



Under One Roof, Inc • 60 Gregory Boulevard, Norwalk, Connecticut 06855
203.854.4660 • 203.854.4650 fax 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 (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 (Interest, Dividends & Other Income)		
Regular Contributions or Gifts		
Other:		
Other:		
TOTAL ANNUAL INCOME		

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		
TOTAL MONTHLY EXPENSES		

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)

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)

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 #: _____