

Penalties for Committing Fraud: Any housing application submitted which is not forthcoming with information; providing false, incomplete, or inaccurate information on application forms shall be subject to Penalties for Committing Fraud per CT Department of Housing.



Litchfield Housing Trust, Inc.

# Home OWNERSHIP Application



For Office Use:

Application Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Please note that all information is CONFIDENTIAL. Please type or print legibly and return to address below. Application available in an alternative format by calling 860.480.9178. Thank you.



## APPLICANT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SS NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MONTHS|YEARS AT PRESENT ADDRESS: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ARE YOU AT RISK OF BEING DISPLACED FROM YOUR CURRENT HOME? YES | NO

YOUR ADDRESS PRIOR TO THIS ONE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MONTHS|YEARS THERE: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## OPTIONAL INFORMATION (FOR DEMOGRAPHIC USE)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX: MALE: \_\_\_\_ FEMALE: \_\_\_\_\_

MARITAL STATUS (CIRCLE ONE): S M SP D W

RACE (CIRCLE ONE): NATIVE AMERICAN, CAUCASIAN, BLACK, HISPANIC, ASIAN, OTHER



## CO-APPLICANT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SS NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MONTHS|YEARS AT PRESENT ADDRESS: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ARE YOU AT RISK OF BEING DISPLACED FROM YOUR CURRENT HOME? YES | NO

YOUR ADDRESS PRIOR TO THIS ONE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MONTHS|YEARS THERE: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## OPTIONAL INFORMATION (FOR DEMOGRAPHIC USE)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX: MALE: \_\_\_\_ FEMALE: \_\_\_\_\_

MARITAL STATUS (CIRCLE ONE): S M SP D W

RACE (CIRCLE ONE): NATIVE AMERICAN, CAUCASIAN, BLACK, HISPANIC, ASIAN, OTHER

Total Number to Reside in your new home (include applicant and co-applicant): \_\_\_\_\_

**NAME:**            **RELATIONSHIP to APPLICANT:**            **MALE | FEMALE:**            **AGE:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Does your household have any special housing needs, such as for an elderly person?

Yes: \_\_\_\_ | No: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many bedrooms would you like to have: \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

How did you hear about this home opportunity? (Be specific please): \_\_\_\_\_

\_\_\_\_\_

Describe your present housing: \_\_\_\_\_

\_\_\_\_\_

## **INCOME**

### **I. TOTAL MONTHLY HOUSEHOLD INCOME:**

1.1 | MONTHLY BASE PAY (GROSS) APPLICANT: \$ \_\_\_\_\_

CO-APPLICANT: \$ \_\_\_\_\_

OTHER HOUSEHOLD MEMBER: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

1.2 | OTHER EARNINGS (CHILD SUPPORT, ALIMONY, SECOND JOB):

EXPLAIN: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

1.3 | OTHER INCOME:

(SOCIAL SECURITY, PENSION, ANNUITIES, \$ \_\_\_\_\_

RENTS, INTEREST, OTHER BENEFITS), EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

1.4 | GRAND TOTAL OF MONTHLY GROSS INCOME \$ \_\_\_\_\_



**EMPLOYMENT HISTORY**

**APPLICANT**

PRESENT EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_  
\_\_\_\_\_

POSITION: \_\_\_\_\_

WAGE | SALARY: \_\_\_\_\_

**IF EMPLOYED LESS THAN 2 YEARS:**

PREVIOUS EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_  
\_\_\_\_\_

POSITION: \_\_\_\_\_

WAGE | SALARY: \_\_\_\_\_

**OTHER EMPLOYEE IN APPLICANT'S HOUSEHOLD (NOTE IF STUDENT)**

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_

WAGE | SALARY: \_\_\_\_\_

**CO-APPLICANT**

PRESENT EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_  
\_\_\_\_\_

POSITION: \_\_\_\_\_

WAGE | SALARY: \_\_\_\_\_

**IF EMPLOYED LESS THAN 2 YEARS:**

PREVIOUS EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_  
\_\_\_\_\_

POSITION: \_\_\_\_\_

WAGE | SALARY: \_\_\_\_\_

**OTHER EMPLOYEE IN APPLICANT'S HOUSEHOLD (NOTE IF STUDENT)**

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_  
\_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_

WAGE | SALARY: \_\_\_\_\_



**PERSONAL REFERENCES FOR APPLICANT AND CO-APPLICANT  
(NO RELATIVES | AT LEAST TWO REFERENCES PER HOUSEHOLD)**

1. PERSONAL REFERENCE FOR: (CIRCLE) APPLICANT OR CO-APPLICANT OR BOTH  
NAME: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
HOW LONG HAVE YOU KNOWN APPLICANT? \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY | STATE | ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

2. PERSONAL REFERENCE FOR: (CIRCLE) APPLICANT OR CO-APPLICANT OR BOTH  
NAME: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
HOW LONG HAVE YOU KNOWN APPLICANT? \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY | STATE | ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

3. PERSONAL REFERENCE FOR: (CIRCLE) APPLICANT OR CO-APPLICANT OR BOTH  
NAME: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
HOW LONG HAVE YOU KNOWN APPLICANT? \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY | STATE | ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

**II. ASSETS:** (INCLUDE A: APPLICANT, C: CO-APPLICANT, J: JOINT)

A   C   J:	INSTITUTION NAME:	CHECKING/ SAVINGS:	ACCT# NUMBER:	AVERAGE BALANCE:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**OTHER ASSETS:** (INCLUDE A: APPLICANT, C: CO-APPLICANT, J: JOINT),  
**INCLUDE STOCKS, BONDS, MUTUAL FUNDS, RETIREMENT ACCOUNTS ETC.**

A   C   J:	NAME:	ACCT# NUMBER:	AVERAGE BALANCE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**III. HAVE YOU EVER OWNED, OR DO YOU PRESENTLY OWN ANY PROPERTY?**

(THIS APPLIES TO APPLICANT, CO-APPLICANT, OR ANY MEMBER OF YOUR HOUSEHOLD). IF YES, PLEASE EXPLAIN (A | C | J): YES: \_\_\_\_\_ NO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. EXPENSES AND LIABILITIES:** (PLEASE INCLUDE INSTALLMENT DEBT, SCHOOL LOANS, AUTO LOANS, REVOLVING LOANS OF CREDIT/CREDIT CARDS), INDICATE: A: APPLICANT, C: CO-APPLICANT, J: JOINT).

**○ PLEASE PROVIDE COPY OF YOUR CREDIT REPORT. ATTACH TO APPLICATION.**

A   C   J:	OWED TO/:	ADDRESS:	ACCT# NUMBER:	MO. PMNT:	UNPAID BAL:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**IV. GROSS MONTHLY EXPENSES AT PRESENT.** (APPL. & CO-APPL. COMBINED)

RENT: \$ \_\_\_\_\_ HEAT: \$ \_\_\_\_\_



POWER: \$ \_\_\_\_\_  
PHONE: \$ \_\_\_\_\_  
MEDICAL: \$ \_\_\_\_\_  
CHILD SUPPORT \$ \_\_\_\_\_  
OTHER: \$ \_\_\_\_\_

WATER: \$ \_\_\_\_\_  
AUTO: \$ \_\_\_\_\_  
INSURANCE: \$ \_\_\_\_\_  
ALIMONY: \$ \_\_\_\_\_  
OTHER: \$ \_\_\_\_\_

**V. CONNECTION TO LITCHFIELD | HAS ANYONE IN YOUR HOUSEHOLD OR A RELATIVE LIVED, WORKED OR VOLUNTEERED IN LITCHFIELD? YES | NO**

IF SO, PLEASE EXPLAIN, TYPE OF VOLUNTEER WORK AND YEARS INVOLVED.

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**VI. IS ANYONE IN YOUR HOUSEHOLD A VETERAN OR ACTIVE DUTY MILITARY?**

YES | NO IF SO, PLEASE EXPLAIN \_\_\_\_\_

**VII. DO YOU HAVE FUNDS FOR A DOWN PAYMENT? YES: \_\_\_\_ | NO: \_\_\_\_**

AMOUNT: \$ \_\_\_\_\_ SOURCE: \_\_\_\_\_

**VIII. DO YOU HAVE FUNDS FOR CLOSING COSTS? YES: \_\_\_\_ | NO: \_\_\_\_**

AMOUNT: \$ \_\_\_\_\_ SOURCE: \_\_\_\_\_

**ATTACH A COPY OF YOUR PHOTO ID AND INCLUDE DRIVER'S LICENSE NUMBER \_\_\_\_\_**

**IX. PLEASE INCLUDE INFORMATION ON VEHICLES THAT WILL BE AT THE RESIDENCE (INCLUDE YEAR, MAKE, MODEL, COLOR, LICENSE PLATE #, STATE)**

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**X. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN ARRESTED OR CONVICTED OF A CRIME? YES | NO**

IF SO, PLEASE EXPLAIN \_\_\_\_\_

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**LITCHFIELD HOUSING TRUST, INC. | PO BOX 1121 | LITCHFIELD, CT 06759**  
**FAIR HOUSING POLICY STATEMENT**

IT IS THE POLICY OF THE LITCHFIELD HOUSING TRUST, INC. TO COMPLY WITH THE FEDERAL FAIR HOUSING LAW (TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968, AS AMENDED BY THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974). IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, CREED, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, MARITAL OR FAMILIAL STATUS, AGE, SEXUAL ORIENTATION, LAWFUL SOURCE OF INCOME, MENTAL RETARDATION OR PHYSICAL DISABILITY INCLUDING BUT NOT LIMITED TO BLINDNESS, OR BECAUSE THE INDIVIDUAL HAS CHILDREN.

THE LITCHFIELD HOUSING TRUST, INC. IS COMMITTED TO PROMOTING FAIR HOUSING AND WILL NOT DISCRIMINATE AGAINST ANY PERSON OR PROTECTED CLASS OF PERSONS, INCLUDING THOSE ITEMIZED ABOVE. THE LITCHFIELD HOUSING TRUST, INC. IS ALSO COMMITTED TO SEEKING BENEFICIARIES FROM ALL RACIAL AND ETHNIC GROUPS AS WELL AS THE PHYSICALLY AND MENTALLY HANDICAPPED, AND FAMILIES WITH CHILDREN.

COMPLAINTS REGARDING THE APPLICATION OF THIS FAIR HOUSING POLICY SHOULD BE MADE IN WRITING TO THE LITCHFIELD HOUSING TRUST, INC., PO BOX 1121, LITCHFIELD, CT 06759; ATTENTION JOYCE G. BRIGGS, VICE PRESIDENT AND FAIR HOUSING OFFICER.

THIS FAIR HOUSING POLICY STATEMENT IS INCLUDED WITH ALL HOUSING APPLICATION FORMS SPONSORED BY THE LITCHFIELD HOUSING TRUST, INC. INFORMATION DISSEMINATED ALSO INCLUDES THE FAIR HOUSING LOGO.

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JILL GROODY MUSSELMAN  
EXECUTIVE DIRECTOR | LITCHFIELD HOUSING TRUST, INC. | 860.480.9178

**FOR OFFICE USE ONLY**

Check here if  
Pre-Application is  
on file.

**Application Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Desired Move-In Date:** \_\_\_\_\_  
**Application Received By:** \_\_\_\_\_

