



Dear Applicant:

Carabetta Management Company would first like to thank you for considering leasing an apartment in one of our many communities. We would like to ask how did you hear about us?

[] Newspaper [] Referral [] Sign

[] Social Media [] Apts. Com [] Other: _____

If you chose Social Media, please indicate which one. (i.e., Facebook, Instagram etc.)

If you need housing assistance, we determine your eligibility for occupancy based on many factors including verification of your income and expenses, in addition to performing credit and background checks.

Please review the enclosed Rental Application and provide us with the information requested as completely as possible. If there are any questions that you feel do not apply to you or your household, please mark "N/A". Any person 18 years of age AND/OR older must sign the application.

We would like to advise you that in order to keep a clean, safe and family friendly community, Carabetta Management Company does not allow the use of illegal drugs, sale or trafficking on any Carabetta properties. Here at Carabetta, we actively promote a drug-free environment and lifestyle, and we will work with Local and State Authorities to enforce the law.

Carabetta Management Company would like to thank you again for your interest in leasing with us. If there are any questions that you may have regarding the requirements of the application, please feel free to contact our office at 203-237-7400.

Sincerely,

CARABETTA MANAGEMENT COMPANY

CARABETTA MANAGEMENT CO. does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Sandra Lopez, 504 Coordinator, Carabetta Management, 200 Pratt Street, Meriden, CT 06450. Tel. 203.639.5124, TTY: 1.800.545.1833

"Apartments You Will Gladly Call Home"

New Applicants for All Properties

**The following paperwork is required with
*Every Application***

For all household members:

Birth Certificate(s) *COPIES ONLY*

AND / OR

Unexpired Green Card(s)/INS paperwork/Unexpired Passport(s)

COPIES ONLY

Current Photo Identification *COPIES ONLY*

Social Security Card(s) *COPIES ONLY*

* EXEMPTION-Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. *

For all members who have income coming into the Household:

Employment Verification form

4 TO 6 PAYSTUBS are required to be submitted

AND / OR

Self-Employment Verification

Last executed tax return with Schedule C

AND / OR

Unemployment Verification/ Workman's Compensation

AND / OR

Welfare Verification form

AND / OR

TPQY of your Current Social Security & SSI Benefit

AND / OR

Pension Verification/ Annuity Verification

AND / OR

Child Support Verification/ Alimony Verification

(IF YOU ARE NOT RECEIVING CHILD SUPPORT, SUBMIT DOCUMENTATION REGARDING YOUR ATTEMPT TO PURSUE PAYMENT)

Nuevos Aplicantes Para Todas las Propiedades

Los Sigüientes Documentos Son Requeridos Con Toda Aplicacion

Para todos los miembros de la familia:

Certificado de Nacimiento(s) (COPIAS SOLAMENTE)

ADEMAS/O

**Tarjeta de Residencia/INS/Pasaportes que no te expirado
(COPIAS SOLAMENTE)**

ADEMAS/O

Identificacion con Foto (s) (COPIAS SOLAMENTE)

ADEMAS/O

Tarjeta de Seguro Social(es) - (COPIAS SOLAMENTE)

* EXENCIÓN-información de los solicitantes que fueron mayores de 62 años a partir del 31 de enero de 2010, y que no tiene un SSN, si estaban recibiendo ayuda de alquiler de HUD en otro lugar el 31 de enero de 2010.

Recibos de sueldo de 4 a 6 cheques:

Verificacion de Empleo/Documentos de negocio propio

ADEMAS/O

Verificacion de Desempleo/Compensacion de Trabajo

ADEMAS/O

Verificacion de Beneficios de Servicios Sociales

ADEMAS/O

Verificacion de Beneficios de Seguro Social TPQY

ADEMAS/O

Pension Y/O Annuity

ADEMAS/O

Verificacion` de Menores y o Verification` de divorcio

**(SI USTED NO RECIBE MANUTENCION DE NINOS, SOMETA DOCUMENTACION
DEL ESTADO INDICANDO LA RAZON)**

Return to:

CARABETTA MANAGEMENT CO
P.O. BOX C-1011
200 PRATT STREET
MERIDEN, CT 06450
PH# 203.237.7400/FAX# 203.235.6557
TTY: 833-890-5787



Complex: _____

Applicant: _____

(Name)

(Address)

(City/State/zip code)

(Telephone)

(Social Security Number)*

* EXEMPTION yes ___

Applicant: _____

(Name)

(Address)

(City/State/zip code)

(Telephone)

(Social Security Number)*

* EXEMPTION yes ___

*Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

* Those individuals who do not contend eligible immigration status.

List all household members who will be living in the unit together with the information listed below:

Name	Relationship	Date of Birth	Social Security Number

SOURCE OF INCOME FOR ALL MEMBERS: (IF EMPLOYED COMPLETE NEXT SECTION):

All Source(s) of Income: _____

EMPLOYMENT HISTORY:

Head of Household:

Name of Employer: _____

Street: _____

City/ST: _____

Position: _____

How Long: _____

Annual Income: _____

Spouse/Co-Head:

Name of Employer: _____

Street: _____

City/ST: _____

Position: _____

How Long: _____

Annual Income: _____

LANDLORD HISTORY:

Current:

Name: _____

Street: _____

City/ST: _____

Length of Occupancy: _____

Rent: \$ _____

(Annual/Monthly)

Federally Subsidized [] yes [] no

Prior:

Name: _____

Street: _____

City/ST: _____

Length of Occupancy: _____

Rent: \$ _____

(Annual/Monthly)

Federally Subsidized [] yes [] no

Updated 1/27/2025* subject to change

PERSONAL HISTORY:

Applicant:
Date of Birth: _____
Driver License #: _____
EMAIL: _____

Applicant:
Date of Birth: _____
Driver License #: _____
EMAIL: _____

***(Optional)*Sex:** male female other ***(Optional)*Sex:** male female other
***Race:** Caucasian Hispanic ***Race:** Caucasian Hispanic
 Black Alaskan Native Black Alaskan Native
 American Indian Asian American Indian Asian

Familial Status (Optional):

married single
 widowed divorced

Familial Status (Optional):

married single
 widowed divorced

Citizenship - Do all members of the application declare US citizenship or eligible immigration status
 yes no If no, please explain? _____

- A) Do you wish to be considered for a handicap accessible unit? yes no
- B) Do you have reason to believe that you may be entitled to a \$400 disability/handicap adjustment to your income? yes no
- C) Will you require "reasonable accommodation" as defined in the Fair Housing Act Amendment to a unit that is not designed as a handicap accessible unit? yes no
- D) Will you require "reasonable accommodation" as defined in the Fair Housing Act Amendment in any common areas? yes no
- E) Do you require a "live-in aide"? yes no

Note: Live-in aides are not considered part of the lease. However, all live-in aides must disclose and provide proof their Social Security Number and must authorize Management to run background criminal checks including national sex offender registry.

The information solicited under the Personal History section of the Application is requested by the Owner and/or its Agent (Carabetta Management Co.) to assure the Federal Government that Federal laws prohibiting discrimination against resident applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but you are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

BANK REFERENCES:

Name of Bank: _____
Street: _____
City/ST: _____
Telephone: _____
Account #: _____
Type of Acct: _____

Name of Bank: _____
Street: _____
City/ST: _____
Telephone: _____
Account #: _____
Type of Acct: _____

Updated 1/27/2025* subject to change

VEHICLES:

Model: _____
Year: _____
Color: _____
License #: _____

Model: _____
Year: _____
Color: _____
License #: _____

- A) Have you ever lived at an apartment complex before? [] yes [] no
If yes, where? _____
- B) Have you ever lived at an apartment complex managed by Carabetta Management Co.
before? [] yes [] no If yes, where? _____
- C) Will a credit or prior landlord investigations reveal any information that you think might
be negative? [] yes [] no If yes, please explain: _____
- D) **Source of Credit:**

Name: _____
Street: _____
City/ST: _____
Telephone: _____
Purpose: _____
Date Opened/Closed: _____

Name: _____
Street: _____
City/ST: _____
Telephone: _____
Purpose: _____
Date Opened/Closed: _____

- E) Have any members ever been party to an eviction proceeding? [] yes [] no
If yes, when? _____
- F) Do you have any pets? [] yes [] no If yes, what type? _____
- G) Management may conduct a home visit as a part of its application process. [] yes [] no
- H) Are any members of the household 18 years of age and older currently enrolled as a full
time and/or part time student. [] yes [] no If yes, please list who & where enrolled?

D) Contact in Case of Emergency: (FOR HUD SECTION 8, PLEASE COMPLETE HUD form 92006)

Name: _____
Street: _____
City/ST: _____
Telephone: _____
Relationship: _____

Name: _____
Street: _____
City/ST: _____
Telephone: _____
Personal Physician: _____

J) References:

Relative Not Living With You:

Name: _____
Street: _____
City/ST: _____
Telephone: _____

Relative Not Living With You:

Name: _____
Street: _____
City/ST: _____
Telephone: _____

- K) How did you learn about us? [] newspaper [] referral [] drive by [] sign
- L) Are any members of your household subject to a national lifetime Sex Offender
Registration Program in any State: [] yes [] no If yes, who _____
- M) List the States all listed applicants have lived and/or resided: _____

Updated 1/27/2025* subject to change

N) Are any members of your household seeking VAWA protection? [] yes [] no

If yes, please provide documentation or complete a **CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT OR STALKING, AND ALTERNATIVE DOCUMENTATION (HUD-5382)**. You cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

By signing below, you certify that the apartment you may occupy will be your permanent residence and that you will not maintain a separate, subsidized rental unit in another location.

By signing below, you agree that the apartment cannot be occupied until the Lease is signed and one month's security plus the first month's rent is paid by **check or money order; CASH IS NOT ACCEPTED**. If, after being approved for occupancy, you elect not to occupy the apartment, you agree to forfeit your deposit.

Upon completion of this application, we/I understand we/I have seven (7) working days to return any and all income and expense verification documentation as may be requested by Management to confirm our/my eligibility for occupancy. We/I also agree to provide copies of birth certificates and social security cards* (senior exemption) for all individuals who will be residing in the unit as a household member.

It is understood that in order to determine eligibility for residency in subsidized communities, certain information must be verified on appropriate forms provided by Management prior to occupancy. Incomplete applications cannot be considered. These procedures are followed by every applicant, regardless of rent structure or subsidy, and the additional information is used for determining rent amounts; it is not basis for granting or denying tenancy.

We/I hereby certify that only those persons listed in this application will occupy the premises. Further, we/I agree that if any other information herein contained is false, Management may, at its option and without notice, cancel any lease made on the basis of information provided as part of this application.

We/I hereby certify that we/I am 18 years of age or older. We/I hereby apply for an apartment at the above-mentioned location with our/my signature(s) below. We/I hereby authorize and request all credit reporting agencies, employers, credit, and personal references to release all pertinent information about us/me.

APPLICANT'S SIGNATURE: _____ **DATE:** _____
PRINT NAME: _____

CO-APPLICANT'S SIGNATURE: _____ **DATE:** _____
PRINT NAME: _____

CO-APPLICANT'S SIGNATURE: _____ **DATE:** _____
PRINT NAME: _____

CO-APPLICANT'S SIGNATURE: _____ **DATE:** _____
PRINT NAME: _____

ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF THIS APPLICATION.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

APPLICANT STATEMENT OF AUTHORIZATION

As a condition of residency, I / We authorize Carabetta Management Company or any investigative service to investigate my background to determine suitability for residency. I/We understand that inclusion of any false or misleading information on my application may be grounds for the denial of my application.

I/We have reviewed this form, fully understood the intent of this authorization and give my full consent for the disclosure of all my records (whether personal or otherwise) from current and/or previous employment, Department of Social Services, banking institutions, educational institutions, credit and financial institutions, Department of Motor Vehicles, criminal law and law enforcement agencies, military records (which could include a copy of my DD-214 Separation Form) as well as National Sex Offender Registry.

I fully understand the information provided by the agent is accurate only as to what was provided to them, and therefore do not hold the agent, Carabetta Management Company liable in anyway.

A photocopy of this release will be valid as an original, even though said photocopy does not contain an original writing of my signature.

EVERYONE EIGHTEEN YEARS AND OVER MUST SIGN

_____ Applicant Signature	_____ Co- Applicant Signature	_____ Applicant Signature	_____ Applicant Signature
_____ Date of Birth	_____ Date of Birth	_____ Date of Birth	_____ Date of Birth
_____ Social Security Number	_____ Social Security Number	_____ Social Security Number	_____ Social Security Number
_____ Date	_____ Date	_____ Date	_____ Date

(The inclusion of your birth date is voluntary, but could assist in verifying records obtained)

Please indicate below if you have been employed or educated under another name, and the dates this name was used, i.e. maiden name, nickname, alias, etc.

CARABETTA MANAGEMENT COMPANY
P.O. BOX C-1011
MERIDEN, CT 06450

HELLO! Providing us with the following brief information will greatly assist our Leasing Staff in helping you find the perfect unit.

Today's Date: _____	What prompts you to look for an apartment? _____
Name(s): _____	_____
Address: _____	Are you looking for a: EFF _____ 1BD: _____ 2BD: _____ 3BD _____ HANDICAPPED _____
City/State: _____	Date you need to move by: _____
Phone: Home () _____	Do you own pet(s)? Yes [] No [] If Yes, What kind? _____
Work () _____	Affordable rent range for you: \$ _____
Cell #: () _____	Your Occupation: _____ For How Long: _____
EMAIL: _____	What is the most important feature in your new apartment? Size: _____ Closet Space: _____ View: _____ Other: _____
How did you hear about us? _____	
(Name of Complex, if applicable) _____ Resident Referral	
_____ Newspaper	
_____ Sign in front of building.	
_____ Social Media: List Site - _____	
_____ Other? Please explain _____ _____	

FOR STAFF USE ONLY

Application Given: _____

Apartment Shown: _____

Staff person taking this information: _____ Date: _____

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-assisted housing with 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.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410