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UNDER ONE ROOF, INC™ • 60 GREGORY BOULEVARD • NORWALK, CT 06855 • themarvin@underoneroofinc.org

## **HOUSING APPLICATION FOR THE MARVIN**

**APPLICATION MUST BE COMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

1. **APPLICANT NAME** (Legal Name and Maiden Name if Applicable): \_\_\_\_\_

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

Street City State Zip

Telephone Number: [Day] (\_\_\_\_) \_\_\_\_\_ [Night] (\_\_\_\_) \_\_\_\_\_ [Cell] (\_\_\_\_) \_\_\_\_\_

National Origin\* : \_\_\_\_\_ Sex (Please Circle One): Female Male

Race/Ethnic Background: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

2. **HOUSEHOLD COMPOSITION:** How many people would be living with you? \_\_\_\_\_

(Please Circle One): JUST MYSELF MYSELF AND A CO-APPLICANT Relationship to applicant

3. **CO-APPLICANT NAME** (Legal Name and Maiden Name if Applicable): \_\_\_\_\_

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

Street City State Zip

Telephone Number: [Day] (\_\_\_\_) \_\_\_\_\_ [Night] (\_\_\_\_) \_\_\_\_\_ [Cell] (\_\_\_\_) \_\_\_\_\_

National Origin\* : \_\_\_\_\_ Sex (Please Circle One): Female Male

Race/Ethnic Background: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\* The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure government agencies that The Marvin and Under One Roof, Inc. complies with Fair Housing Law and that residents are selected without regard to sex, mental or physical disability, age, race, creed, religion, national origin, color, marital status, sexual orientation or familial status. 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



**DO YOU QUALIFY FOR A UNIT FOR A PERSON WITH A DISABILITY:**

(Please Circle One): YES      NO      Some evidence of your disability may be requested.

**5. DO YOU CURRENTLY LIVE WITH ANYONE? (Please Circle One):**      YES      NO

If YES, please list and state their relationship to you:

A. \_\_\_\_\_ B. \_\_\_\_\_

C. \_\_\_\_\_ D. \_\_\_\_\_

**6. WHAT TYPE OF HOUSING DO YOU CURRENTLY OCCUPY? (Please Circle One):**

SINGLE FAMILY HOUSE    DUPLEX    APARTMENT    OTHER \_\_\_\_\_

**7. DO YOU OWN YOUR HOME? (Please Circle One):**      YES      NO

(If no, please answer the following):

A. PRESENT LANDLORD: Name: \_\_\_\_\_ Tel.# (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ How Long? \_\_\_\_\_

B. PREVIOUS LANDLORD: Name: \_\_\_\_\_ Tel.# (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ How Long? \_\_\_\_\_

**8. Applicant - PRIMARY PHYSICIAN: Name:** \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ How Long? \_\_\_\_\_

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

**Co-Applicant - PRIMARY PHYSICIAN: Name:** \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ How Long? \_\_\_\_\_

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

**9. PLEASE LIST THREE INDIVIDUALS (Not Relatives Or Your Physician) WHO YOU KNOW WELL AND WHO COULD SERVE AS A REFERENCE FOR YOU:**

A. Name: \_\_\_\_\_ Tel.# (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship \_\_\_\_\_

B. Name: \_\_\_\_\_ Tel.# (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship \_\_\_\_\_

C. Name: \_\_\_\_\_ Tel.# (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship \_\_\_\_\_

**10. PLEASE GIVE THE NAME, ADDRESS, AND TELEPHONE NUMBER OF AN IMMEDIATE RELATIVE OR CLOSE FRIEND WHO IS LIKELY TO KNOW WHERE YOU ARE IF WE NEED TO CONTACT YOU:**

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**11. HOUSEHOLD INCOME FOR 12-MONTH PERIOD** (Previous 12 months): Please complete all information for yourself as applicant (and for co-applicant, if applicable). Use "N/A" if item is not applicable

**ATTACH DOCUMENTATION TO VERIFY ALL INCOME.\***

|  | APPLICANT | CO-APPLICANT |
|--|-----------|--------------|
| Gross Salary or Wages  |           |              |
| Net Self-Employment Income   |           |              |
| Real Or Personal Property Income<br>(Interest, Dividends & All Net Income) |           |              |
| Retirement, Pension, Annuities   |           |              |
| Social Security  |           |              |
| Unemployment   |           |              |
| Disability Compensation  |           |              |
| Welfare/Public assistance  |           |              |
| Alimony, Child Support (received)  |           |              |
| Income from Net Family Assets<br>(Interest, Dividends & Other Income)      |           |              |
| Regular Contributions or Gifts   |           |              |
| Other:   |           |              |
| Other:   |           |              |
| <b>TOTAL ANNUAL INCOME</b>   |           |              |

**COMBINED TOTAL ANNUAL INCOME** \_\_\_\_\_

**12. ASSETS:** Please complete all information for yourself as applicant (and for your co-applicant, if applicable).

A copy of all accounts, with current balance is required. **ATTACH DOCUMENTATION TO VERIFY ALL ASSETS\***

|   | APPLICANT | CO-APPLICANT |
|---|-----------|--------------|
| Real Estate Owned (Market Value)              |           |              |
| Mortgage Balance                              |           |              |
| Savings Account Balance                       |           |              |
| Institution Name and Account Number           |           |              |
| Savings Account Balance                       |           |              |
| Institution Name and Account Number           |           |              |
| Checking Account Balance                      |           |              |
| Institution Name and Account Number           |           |              |
| Trust Accounts - Balance                      |           |              |
| Institution Name and Account Number           |           |              |
| Stocks and Bonds (including tax-exempt bonds) |           |              |
| Name:   |           |              |
| Number of Shares:                             |           |              |
| Annual Dividends:                             |           |              |
| Total Value:                                  |           |              |
| Life Insurance                                |           |              |
| Other Assets                                  |           |              |
| Other Assets                                  |           |              |

\* See enclosed information sheet on verification of income.

**13. CURRENT HOUSEHOLD EXPENSES:**

| RENT EXPENSES PER MONTH:      | APPLICANT | CO-APPLICANT |
|-------------------------------|-----------|--------------|
| Rent/Mortgage                 |           |              |
| Common Charges                |           |              |
| Heat                          |           |              |
| Water                         |           |              |
| Electric                      |           |              |
| Other (Please Specify)        |           |              |
|                               |           |              |
| OTHER EXPENSES PER MONTH:     | APPLICANT | CO-APPLICANT |
| Telephone                     |           |              |
| Cable                         |           |              |
| Life Insurance                |           |              |
| Auto Insurance                |           |              |
| Credit Card Payments          |           |              |
| Loans                         |           |              |
| Medical Insurance             |           |              |
| Unreimbursed Medical Expenses |           |              |
| Other: Please Specify         |           |              |
|                               |           |              |
| <b>TOTAL MONTHLY EXPENSES</b> |           |              |

**TOTAL COMBINED MONTHLY EXPENSES** \_\_\_\_\_

**14. RECORD OF RECENT SUPPORT SERVICES:** Do you (or co-applicant) use any of the following services, or have used any of these services in the past year?

- |                        |                          |                              |
|------------------------|--------------------------|------------------------------|
| _____ Family Help      | _____ Neighbor's Help    | _____ Companion              |
| _____ Visiting Nurse   | _____ Physical Therapist | _____ Speech Therapist       |
| _____ Homemaker        | _____ Home Health Aide   | _____ Nurse Practitioner     |
| _____ Social Services  | _____ Senior Center      | _____ Counseling             |
| _____ Friendly Visitor | _____ Self-Help Groups   | _____ Occupational Therapist |
| _____ Dial-a-Ride      | _____ Other: _____       |                              |

**15. HOW DID YOU LEARN ABOUT THE MARVIN?** (Please Circle All That Apply):

Newspaper                  Driving By                  Other Applicant                  Friend/Relative                  Social/Senior Services  
 Other \_\_\_\_\_

**16. ARE YOU AWARE THAT CHILD CARE IS ALSO BEING OFFERED AT THE MARVIN?**

(Please Circle One):                  YES                  NO

17. **WHY WOULD YOU LIKE TO LIVE AT THE MARVIN?** (Please attach additional sheet if necessary)

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18. **IF THERE IS ANYTHING ELSE WHICH YOU WOULD LIKE TO TELL US ABOUT YOURSELF OR YOUR APPLICATION FOR HOUSING, PLEASE WRITE IT HERE.** (Please attach additional sheet if necessary)

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19. **CERTIFICATION: (Each applicant must sign this application).**

Please note: This is the initial step in the application process. Third party documentation must be provided to verify all information. Applications must be complete, including all required verification documents. Incomplete applications will not be processed. Additional information will be requested at a later date to complete the processing of applications. All applicants who meet basic eligibility criteria will be required to have a personal interview and/or home visit, prior to final selection.

Your signature(s) below certifies that:

- The statements made above are true and correct;
- Consent is given to management to verify the information contained in this written application;
- Applicant(s) agree to inform management should there be any change in the above information.

APPLICANT                      Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

CO-APPLICANT                      Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

It would be helpful if you would provide the following information for anyone who assisted you or completed this written application for you:

Name: \_\_\_\_\_ Tel.# (\_\_\_\_) \_\_\_\_\_

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

Relationship: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO:**

**UNDER ONE ROOF, INC.™**

**60 Gregory Boulevard**

**Norwalk, CT 06855**

**203-854-4660 (Phone); 203-854-4650 (Fax)**

FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_ APPLICANT CONTROL #: \_\_\_\_\_