? \$ _____

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 \$ _____

Have you disposed of any other assets in the last 2 years? (Example: Given away money to relatives, set up irrevocable trust accounts)? ___ Yes ___ No

If yes please describe asset _____

Date of Disposition _____

Amount of Disposed \$ _____



Program Information

Do you presently reside in a development where your rent is based on your income?

Yes or No

If "Yes", please explain: _____

How did you find out about our development? _____

Why are you applying to our development? _____

Have you or any other member of your household ever been convicted of a felony?

Yes or No

If "Yes", please briefly explain the circumstances. _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Address: _____

Name: _____

Address: _____



I/We certify that I/We do/will not maintain a separate rental unit in a different location.

We also certify that this will be my/our permanent residence.

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and credit checks. Changes in family income, size, address and phone numbers must be reported promptly to management in order to properly process your application.

A security deposit and one year lease are required.

I/We certify that all the information in this application is true to the best of my/our knowledge and that 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.

SIGNATURES:

Applicant

Co-Applicant

Date Signed

Date Signed

AUTHORIZATION

I / WE DO HEREBY AUTHORIZE CROTONA DECELOPMENT, LLC AND ITS STAFF OR AUTHORIZED REPRESENTATIVES TO CONTACT ANY AGENCIES OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARYU TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN THIS PROPERTY.

SIGNATURES:

Applicant

Co-Applicant

Date Signed

Date Signed

Signature of Person filling out form for Tenant



***The information regarding race, national origin and sex designation through the U.S Department of Housing and Urban Development, that Federal laws prohibiting discrimination against tenant applicants 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 you 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 not the race/national origin and sex of individual on the basis of visual observation or surname.**

White (Non Hispanic Origin) _____ Black (Non Hispanic Origin) _____ Hispanic _____

American Indian _____ Alaskan Native _____ Asian or Pacific Islander _____