



For These Apartments

Apply here online at matherst.com
-or- Fill out the application and mail to:
Hamden Specialty Housing, LLC
415 Mather Street – Management Office
Hamden, CT 06514
(475) 224-5885
-or- Fax: 860 955 2689
-or- email a signed application to rentals@matherst.com

Bedrooms Desired
 1BR 2BR

APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Email Address _____ Social Security # _____ Date of Birth ____/____/____
 Street Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Home Telephone _____ Work Telephone _____ Mobile Telephone _____
 Please fill in your previous address here (if at current address for less than 2 years)
 Street Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Employment Information: Employer _____ How Long Employed? _____
 Employer/ Company Address _____ Supervisor's Name _____
 Choose One: Annual Gross Income _____ Weekly Gross Income _____ Monthly Gross Income _____
 Other Sources of Income _____
 Gross Income Last Year _____ Expected Gross Income This Year _____

CO - APPLICANT INFORMATION (if applicable)

Last Name _____ First Name _____ Middle Initial _____
 Email Address _____ Social Security # _____ Date of Birth ____/____/____
 Street Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Home Telephone _____ Work Telephone _____ Mobile Telephone _____
 Please fill in your previous address here (if at current address for less than 2 years)
 Street Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Employment Information: Employer _____ How Long Employed? _____
 Employer/ Company Address _____ Supervisor's Name _____
 Choose One: Annual Gross Income _____ Weekly Gross Income _____ Monthly Gross Income _____
 Other Sources of Income _____
 Gross Income Last Year _____ Expected Gross Income This Year _____

ADDITIONAL OCCUPANTS TO BE LIVING IN THE APARTMENT

(include everyone that will be living in the apartment including co-applicant)

Name	Social Security #	Sex	Date of Birth	Relation to Applicant	Full-Time Student (Y or N)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



CURRENT LANDLORD

Name _____
Building Address & City _____
Landlord Address & City _____
Telephone Number _____
Rent _____ Number of Years _____

PREVIOUS LANDLORD

Name _____
Building Address & City _____
Landlord Address & City _____
Telephone Number _____
Rent _____ Number of Years _____

RENTAL SOURCES

Will any of your rent money come from sources other than the employment listed above? Yes No

If yes, please list other sources of income or rent payments:

Income Source	Monthly Amount	Income Source	Monthly Amount	Income Source	Monthly Amount
Social Security:	_____	Alimony:	_____	Regular Cash	_____
Pension:	_____	Disability:	_____	Contrib.:	_____
SSI:	_____	Unemployment:	_____	Self-Employment	_____
Child Support:	_____	Other:	_____		

Gross Monthly Income from all sources from all Household Members 18 or older _____

Do you as head of household or member of your house require a reasonable accommodation? Yes No
(Mark yes only if you currently receive SSI or SSD Benefits from the Social Security Administration or otherwise have a verifiable disability.)

RACE/ETHNIC/LANGUAGE BACKGROUND OF APPLICANT

The following information is required for statistical purposes by the United States Department of Housing and Urban Development to insure non-discriminatory practices in the program. Providing this information is wholly voluntary and will not affect qualification in any way.

RACE

- Black/African American
- White
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native
- Other _____

Is Primary Language Spoken by Head of Household English? Yes No

If no, please check the language spoken:

- Spanish
- Chinese
- Korean
- Russian
- Italian
- Other _____

How did you hear about us? _____

I agree to authorize Hamden Specialty Housing LLC, Regan Development Corporation or DeMarco Management Corporation, or their agents to use this copy of my/our signatures as an approval to verify my credit, employment, assets, current or former tenancies, criminal history and sex offender status in connection with my/our application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment. The undersigned people represent and acknowledge that the landlord considers all information to be material in nature and understand that any false statements and/or information provided will be deemed material non-compliance with my lease and grounds for eviction. The undersigned people certify that the statements made in this pre-application are true and complete to the best of my/our knowledge and belief.

SIGNATURE OF APPLICANT _____ Date _____

SIGNATURE OF CO-APPLICANT _____ Date _____

SIGNATURE _____ Date _____

SIGNATURE _____ Date _____

SIGNATURE _____ Date _____

SIGNATURE _____ Date _____

SIGNATURE _____ Date _____

All people 18 years and over must sign application

IF YOU HAVE ANY QUESTIONS, PLEASE CALL 475-224-5885



Income Restrictions Apply • An Equal Housing Opportunity

