



**TO ALL APPLICANTS
PLEASE READ
IMPORTANT APPLICATION INFORMATION**

1. **The application must be filled out completely.** If you do not fill it out completely, we will not be able to put you on our waiting list. Be sure to include a telephone and mailing address where we can reach you. **YOU MUST INCLUDE YOUR INCOME WHICH INCLUDES EMPLOYMENT, CHILD SUPPORT, ALIMONY, SOCIAL SECURITY, STATE AID, ETC.**
2. Louis Management LLC. follows a specific Tenant Selection Criteria. This criteria PREVENTS US from renting to any applicant who has a
 - Felony Record
 - Arrests for drugs in the past ten years
 - Any other arrest in the past five years
 - An active eviction or history of evictions over the past seven years
 - Credit score under 500 unless there are documented circumstances and the applicant has a co-signer with a credit score over 700 and/or seven current accounts in good standing.
3. Tenants with more than eight delinquent accounts in the past five years will be rejected. Medical delinquent accounts can be treated as one account.
4. Tenants must have at least two current accounts that are paid and not delinquent.
5. **Louis Management LLC. does not make a profit on credit reports. The fees you pay are the fees that are charged. Credit report fees are NON-REFUNDABLE.** When we contact you for an apartment please be aware that no tenant-applicant can be accepted until a credit report is done. By signing below, you are verifying that you understand that credit fees are not refundable, even if you are rejected.
6. We do not allow pets. We do charge a security deposit.

Applicant(s)

Date

48 WEST ST, UNIT 5, STAFFORD SPRINGS, CT 06076
TEL: 860-684-4405 FAX: 860-684-4419 EMAIL: louismanagementllc@gmail.com
TDD #: 1-800-842-9710

This institution is an equal opportunity provider, and employer.





INSTRUCTIONS

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION **WILL NOT BE ACCEPTED.**

1. **COMPLETE ALL AREAS.** If an item does not apply to you, mark "N/A" on that line.
2. **SIGNATURES are required** by all adult applicants.
3. **RETURN YOUR APPLICATION TO:**

**Louis Management LLC.
48 West Street
Unit 5
Stafford Springs, CT 06076**

NOTE: PETS ARE ONLY ALLOWED FOR PERSONS WITH DISABILITIES WHO REQUIRE A SERVICE ANIMAL.

Your application is being returned because:

- ☐ You did not complete all areas or you did not sign the application.

Please return your application along with the information that was missing if you want to be considered for housing.

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REVISED 2/11

Louis Management LLC. USE ONLY: DATE RECEIVED: _____ TIME RECEIVED: _____ ID #: _____

APPLICATION FOR ASSISTED HOUSING (USDA, Rural Development)

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligation of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Louis Management LLC., to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Louis Management LLC. is a management company that provides low rent housing to eligible households. Louis Management LLC. is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, Louis Management LLC. has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Louis Management LLC. can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."
- To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.
- The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, D.C. 20580.

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A. **FAMILY SUMMARY** -List all persons, including yourself, who will be living in the apartment. List head of household first.

Name	Relationship	Birth Date	Place of Birth	Soc. Sec. #
1	Head			
2				
3				
4				
5				
6				

Mailing Address: _____

Amount of Current Rent _____ Do you rent or own? _____

Telephone No. Home: _____ Cell: _____

E-Mail Address _____

Applying to Property(s): ☐ Shamrock West ☐ Riverside Village I ☐ Riverside Village II
☐ Riverside Village III ☐ All Properties Requested Unit Size: _____ **Bedrooms**

How did you hear about the apartment for which you are applying? _____

If you require a handicap-accessible unit, check here ☐

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B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim #)	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	AFDC Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, etc.)	
		\$
		\$





C. ASSETS:

Have you sold or disposed of any asset(s) in the last two years? (This excludes any assets disposed of as a direct result of foreclosure, bankruptcy, divorce and/or seperation) Yes_____ No_____

If yes, type of asset (e.g., money/land/house)_____

Market value when sold/disposed \$_____ Amount sold/disposed for \$_____

Date of transaction _____

Was this caused as a result of foreclosure, bankruptcy, divorce or separation? Yes_____ No_____

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate	Balance \$

Savings Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate	Balance \$

Certificates of Deposit

Bank	Bank				
Address	Address				
Acct.#	Int Rate	Amt. \$	Acct.#	Int Rate	Amt. \$
Penalty for Early Withdrawal	Maturity Date		Penalty for Early Withdrawal	Maturity Date	

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Assets Cont.....

Stocks/Bonds

IRA's/401-K's/Trust Accounts

Name	Bank
Address	Address
Value \$	Div. Rate
Value \$	Div. Rate

Real Estate

Do you own any property? Yes_____ No_____

If yes, type and location of property?_____

Appraised market value \$_____ Mortgage or outstanding loan due \$_____

D. MEDICAL AND CHILD CARE EXPENSES

Are you applying for status as an "Elderly Household," where the tenant or co-tenant is 62 or older, handicapped or disabled regardless of age as defined by Rural Development? Please check one below.

_____ Yes

_____ No

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical Costs - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.

Medicare

Monthly Amount \$	Monthly Amount \$
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Medical Insurance

Name	Name
Address	Address
Claim No.	Monthly Amt. \$
Claim No.	Monthly Amt. \$

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs not covered by insurance - Monthly Amount \$	Anticipated prescription costs not covered by insurance - Monthly Amount \$

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Medical Expense Continued.....

Physician

Are you seeing a physician REGULARLY ? Yes_____ No_____	
Name	Name
Address	Address
Anticipated costs not covered by insurance - Monthly Amount \$	Anticipated costs not covered by insurance - Monthly Amount \$

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$	Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$

Child Care Expenses - Complete for children 12 and younger - Weekly cost for ChildCare?_____

Name & Address of Person/Agency caring for children:

E. PROGRAM INFORMATION

Are you currently living in subsidized housing? Yes_____ No_____

F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.

Do you have a Section 8 Voucher or any other type of voucher? Yes_____ No_____

1. You have been served a Notice to Quit or been asked to leave by a previous landlord ☐
2. You have been served with lease violations from a previous landlord ☐
3. You have been evicted ☐
4. You or any household member have been evicted from federally assisted housing for drug-related criminal activity? ☐

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If you checked any of the boxes, please explain the circumstances on the lines below and identify property & landlord.

Have you or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? _____

List all states, other than the one that you reside in now, in which you have lived in during the last seven years? _____

G. **REFERENCE INFORMATION**

Current Landlord (Name, Address,& Phone No.) _____

How long have you lived there? _____ Is this landlord related to you? Yes____ No____

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List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address & Phone No.)

1.	2.
Address of Apt.	Address of Apt.
How long did you live there?	How long did you live there?
Is this landlord related to you? Yes___ No___	Is this landlord related to you? Yes___ No___

List two Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address, Phone No. & Relationship)

(Examples: teachers, principals, past/present employers, physicians, etc.) You may List one relative.

1.	2.
Phone No. Relationship	Phone No. Relationship

All information received by Louis Management LLC. during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

Other Information

Please provide us with the name, address, & phone number of an emergency contact:

Vehicles - List any vehicle owned

Type _____ Year/Make _____

Color _____ License Plate No. _____

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Vehicles Cont.....

Type _____ Year/Make _____
Color _____ License Plate No. _____
Do you own a pet? Yes _____ No _____ If yes, describe _____

CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and Louis Management LLC. resident selection criteria (see attached). I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household (✓) _____ Date _____

Spouse/Co-Tenant (✓) _____ Date _____

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The following information is requested by the Federal Government in order to monitor our compliance with various Federal civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that we may not discriminate based upon this information, nor whether you choose to furnish it. However, if you choose not to furnish it, under Federal Regulations, we are required to note the race and sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way.

- ☐ I do not wish to furnish this information
- Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
- Race/
National
Origin ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native hawaiian or Pacific Islander
☐ White
- Sex ☐ Male
☐ Female

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TENANT RELEASE AND CONSENT

I/We _____ and _____ the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or it's service provider. I/We understand that this release is also authorized and used for obtaining a credit report and all the information therein will be used to determined my eligibility.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	VeteransAdministration
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Medical Providers
Banks/Financial Institutions	Previous Landlords	Child Care Providers
Public Housing Agencies	Credit Reports	

CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Resident

(Print Name)

Date

Co/Applicant/Resident

(Print Name)

Date

Adult Member

(Print Name)

Date

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