



WILDWOOD

Property Management, LLC

Dear Applicant:

Enclosed you will find an application and general information for properties managed by **Wildwood Property Management, LLC** that participates directly or indirectly in several different programs of federal rental assistance.

Please fill out the application completely and sign wherever it is indicated. Please DO NOT include any other additional documents, as we do not require any additional documentation currently. It is important to complete the application in its entirety. Any delays in completing the application in full may delay the date your name is added to the waiting list. You may mail, fax, or email your application to:

ADDRESS: Wildwood Property Management LLC
PO BOX 746
Tolland, CT 06084

FAX: (860) 398-5429
EMAIL: Waitlist@wildwoodmgt.com

Wildwood Property Management, LLC, or the properties it represents as Agent, does not discriminate against persons with disabilities. If you are a person with disabilities and need this application in large-print or other alternative format, please notify the management office so that your needs may be accommodated. Individuals with hearing impairments may call 1-800-842-9710. If you are unable to return the application by mail or in person to the leasing office at 384Q Merrow Road, Tolland, CT 06084 because of a disability, please notify the management office so that alternative arrangements can be made.

Turn Over for Information >



Housing Impaired Use
1-800-842-9710



P.O. Box 746, Tolland, CT 06084
384Q Merrow Road, Tolland, CT 06084
Phone: 860-398-5429 Fax: 860-398-5429
This institution is an equal opportunity provider and employer



WILDWOOD Property Management, LLC

Wildwood Property Management, LLC is the property management company that oversees operations for the following properties:

Concord Meadows, Madison CT
Fox Glen, Cromwell CT
Mauro Meadow, Durham CT
High Meadow, Haddam CT
Dartmouth Village, Columbia CT
Riverside Villages, Stafford CT

Safe Harbor, Westbrook CT
Reilly Manor, Cromwell CT
Oak Grove, Moodus CT
Hop River Homes, Andover CT
Stony Hill Village, Granby CT

To qualify for housing at any of the above locations you must be 62 years of age and over OR disabled (*High Meadow in Haddam: you MUST be 62 years of age and older to apply*). Riverside Villages does not have an age restriction. These properties are affiliated with programs that provide rental assistance to those with low income, therefore these programs have income limits to determine eligibility. For more information on the income limits for each property please contact the office.

Each property has its own independent waitlist. You may select properties based on your preference (*please indicate on the application which properties you are interested in*). Please be aware that there is a significant waiting period for each property mentioned above. Please contact the office for an estimated waiting period for each property above.

Priority for occupancy is based on the chronological order that your application was received, with very low-income applications considered first. Prospective tenants must list all annual income, assets, and out-of-pocket medical expenses from ALL household members. Typically, your rent is 30% of your adjusted annual income.

We do not have model units to show you, but you are welcome to visit each property and view the grounds.

If you have any further questions regarding our application process, the waitlist, etc. please contact us at (860) 398-5425 and dial ext. 512# for waitlist information and questions.



Hearing Impaired Use
1-800-542-5710



P.O. Box 746, Tolland, CT 06084
384Q Morrow Road, Tolland, CT 06084
Phone: 860-398-5425 Fax: 860-398-5429
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WILDWOOD
Property Management, LLC

PRELIMINARY RENTAL APPLICATION

Indicate Apartment Location Choice(s) below:	
<input type="checkbox"/> CONCORD MEADOWS, MADISON, CT	<input type="checkbox"/> MAURO MEADOW, DURHAM, CT
<input type="checkbox"/> FOX GLEN, CROMWELL, CT	<input type="checkbox"/> OAK GROVE, MOODUS, CT
<input type="checkbox"/> HIGH MEADOW, HADDAM, CT	<input type="checkbox"/> REILLY MANOR, CROMWELL, CT
<input type="checkbox"/> HOP RIVER HOMES, ANDOVER, CT	<input type="checkbox"/> SAFE HARBOR, WESTBROOK, CT
<input type="checkbox"/> STONY HILL VILLAGE, GRANBY, CT	<input type="checkbox"/> DARTMOUTH VILLAGE, COLUMBIA, CT
<input type="checkbox"/> <input type="checkbox"/> Studio and/or <input type="checkbox"/> One Bedroom	<input type="checkbox"/> One Bedroom and/or <input type="checkbox"/> Two Bedroom

NAME: _____ TELEPHONE #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOC. SEC. #: _____ LICENSE #: _____

EMAIL: _____

****To qualify for a unit, you must meet certain eligibility requirements: ****

1. Are you or your co-tenant 62 Years of Age or Older? _____ (yes/no)
2. Were you age 62 or older as of January 31, 2010, and do not have a social security number? And, were you receiving HUD rental assistance at another location on January 31, 2010? _____ (yes/no)
3. Are you or your co-tenant eligible for a housing unit or rental assistance based on a handicap or disability? _____ (yes/no)
4. Are you or your co-tenant in need of a unit with special physical design feature(s)? _____ (yes/no)
If yes, describe: _____
5. Are you or your co-tenant in need of a unit located on the first floor? _____ (yes/no)
6. Are you or any member of your applicant household a current illegal user of a controlled substance or have a previous conviction of use, illegal manufacture, or distribution of a controlled substance? _____ (yes/no) If so, have you successfully completed a controlled substance abuse recovery program? _____ (yes/no) Or, are you presently enrolled in a program? _____ (yes/no)

(questions continue on reverse side)

OFFICE USE ONLY - DATE RECEIVED: _____

TIME: _____

BY: _____



Hearing Impaired Use
1-800-542-5710



P.O. Box 746, Tolland, CT 06084
334Q Marrow Road, Tolland, CT 06084
Phone: 860-398-5425 Fax: 860-398-5429
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7. Have you or any member of your applicant household ever been considered a direct threat to either the health or safety of other individuals? Or, the physical property of others? _____ (yes/no)
8. Are you or any member of your applicant household subject to a lifetime state sex offender registration program in ANY state? _____ (yes/no)
9. Have you or any member of your applicant household ever resided outside of CT? If yes, please list states: _____
10. Have you or any member of your applicant household ever been evicted? _____ (yes/no)
11. Do you or any member of your applicant household have a poor history of meeting financial obligations? _____ (yes/no/explain)
12. Are you a victim of domestic violence? If yes, please contact us to arrange acceptable ways to contact you: _____
13. How much is your current rent? _____ Do you always pay it by the due date? _____ (yes/no)

Based on your answers to the above questions, you may be eligible for one or more of the above listed properties. You should continue to complete the rest of the application in its entirety and return it to our office. Once your application is received, we will determine if you are income eligible and notify you of your status and if your name has been added to our waiting list(s).

It is very important that you save the letter as proof of your initial application date.

GROSS INCOME

List all sources of income and select whether the figures reported represent annual or monthly amounts.

Social Security ☐ Annually ☐ Monthly Tenant \$ _____ Co-tenant \$ _____
Pensions ☐ Annually ☐ Monthly Tenant \$ _____ Co-tenant \$ _____
Wages ☐ Annually ☐ Monthly Tenant \$ _____ Co-tenant \$ _____
Other Income ☐ Annually ☐ Monthly Tenant \$ _____ Co-tenant \$ _____
(Examples of Other Income include: Alimony, Public Assistance, Gifts or Other Regular Income)

ASSETS - Do you or a co-tenant have any bank accounts or other assets?

	<u>Name of Bank or Financial Institution</u>	<u>Current total Balance or Account Value</u>	<u>Estimate of Annual Interest</u>
Checking	_____	\$ _____	\$ _____
Savings	_____	\$ _____	\$ _____
CD/IRAs	_____	\$ _____	\$ _____
Life Ins	_____	\$ _____	\$ _____
Stocks	_____	\$ _____	\$ _____
Bonds	_____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____

DO YOU OR A CO-TENANT OWN ANY REAL ESTATE (house, cottage, mobile home, or land), OR HAVE YOU SOLD ANY REAL ESTATE IN THE LAST TWO YEARS FOR LESS THAN FAIR MARKET VALUE?

(if YES, please complete the following)

Location: _____ Market Value: _____
Description: _____ Remaining
Mortgage: _____

Are there any full time students living in the household over the age of 18? _____
(yes/no)

OUT OF POCKET MEDICAL EXPENSES (ANNUALLY)

Medical costs can help to lower your rent. Only those medical expenses that you pay out of pocket are allowable. (i.e. Dentist Bills, Prescriptions, Eyeglasses, Hearing Aids and Batteries, Medical Insurance Premiums, Doctors Visits, Hospital Expenses, etc.) Please use estimated figures for the past twelve months.

	<u>Estimated Annual Expenses</u>	<u>Name and/or Address of the Medical Provider</u>
Medicare	\$ _____	_____
Other Medical Insurance(s)	\$ _____	_____
Physician	\$ _____	_____
Dental	\$ _____	_____
Eye Care	\$ _____	_____
Prescription	\$ _____	_____
Any other medical expenses	\$ _____	_____

LIST ALL PERSONS THAT WILL BE LIVING IN THE UNIT

	Name	Relationship	Date Of Birth	Soc. Sec. #	Driver's License # & State
1.					
2.					
3.					

REFERENCES: (Include name, address and telephone number)

	Name	Address	Telephone #
Landlord Reference:			
Personal Reference:			

EMERGENCY CONTACT INFORMATION:

	Name	Relationship	Address	Telephone #
1.				
2.				

I, the undersigned Applicant(s), certify under penalty of law that the information contained herein is true to the best of my knowledge, and that this apartment will be my household's permanent residence and I do not, or will not maintain a separate subsidized rental unit in a different location.

I also hereby authorize Wildwood Property Management, LLC to obtain landlord information and credit and police reports for evaluation:

Applicant: _____ Date: _____
Co-applicant: _____ Date: _____

The following information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the State and Federal Government acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, creed, religion, color, national origin, ancestry, sex, marital status, age, lawful source of income, familial status, disability, or sexual orientation are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

RACE (check one)

____ American Indian or Alaskan Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White
____ Other (please specify) _____

GENDER (check one)

____ Male
____ Female

ETHNICITY (check one)

____ Hispanic/Latino
____ Non Hispanic/Latino

=====

If applying for High Meadow, Hop River Homes or Oak Grove (Section 8 units)

Eligibility is based on your total gross annual income, prior to any deductions. All applicants must supply verification of their social security number and sign specific HUD consent forms prior to occupancy.

Eligibility for High Meadow is limited to households where either the applicant or co-applicant is 62 years old or older.

It is also a requirement that you declare U.S. citizenship by completing the following:

- _____ 1. Applicant - a citizen or national of the United States
_____ 1a. Co-Applicant - a citizen or national of the United States

If both you and your co-applicant answered yes for this block, no further information is required. Sign and date below and forward this form with the application to the name and address specified. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Applicant Signature

Date

Co-Applicant Signature

Date

Check here if adult signed for a child: _____

**If applying for Concord Meadows, Fox Glen, Reilly Manor,
Mauro Meadow, Safe Harbor, Hop River Homes, Stony Hill Village or Oak Grove
(USDA units)**

Eligibility is based on your adjusted annual income. Annual income is based on next years projected annual income. The medical expense deduction is based on next year's projected out of pocket medical expenses. Not all units have rental assistance.

Assets - Current & Disposed

All applicants and residents of Federally Subsidized Housing must disclose any assets that are disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification.

Did you have any assets in the last two years not listed on your application? _____
(yes/no)

If yes, did you dispose of any assets for less than fair market value? _____
(Did you give away or sell assets for less than their true value?) (yes/no)

If YES, what were the assets:

Description	Fair Market Value	Date Disposed	Amount Received
=====			

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification, will be counted as assets.

I hereby certify that the information listed on this form, and the questions answered are true and complete, to the best of my knowledge. I further certify that I have revealed all assets, currently held or previously disposed of, and that I have no other assets than those listed on this form (other than personal property). I understand that false statements are fraudulent and are a criminal offense, which is punishable by fine or imprisonment, or both.

Applicant or Resident Signature

Date

Authorization to Release Financial Information, Credit History and Police Records

Application or Resident Instructions:

1. Read the release completely
2. Print your name on top line
3. Sign on bottom line and date
4. Return to address below

I/We, _____, do hereby authorize Wildwood Property Management, LLC to collect and compile all my financial information, including but not limited to: Social Security income, wages, interest and dividend income, pensions, credit, landlord history and medical expenses. In addition, I also authorize Wildwood Property Management, LLC to research and evaluate my personal police record and/or eviction history, and sex offender registry.

You are hereby authorized to release any and all information requested by Wildwood Property Management, LLC in reference to my residence in a State or Federally Subsidized Housing Complex.

Thank you in advance for your cooperation in securing accurate financial information required by the State and Federal Government that will be used exclusively for determining eligibility in Subsidized Housing, and to calculate the amount of rent I will pay.

X _____

X _____

Applicant or Resident Signature (s)

Date

Please mail the completed application to:

**Wildwood Property Management, LLC
PO Box 746
Tolland, CT 06084**

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's assisted housing programs 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- 32446 (05/09)