



Dear Applicant:

Enclosed you will find an application and general information for properties managed by **Wildwood Property Management, LLC** that participates directly or indirectly in several different programs of federal rental assistance.

**Please fill out the application completely and sign wherever it is indicated. Please DO NOT include any other additional documents, as we do not require any additional documentation currently. It is important to complete the application in its entirety. Any delays in completing the application in full may delay the date your name is added to the waiting list. You may mail, fax, or email your application to:**

ADDRESS: Wildwood Property Management LLC  
PO BOX 746  
Tolland, CT 06084

FAX: (860) 398-5429  
EMAIL: Waitlist@wildwoodmgt.com

**Wildwood Property Management, LLC, or the properties it represents as Agent, does not discriminate against persons with disabilities. If you are a person with disabilities and need this application in large-print or other alternative format, please notify the management office so that your needs may be accommodated. Individuals with hearing impairments may call 1-800-842-9710. If you are unable to return the application by mail or in person to the leasing office at 2080 Silas Deane Highway, Suite 102B, Rocky Hill, CT 06067 because of a disability, please notify the management office so that alternative arrangements can be made.**

**[Turn Over for Information >](#)**



Hearing Impaired Use  
1-800-842-9710



P.O. Box 746, Tolland, CT 06084  
384Q Merrow Road, Tolland, CT 06084  
Phone: 860-398-5425 Fax: 860-398-5429  
This institution is an equal opportunity provider and employer



**Wildwood Property Management, LLC** is the property management company that oversees operations for the following properties:

Concord Meadows, Madison CT  
Fox Glen, Cromwell CT  
Mauro Meadow, Durham CT  
High Meadow, Haddam CT  
Dartmouth Village, Columbia CT  
Riverside Villages, Stafford CT

Safe Harbor, Westbrook CT  
Reilly Manor, Cromwell CT  
Oak Grove, Moodus CT  
Hop River Homes, Andover CT  
Stony Hill Village, Granby CT

To qualify for housing at any of the above locations you must be 62 years of age and over OR disabled (*High Meadow in Haddam: you MUST be 62 years of age and older to apply*). Riverside Villages does not have an age restriction. These properties are affiliated with programs that provide rental assistance to those with low income, therefore these programs have income limits to determine eligibility. For more information on the income limits for each property please contact the office.

Each property has its own independent waitlist. You may select properties based on your preference (*please indicate on the application which properties you are interested in*). Please be aware that there is a significant waiting period for each property mentioned above. Please contact the office for an estimated waiting period for each property above.

Priority for occupancy is based on the chronological order that your application was received, with very low-income applications considered first. Prospective tenants must list all annual income, assets, and out-of-pocket medical expenses from ALL household members. Typically, your rent is 30% of your adjusted annual income.

We do not have model units to show you, but you are welcome to visit each property and view the grounds.

If you have any further questions regarding our application process, the waitlist, etc. please contact us at (860) 398-5425 and dial ext. 501 for waitlist information and questions.



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**WILDWOOD**  
Property Management, LLC

**PRELIMINARY RENTAL APPLICATION**

**Indicate Apartment Location Choice(s) below:**

<input type="checkbox"/> CONCORD MEADOWS, MADISON, CT	<input type="checkbox"/> MAURO MEADOW, DURHAM, CT
<input type="checkbox"/> FOX GLEN, CROMWELL, CT	<input type="checkbox"/> OAK GROVE, MOODUS, CT
<input type="checkbox"/> HIGH MEADOW, HADDAM, CT	<input type="checkbox"/> REILLY MANOR, CROMWELL, CT
<input type="checkbox"/> HOP RIVER HOMES, ANDOVER, CT	<input type="checkbox"/> SAFE HARBOR, WESTBROOK, CT
<input type="checkbox"/> STONY HILL VILLAGE, GRANBY, CT	<input type="checkbox"/> DARTMOUTH VILLAGE, COLUMBIA, CT
<input type="checkbox"/> Studio <i>and/or</i> <input type="checkbox"/> One Bedroom	<input type="checkbox"/> One Bedroom <i>and/or</i> <input type="checkbox"/> Two Bedroom

NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

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

**\*\*To qualify for a unit, you must meet certain eligibility requirements: \*\***

1. Are you or your co-tenant 62 Years of Age or Older? \_\_\_\_\_ (yes/no)
2. Were you age 62 or older as of January 31, 2010, and do not have a social security number? And, were you receiving HUD rental assistance at another location on January 31, 2010? \_\_\_\_\_ (yes/no)
3. Are you or your co-tenant eligible for a housing unit or rental assistance based on a handicap or disability? \_\_\_\_\_ (yes/no)
4. Are you or your co-tenant in need of a unit with special physical design feature(s)? \_\_\_\_\_ (yes/no)  
If yes, describe: \_\_\_\_\_
5. Are you or your co-tenant in need of a unit located on the **first floor**? \_\_\_\_\_ (yes/no)
6. Are you or any member of your applicant household a current illegal user of a controlled substance or have a previous conviction of use, illegal manufacture, or distribution of a controlled substance? \_\_\_\_\_ (yes/no) *If so*, have you successfully completed a controlled substance abuse recovery program? \_\_\_\_\_ (yes/no) Or, are you presently enrolled in a program? \_\_\_\_\_ (yes/no)

(questions continue on reverse side)

OFFICE USE ONLY - DATE RECEIVED: _____	TIME: _____	BY: _____
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7. Have you or any member of your applicant household ever been considered a direct threat to either the health or safety of other individuals? Or, the physical property of others? \_\_\_\_\_ (yes/no)
8. Are you or any member of your applicant household subject to a lifetime state sex offender registration program in ANY state? \_\_\_\_\_ (yes/no)
9. Have you or any member of your applicant household ever resided outside of CT? If yes, please list states:  
\_\_\_\_\_
10. Have you or any member of your applicant household ever been evicted? \_\_\_\_\_ (yes/no)
11. Do you or any member of your applicant household have a poor history of meeting financial obligations? \_\_\_\_\_ (yes/no/explain)
12. Are you a victim of domestic violence? If yes, please contact us to arrange acceptable ways to contact you: \_\_\_\_\_
13. How much is your current rent? \_\_\_\_\_ Do you always pay it by the due date? \_\_\_\_\_ (yes/no)

*Based on your answers to the above questions, you may be eligible for one or more of the above listed properties. You should continue to complete the rest of the application in its entirety and return it to our office. Once your application is received, we will determine if you are income eligible and notify you of your status and if your name has been added to our waiting list(s).*

**It is very important that you save the letter as proof of your initial application date.**

**GROSS INCOME**

List all sources of income **and** select whether the figures reported represent annual or monthly amounts.

**Social Security**       Annually  Monthly      Tenant \$ \_\_\_\_\_ Co-tenant \$ \_\_\_\_\_

**Pensions**             Annually  Monthly      Tenant \$ \_\_\_\_\_ Co-tenant \$ \_\_\_\_\_

**Wages**                 Annually  Monthly      Tenant \$ \_\_\_\_\_ Co-tenant \$ \_\_\_\_\_

**Other Income**         Annually  Monthly      Tenant \$ \_\_\_\_\_ Co-tenant \$ \_\_\_\_\_

*(Examples of Other Income include: Alimony, Public Assistance, Gifts or Other Regular Income)*

**ASSETS** - Do you or a co-tenant have any bank accounts or other assets?

	<u>Name of Bank or Financial Institution</u>	<u>Current total Balance or Account Value</u>	<u>Estimate of Annual Interest</u>
<b>Checking</b>	_____	\$ _____	\$ _____
<b>Savings</b>	_____	\$ _____	\$ _____
<b>CD/IRAs</b>	_____	\$ _____	\$ _____
<b>Life Ins</b>	_____	\$ _____	\$ _____
<b>Stocks</b>	_____	\$ _____	\$ _____
<b>Bonds</b>	_____	\$ _____	\$ _____
<b>Other</b>	_____	\$ _____	\$ _____

**DO YOU OR A CO-TENANT OWN ANY REAL ESTATE** (*house, cottage, mobile home, or land*), **OR HAVE YOU SOLD ANY REAL ESTATE IN THE LAST TWO YEARS FOR LESS THAN FAIR MARKET VALUE?**  
*(if YES, please complete the following)*

Location: \_\_\_\_\_ Market Value: \_\_\_\_\_

Description: \_\_\_\_\_ Remaining Mortgage: \_\_\_\_\_

Are there any full time students living in the household over the age of 18? \_\_\_\_\_  
 (yes/no)

**OUT OF POCKET MEDICAL EXPENSES (ANNUALLY)**

Medical costs can help to lower your rent. Only those medical expenses that you pay out of pocket are allowable. (i.e. Dentist Bills, Prescriptions, Eyeglasses, Hearing Aids and Batteries, Medical Insurance Premiums, Doctors Visits, Hospital Expenses, etc.) Please use estimated figures for the past twelve months.

	<b><u>Estimated Annual Expenses</u></b>	<b><u>Name and/or Address of the Medical Provider</u></b>
Medicare	\$ _____	_____
Other Medical Insurance(s)	\$ _____	_____
Physician	\$ _____	_____
Dental	\$ _____	_____
Eye Care	\$ _____	_____
Prescription	\$ _____	_____
Any other medical expenses	\$ _____	_____

**LIST ALL PERSONS THAT WILL BE LIVING IN THE UNIT**

	Name	Relationship	Date Of Birth	Soc. Sec. #	Driver's License # & State
1.					
2.					
3.					

**REFERENCES:** *(Include name, address and telephone number)*

	Name	Address	Telephone #
<b>Landlord Reference:</b>			
<b>Personal Reference:</b>			

**EMERGENCY CONTACT INFORMATION:**

	Name	Relationship	Address	Telephone #
1.				
2.				

*I, the undersigned Applicant(s), certify under penalty of law that the information contained herein is true to the best of my knowledge, and that this apartment will be my household's permanent residence and I do not, or will not maintain a separate subsidized rental unit in a different location.*

*I also hereby authorize Wildwood Property Management, LLC to obtain landlord information and credit and police reports for evaluation:*

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Co-applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the State and Federal Government acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, creed, religion, color, national origin, ancestry, sex, marital status, age, lawful source of income, familial status, disability, or sexual orientation are complied with. 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.

**RACE** *(check one)*  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other *(please specify)* \_\_\_\_\_

**GENDER** *(check one)*  
 Male  
 Female

**ETHNICITY** *(check one)*  
 Hispanic/Latino  
 Non Hispanic/Latino

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**If applying for High Meadow, Hop River Homes or Oak Grove (Section 8 units)**

Eligibility is based on your total gross annual income, prior to any deductions. All applicants must supply verification of their social security number and sign specific HUD consent forms prior to occupancy.

Eligibility for High Meadow is limited to households where either the applicant or co-applicant is 62 years old or older.

*It is also a requirement that you declare U.S. citizenship by completing the following:*

- \_\_\_\_\_ 1. Applicant - a citizen or national of the United States  
\_\_\_\_\_ 1a. Co-Applicant - a citizen or national of the United States

If both you and your co-applicant answered yes for this block, no further information is required. Sign and date below and forward this form with the application to the name and address specified. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Co-Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Check here if adult signed for a child:* \_\_\_\_\_

**If applying for Concord Meadows, Fox Glen, Reilly Manor,  
Mauro Meadow, Safe Harbor, Hop River Homes, Stony Hill Village or Oak Grove  
(USDA units)**

Eligibility is based on your adjusted annual income. Annual income is based on next years projected annual income. The medical expense deduction is based on next year's projected out of pocket medical expenses. Not all units have rental assistance.

## Assets - Current & Disposed

All applicants and residents of Federally Subsidized Housing must disclose any assets that are disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification.

Did you have any assets in the last two years not listed on your application? \_\_\_\_\_  
(yes/no)

If yes, did you dispose of any assets for less than fair market value? \_\_\_\_\_  
(Did you give away or sell assets for less than their true value?) (yes/no)

If YES, what were the assets:

Description	Fair Market Value	Date Disposed	Amount Received

*Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification, will be counted as assets provided the difference between the value and the amount received exceeds \$1,000.00.*

I hereby certify that the information listed on this form, and the questions answered are true and complete, to the best of my knowledge. I further certify that I have revealed all assets, currently held or previously disposed of, and that I have no other assets than those listed on this form (other than personal property). I understand that false statements are fraudulent and are a criminal offense, which is punishable by fine or imprisonment, or both.

\_\_\_\_\_  
Applicant or Resident Signature

\_\_\_\_\_  
Date

## Authorization to Release Financial Information, Credit History and Police Records

**Application or Resident Instructions:**

1. Read the release completely
2. Print your name on top line
3. Sign on bottom line and date
4. Return to address below



I/We, \_\_\_\_\_, do hereby authorize Wildwood Property Management, LLC to collect and compile all my financial information, including but not limited to: Social Security income, wages, interest and dividend income, pensions, credit, landlord history and medical expenses. In addition, I also authorize Wildwood Property Management, LLC to research and evaluate my personal police record and/or eviction history, and sex offender registry.

You are hereby authorized to release any and all information requested by Wildwood Property Management, LLC in reference to my residence in a State or Federally Subsidized Housing Complex.

Thank you in advance for your cooperation in securing accurate financial information required by the State and Federal Government that will be used exclusively for determining eligibility in Subsidized Housing, and to calculate the amount of rent I will pay.

X \_\_\_\_\_

X \_\_\_\_\_

**Applicant or Resident Signature (s)**

\_\_\_\_\_  
**Date**

*Please mail the completed application to:*

**Wildwood Property Management, LLC  
PO Box 746  
Tolland, CT 06084**