

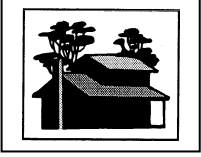
# Welcome to HallKeen Management

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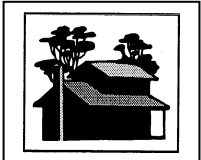
## Instructions

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Enclosed please find the Housing Application you requested. Please note the following:



A separate application must be completed for **each** apartment community you are interested in. (Copies Are Acceptable)



**Applications must be completed in full.** Incomplete applications will be returned to the applicant.

One Applicant Verification Consent Form must be completed for **each** non-citizen member of the household who is declaring eligible immigration status.

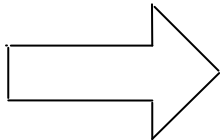
*(Note: Complete only if you are applying for federally assisted housing.)*



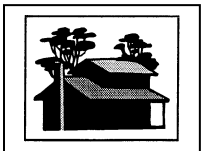
If you should move or change your phone number, notification of such change must be in writing and mailed to:

**Barton Commons**  
**PO Box 248**  
**New Milford, CT 06776**  
**Attn: Property Manager**

Notification must include the following:



- A - Applicant(s) Name(s) and Social Security Number
- B - Apartment Complex(s) of application
- C - Approximate month/year the original application was submitted
- D - Old Address and Phone Number
- E - New Address and Phone Number



We update our waiting lists on a yearly basis. Anyone who does not return a completed update application, within the specified timeframe, will be removed from the waiting list.



Applicants will be notified of their status once they are close to the top of the list.

**PLEASE INCLUDE: A copy of a photo id of every occupant 18 years of age and older and \$100 money order, bank Check or cashier's check payable to "Barton Commons"**



Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain. \_\_\_\_\_

Present housing cost per month \$\_\_\_\_\_ Including utilities?  Yes  No

How long have you lived at present address? \_\_\_\_\_ Years.

Do you own any pets? \_\_\_\_\_

What are the reasons for moving? \_\_\_\_\_

How did you hear about our property? \_\_\_\_\_

**FAMILY COMPOSITION** - List all those who will occupy the apartment - INCLUDE YOURSELF (Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1 _____	Head of Household	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No
6 _____	_____	_____	_____	_____	Yes or No
7 _____	_____	_____	_____	_____	Yes or No
8 _____	_____	_____	_____	_____	Yes or No

Does the Head of Household have full custody of all household members under age 18? Yes or No

If No, please explain \_\_\_\_\_  
 (Please be prepared to supply copy of child support/custody agreement and divorce decree.)



**REFERENCES** – Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive. (Include Shelters)

1) **Previous** Address \_\_\_\_\_  
\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Name of **Previous** Landlord /Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

2) **Previous** Address \_\_\_\_\_  
\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Name of **Previous** Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

3) **Previous** Address \_\_\_\_\_  
\_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Name of **Previous** Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**Note:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Character Reference: \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Have you ever been evicted from your home for any reason? If so, please give details: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any crime? If so, please give details: \_\_\_\_\_  
\_\_\_\_\_



**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:** Please indicate the income received and assets held by each member of your household. List each member by the corresponding number from the previous page.

**Member #** \_\_\_\_\_  
 Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_  
 [ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hrs per week \_\_\_\_\_ # weeks per year \_\_\_\_\_)

**Member #** \_\_\_\_\_  
 Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_  
 [ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_)

**Member #** \_\_\_\_\_  
 Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_  
 [ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_)

**Member #** \_\_\_\_\_  
 Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_  
 [ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_)

**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:**

List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

(week, month, year)



\_\_\_\_\_ per \_\_\_\_\_  
\_\_\_\_\_ per \_\_\_\_\_  
\_\_\_\_\_ per \_\_\_\_\_  
(week, month, year)

**INCOME FROM ASSETS:**

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Mutual Funds, 401K's, and IRA's.

**Member #** \_\_\_\_\_  
Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_. If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_  
Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_. If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_  
Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_. If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_  
Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_. If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_  
Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_. If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_



**OTHER ASSETS (Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)**

Household Member	Type of Asset	Value of Asset
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**In Case of Emergency, whom should we contact?**

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

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



**PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS / CONSIDERATIONS:**

*(Applies only to certain subsidized housing programs.)*

1. Have you been displaced from your home? If so, please explain:

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2. Does your present home have health code violations? If so, please describe:

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3. Is your present home too small for you family? Yes \_\_\_ No \_\_\_ If so, please explain: \_\_\_\_\_

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4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_ No \_\_\_ If so, please describe:

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5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details:

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Will all of the persons in the household be or have they been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) an AFDC or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Additional Required Information**

Are you or any member of your household required to register as a sex offender under Connecticut or any other state law? \_\_\_\_\_ If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registrations is required.) \_\_\_\_\_

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information report (CORI) or other criminal background report may also be requested.** I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

***Signed under the pains and penalties of perjury.***

\_\_\_\_\_  
Head of Household/Applicant      Date      \_\_\_\_\_  
Co-Applicant      Date

HallKeen Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



To: HallKeen Management

Re: Release to Obtain Information

In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. I, Applicant authorize any person or credit checking agency having any information on me, to release any and all such information to the owner/manager/employee/agent or credit checking agencies. Applicant, hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

**All applicants over 18 must sign**

Applicant \_\_\_\_\_  
Signature Social Security # Date

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

Applicant \_\_\_\_\_  
Signature Social Security # Date

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

Applicant \_\_\_\_\_  
Signature Social Security # Date

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



## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability, which is defined as having a physical or mental impairment, that substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such impairment, and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

**If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.**

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

Barton Commons  
PO Box 248  
New Milford, CT 06776  
(203) 546-7342

