



Date Rec. _____ Time _____
Office use only above

Liberty Apartments

106-108 West Cedar Street, Norwalk, CT

APPLICATION

Return Completed Application To:

**Dolphin Property Services LLC
44 Warburton Ave – 1st Floor
Yonkers, NY 10701
Tel: 914-226-8217
Fax 914-226-8218**

THIS INFORMATION IS TO BE FILLED OUT BY APPLICANT:

Name _____
Street Address _____ Apt. No. _____
City _____ State _____ Zip _____
Home Phone No. _____ Work Phone No. _____

2. HOUSEHOLD INFORMATION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relation to head	Marital Status D-Divorce S-Single L-Legal Separation E- Estranged W-Widowed	Birth Date	Age	Social Security Number	Full Time Student? Y/N
Head of Household							
Co-Head							
Other Member							
Other Member							
Other Member							
Other Member							

Please complete the following: Place N/A if the information is not applicable to you or other household member.

Is this the entire household to occupy the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, list and explain	
No one else can join the household without prior management approval. Do you plan to have anyone living with you in the future who is not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list and explain	
Are there any absent household members who under normal conditions would live with you? (for example: A household member away in the military)	Yes or No
Have there been any changes to this household since the previous	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification?	
If yes, what were the changes	
Is the head or spouse of this household handicapped or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you need any specific features or unit designs such as wheelchair accessibility, visual aides (Braille) or apparatus for hearing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe	

Number of Persons in Household _____ No. of Bedrooms Desired? 2 OR 3
 Present Monthly Rent _____ Do you receive Section 8 or other assistance? Yes or No
 If yes, what type _____
 How did you hear about our housing? _____
Liberty Apartments has a no pet policy - Do you own a pet? Y or N

Do you have a car? _____ If "yes", how many _____
 Name Address of Current Landlord: _____ Name Address of Previous Landlord:

 How long have you lived at this address? _____ How long have you lived at this address?
 _____ yrs _____ months _____ yrs _____ months

Please Provide Employment Information for everyone listed in the application

Household Member:

1. _____ Salary \$ _____ How Often _____
 Company name _____ Employer Name _____
 Employer Address _____ How long employed? _____
 2. _____ Salary \$ _____ How Often _____
 Company name _____ Employer Name _____
 Employer Address _____ How long employed? _____
 3. _____ Salary \$ _____ How Often _____
 Company name _____ Employer Name _____
 Employer Address _____ How long employed? _____

Do you or any family member have income from any of the following sources?

Household Member	Source			Amount	Name and Address of Source
	Social Security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	SSI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Pension/Annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Veterans Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Unemployment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Workman's Comp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Public Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Are you entitled to Child Support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Military Pay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Net Income from a Business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Contributions from friends or relatives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Income from assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Other income? Including regular lottery winnings or inheritances.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Grants or Scholarships?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	

Child Support or alimony (*We must count court orders whether or not it is received unless legal action has been taken to remedy. We must count support that is not court ordered rather receive directly from the payer.*)

Do you file Income Tax Returns? Yes No

Please list total household income from the previous year: \$ _____

If this differs from the current year, please explain:

Do you or any member of your family have any of the following assets?

Tenant	Asset			Amount	Name and Address of Source
	Checking Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Savings Account	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Stocks and/or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	

	Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Whole Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	
	Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	

REAL ESTATE PROPERTY: Do you own any property? Yes No

If yes, what type of property

Location of property

Appraised Market Value \$

Mortgage or outstanding Loan Balance \$

Amount of annual insurance premium \$

Amount of most recent tax bill \$

Have you sold or disposed of any property with the last 2 years? Yes No

If yes, what type of property

Market Value when sold/dispensed \$

Amount Sold/Disposed for \$

Date of Transaction:

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

If yes, describe the asset

Date of disposition

Amount Disposed of \$

Do you have any other assets not listed above (excluding personal property)? Yes No

If yes, please list:

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

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full time students(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) a TANF 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 dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Note: Any assets disposed of for less than fair market value in the two years before the date of this application will be counted as assets if the difference between the market value and the amount received exceeds \$1,000.00.

Additional Information:

Are you or any member of your family currently using an illegal substance? Yes or No

Have you or any member of your family ever been convicted of a felony? Yes or No
If yes, please describe

Have you or any member of your family ever been evicted from any housing? Yes or No

Have you filed for bankruptcy? Yes or No

Please provide us with references:

Name	How Long Known?	Phone Number
1. _____	_____	(____)_____
2. _____	_____	(____)_____
3. _____	_____	(____)_____

RESIDENT'S STATEMENT: I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the managing agent to verify all information provided on this Preliminary Tenant Application and our signature below is our consent to such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal belongings). I/we hereby authorize the Landlord to obtain information it deems desirable in the processing of the application including but not limited to credit reports, civil or criminal actions, rental history, employment,/salary details, police and vehicle record and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. I/we further certify that the statements made in this Preliminary Tenant Application are true and complete to the best of my/our knowledge and belief and are aware that false statements or misrepresentations are a criminal offense under Section 1001 of Title 18 of the U.S. Code.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

Signature of Head of Household

Date

Signature of Spouse or Co-Applicant

Date

Credit Authorization

This application is made subject to approval of the management and may without designating cause be disapproved by them, it is being agreed that any such disapproval shall not be considered a reflection upon applicant. This application is to be made part of the lease entered into between the application and the landlord. The truth of the information contained herein is essential and if the aforementioned property deems any answer or statement herein to be false or misleading it shall be considered that any lease granted by virtue of this application may be canceled at their option. I/ We hereby authorize the management to use any consumer reporting agent, credit bureau or other investigative agencies employed by such, to investigate the reference herein listed or statements, or other data obtained from me and from any other person pertaining to my employment history, credit, prior tenancies, character, general reputation, person characteristics and mode of living, To obtain a consumers report and such other credit information which may result thereby, and to disclose and furnish such information to the owner/agent listed above in support of this application. I have been advised that I have the right under Section 606B of the Fair Credit Reporting Act to make a written request within reasonable time for a complete and accurate disclosure of the nature and scope of any investigation.

_____ Applicants Signature	_____ Date
_____ Co-Applicant Signature	_____ Date

Thank you for taking the time to complete this application.

discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. This apartment community does not discriminate on the basis of handicap/disability status. The management coordinates compliance with the nondiscrimination requirements contained in HUD's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988)

LIBERTY APARTMENTS
106 – 108 Cedar Street
Norwalk CT
C/O
Dolphin Property Services, LLC

PH: 914-226-8217
FAX: 914-226-8218
TTY 711 or 1-800-421-1220

Apartment type	Number of	Maximum Income	2BR	\$1655
Type	Occupants	Per Household	3BR	\$1862

Minimum Income should equal 2.75 times the annual rent. Ex: a monthly rent of \$375.00 x 12 x 2.75 = \$12,375 annual income minimum requirement.

If you have a section 8 voucher or certificate, please disregard minimum income requirement

Please see below Maximum allowable income for number of persons living in the household.

	<u>2021 Income Limits Effective 4/1/21:</u>	
2 & 3 Bedroom 60% Unit the area Median Income	One Person	\$63,780
	Two Persons	\$72,900
	Three Persons	\$82,020
	Four Persons	\$91,080
	Five Persons	\$98,400
	Six Persons	\$105,660

*****Liberty Apartments has a no pet policy - Do you own a pet? Y or N**

HEAT AND HOT WATER IS INCLUDED WITH RENT.

Please Note:

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Dolphin Property Services, LLC
44 Warburton Ave- 1st Floor
Yonkers, NY 10701

or FAX TO: 914-226-8218