

THE ANCHORAGE



Announcing the Open Enrollment Period for Affordable Housing

Built by a team of award-winning architects, designers, and developers, The Anchorage was created to bring a new kind of living to Fairfield—one where you can kick back on a column-lined porch, host an outdoor dinner party, or take a quick drive to a sandy dune-lined beach... and at the end of the day, settle back in a modern luxury apartment community where everything's taken care of.

Every apartment at The Anchorage was built to be your own personal haven. Minimal, contemporary design touches, paired with high-end finishes and light-filled layouts provide the perfect jumping-off point for making yourself at home. With nine affordable apartment homes to choose from—ranging from studios to two bedrooms—you will have ample opportunity to find your perfect sanctuary.

The open enrollment period will begin February 15th, 2021 at 9AM and will close March 1st, 2021 at 5PM. We will begin accepting applications on a first-come-first-serve basis during that timeframe. Applications will be available to download at www.theanchorageapts.com and should be submitted via email to TheAnchorageAffordables@bozzuto.com



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2021 Affordable Income Requirements and Rates

Floor Plan Pricing

Apartment Type	Square Footage	Rental Rate
1BR/1BA	750-970 SqFt	\$1,110
2BR/2BA	1,368-1,370 SqFt	\$1,339

Maximum Income Limits

Household Size	Maximum Income
1 Person	\$54,880
2 Persons	\$62,720
3 Persons	\$70,560
4 Persons	\$78,400

Fees & Deposits

\$90 Application Fee per Household

\$1,000 Security Deposit

12 month Lease Term

Household Income Verification Required

Prices are Subject to Change without Notice



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REQUIRED CERTIFICATION DOCUMENTS CHECKLIST

The **Certification Questionnaire form** will be provided in this packet. All information must be filled out **COMPLETELY**. Signatures for all occupants 18 years of age and older are required.

If applicable, the following documentation must be submitted with your completed paperwork. Documents must be dated within 120 days of your projected recertification date. Provide photocopies, not original documentation

**Additional third party verification may be necessary*

- ☐ **Certification Questionnaire & Consent Form** – All answers completely signed by all adults.
- ☐ *** Employment Verification: Paycheck Stubs** – Copies of 6 most recent and consecutive paycheck Stubs for all employers (Military provide 3 LES); offer letter for new employment.
- ☐ **Employer Contact Information** – Current employer contact name, phone, email and fax.
- ☐ **Federal Tax Return** – Copies of Tax Returns For Last 3 Years. Submit all pages.
- ☐ **Self-employment** – Schedule C with your complete Federal Tax Return from the most recent year. Most recent YTD profit and loss statement
- ☐ **Gifted money or Recurring Contributions from Family/Friends** – a signed statement regarding the monthly or annual contribution given to you from the person contributing money.
- ☐ ***Pension/Retirement** – If you are receiving regular payments, provide the most recent documentation providing the gross monthly amount due to you.
- ☐ **Social Security Benefit or SSDI** – Most current award letter
- ☐ **Worker's Compensation** – Most recent documentation providing the monthly amount due to you.
- ☐ **Unemployment** – Most current unemployment compensation benefits letter/statement that provides the weekly compensation
- ☐ **Child Support/Alimony Income** – Court Decree explaining ordered Child Support or Alimony Income. If applicable, current DSCE statement that shows how much you are ordered to receive
- ☐ **TANF** – Most recent documentation providing the monthly amount due to you.
- ☐ ***Checking Account Statements** – Provide most recent 6 months of all pages of your checking account statements (bank transaction history not accepted).
- *All incoming deposits outside of current employment may be counted as potential income.*
 - ☐ *** Savings Account Statements** – Provide most recent 6 months of all pages of your savings account statements (bank transaction history not accepted).
 - ☐ ***Additional Household Assets (Bonds, CDs, Stocks, Real Estate, etc.)** – most recent statement
 - ☐ ***Student Status** – for students over 18, provide supporting documents from school that shows if you are a full time or part time student.



T H E A N C H O R A G E

ETHICAL LEASING ACKNOWLEDGEMENT

As part of its affordable housing program, the Anchorage does not allow payment or any other consideration except for applicable application fees and deposits disclosed in the affordable housing program materials provided to you. No Anchorage representative nor anyone else should ask you to pay any additional money or provide a gift, favor, incentive or any type of exchange related to your qualification for the affordable housing program or priority on any affordable housing waitlist.

By signing below, you acknowledge and state affirmatively that you were not asked to pay and you did not pay any money or provide a gift, favor, incentive or any type of exchange to any Anchorage representative or anyone else for any reason, including without limitation, qualification for the Anchorage affordable housing program or priority on an affordable housing waitlist.

If anyone in the future requests any money, gift, favor, incentive or any type of exchange in connection with your participation in the Anchorage affordable housing program, you should reject such request and contact Bozzuto Management at (860) 539-5055 or Janice.Miner@Bozzuto.com to report the incident.

APPLICANT(S)

X

Name:

Date:

X

Name:

Date:

X

Name:

Date:



THE ANCHORAGE

RESIDENT RELEASE AND CONSENT FORM

I/We, _____ 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 Anchorage and/or the state housing development agency or its service provider.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquiries 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 resident. It is understood that all information released will be kept confidential. However, you should be aware that the information reported may be reported by someone other than an Anchorage employee (i.e., attorney, auditor, etc)

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	Veterans Administration
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Education Institutions	Social Security Administration	Medical Providers
Banks/Financial Institutions	Previous Landlords	Child Care Providers
Public Housing Agencies		

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 further understand that I/we will be required to sign this information release waiver each year at recertification time.

NOTE: This general consent may not be used to request a copy of a tax return

X	X	X
Name: Date:	Name: Date:	Name: Date:



THE

ANCHORAGE

INCOME BASED VERIFICATION FORM

Created by:

Last Modified by:

Community: The Anchorage

Apt.

AMI% 80%

Bedroom Size:

Program Type: Community Specific Plan

Certification Type:

No. in household:

Style:

Maximum Income - New Move In & Renewal -

Lease Begin:

Lease End:

Move-out Date:

Move-In Household Income:

____Approved Reasonable Accommodation

Household Members

Full Name	Relation To HOH	Birth Date	Age	F/T Student

Are any of the Household Members a Bozzuto Associate? _____Yes __No

HOUSEHOLD INCOME:

First Name Last Name	Income Type	Amount	Frequency	Total	Verification
TOTALS:				\$0.00	

ASSET INCOME:

First Name Last Name	Asset Type	Account #	\$ Earned	Cash Value
TOTALS:				\$0.00

Inputed Passbook Value (0.06%)

\$0.00

ASSET INCOME:

TOTAL ANNUAL HOUSEHOLD INCOME:

Gross Rent:

Utility Allowance:

Net Rent:

Minimum Income is \$:



State of CT, County of Fairfield. The undersigned, being duly sworn, deposes and says

1. That the undersigned hereby certifies all statements contained herein are true and complete to the best of my knowledge and belief.
2. That the undersigned understand that willful misrepresentation may be a cause for termination of the Lease
3. That the undersigned understands that the information on this form is being collected to determine an applicant's / resident's eligibility and / or rent and will be used for managing the program covered by this form and for verifying the accuracy of the information furnished. The information may be released to appropriate federal state and local agencies when

APPLICANT(S):

Date:

Attach Files:

Notes:

COMPLETED BY:

APPROVED BY:

**RENTAL APPLICATION FOR
RESIDENTS AND OCCUPANTS**
(Each co-applicant and each occupant 18 years old
and over must submit a separate application.)



Date when filled out: _____

APPLICANT INFORMATION

Full Name (Exactly as it appears on Driver's License or Govt. ID card)

Former Name (if applicable)

Gender (Optional)

Birthdate

Social Security #

Driver's License #

State

Government Photo ID card #

Type

Home Phone Number

Cell Phone Number

Work Phone Number

Email Address

Marital Status: ☐ single ☐ married ☐ widowed ☐ separated

Do you or any occupant smoke? ☐ yes ☐ no

I am applying for the apartment located at:

Is there another co-applicant? ☐ yes ☐ no

Co-applicant Name

Email

Co-applicant Name

Email

Co-applicant Name

Email

Co-applicant Name

Email

Co-applicant Name

Email

OTHER OCCUPANTS

Full Name

Relationship

Date of Birth

Social Security #

Driver's License #

State

Government Photo ID card #

Type

Full Name

Relationship

Date of Birth

Social Security #

Driver's License #

State

Government Photo ID card #

Type

Full Name

Relationship

Date of Birth

Social Security #

Driver's License #

State

Government Photo ID card #

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Date of Birth

Social Security #

Driver's License #

State

Government Photo ID card #

Type

Full Name

Relationship

Date of Birth

Social Security #

Driver's License #

State

Government Photo ID card #

Type

Full Name

Relationship

Date of Birth

Social Security #

Driver's License #

State

Government Photo ID card #

Type

RESIDENCY INFORMATION

Current Home Address (where you live now)

City _____ State _____ Zip Code _____ Do you ☐ rent or
☐ own?
Dates: _____ \$ _____
From _____ To _____ Monthly Payment

Apartment Name _____

Landlord/Lender Name _____

Phone _____

Reason for Leaving _____

(The following is only applicable if at current address for less than 6 months.)

Previous Home Address

City _____ State _____ Zip Code _____ Do you ☐ rent or
☐ own?
Dates: _____ \$ _____
From _____ To _____ Monthly Payment

Apartment Name _____

Landlord/Lender Name _____

Phone _____

Reason for Leaving _____

EMPLOYMENT INFORMATION

Present Employer

Address

City _____ State _____ Zip Code _____ Work Phone _____
Dates: _____ \$ _____
From _____ To _____ Gross Monthly Income

Position _____

Supervisor Name _____

Phone _____

(The following is only applicable if at current employer for less than 6 months.)

Previous Employer

Address

City _____ State _____ Zip Code _____ Work Phone _____
Dates: _____ \$ _____
From _____ To _____ Gross Monthly Income

Position _____

Supervisor Name _____

Phone _____

ADDITIONAL INCOME

(Income must be verified to be considered)

Type _____ Source _____ \$ _____
Gross Monthly Amount
Type _____ Source _____ \$ _____
Gross Monthly Amount

CREDIT HISTORY (if applicable)

If applicable, please explain any past credit problem:

RENTAL/CRIMINAL HISTORY

(Check only if applicable)

Have you or any occupant listed in this Application ever:

- ☐ been evicted or asked to move out?
☐ moved out of a dwelling before the end of the lease term without the owner's consent?
☐ declared bankruptcy?
☐ been sued for rent?
☐ been sued for property damage?
☐ been convicted (or received an alternative form of adjudication equivalent to conviction) of a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime?

Please indicate the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. *You represent the answer is "no" to any item not checked above.*

REFERRAL INFORMATION

How did you find us?

- ☐ Online search. Website address: _____
- ☐ Referral from a person. Name: _____
- ☐ Social Media. Which one? _____
- ☐ Other _____

EMERGENCY CONTACT

Emergency contact person over 18, who will not be living with you:

Name _____		Relationship _____	
Address _____		City _____	
State _____	Zip Code _____	Home Phone # _____	Cell Phone # _____
Work Phone # _____		Email Address _____	

VEHICLE INFORMATION (if applicable)*List all vehicles owned or operated by you or any occupants (including cars, trucks, motorcycles, trailers, etc.).*

Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____

Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____

Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____

Make _____	Model _____	Color _____
Year _____	License Plate # _____	State _____

PET INFORMATION (if applicable)

You may not have any animal in your unit without management's prior authorization in writing. If we allow your requested animal, you must sign a separate animal addendum, which may require additional deposits, rents, fees or other charges.

Name _____	Type _____	Breed _____
Gender _____	Weight _____	Color _____
Age _____	Assistance Animal Status: <input type="checkbox"/> yes <input type="checkbox"/> no	

Name _____	Type _____	Breed _____
Gender _____	Weight _____	Color _____
Age _____	Assistance Animal Status: <input type="checkbox"/> yes <input type="checkbox"/> no	

APPLICATION AGREEMENT

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease Contract. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease Contract. In order to continue with this application, you'll need to review the Application Agreement carefully and acknowledge that you accept its terms.

- 1. Lease Contract Information.** The Lease Contract contemplated by the parties will be the current Lease Contract. Special information and conditions must be explicitly noted on the Lease Contract.
- 2. Approval When Lease Contract Is Signed in Advance.** If you and all co-applicants have already signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, sign the Lease Contract, and then credit the application deposit of all applicants toward the required security deposit.
- 3. Approval When Lease Contract Isn't Yet Signed.** If you and all co-applicants have not signed the Lease Contract when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, sign the Lease Contract when you and all co-applicants have signed, and then credit the application deposit of all applicants toward the required security deposit.
- 4. If you Fail to Sign Lease Contract After Approval.** Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease Contract within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you our approval. *If you or any co-applicant fails to sign as required, we may keep the application deposit as liquidated damages, and terminate all further obligations under this Agreement.*
- 5. If You Withdraw Before Approval.** *If you or any co-applicant withdraws an Application or notifies us that you've changed your mind about renting the dwelling unit, we'll be entitled to retain all application deposits as liquidated damages, and the parties will then have no further obligation to each other.*
- 6. Approval/Non-Approval.** We will notify you whether you've been approved within 10 days after the date we receive a completed Application. Your Application will be considered "disapproved" if we fail to notify you of your approval within 10 days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 10-day time period may be changed only by separate written agreement.
- 7. Refund after Non-Approval.** If you or any co-applicant is disapproved or deemed disapproved under Paragraph 6, we'll refund all application deposits within 30 days of such disapproval. Refund checks may be made payable to all co-applicants and mailed to one applicant.
- 8. Extension of Deadlines.** If the deadline for signing, approving, or refunding under paragraphs 4, 6, or 7 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.

APPLICATION AGREEMENT (CONTINUED)

9. Keys or Access Devices. We'll furnish keys and/or access devices only after: (1) all parties have signed the Lease Contract and other rental documents; and (2) all applicable rents and security deposits have been paid in full.

10. Application Submission. Submission of a rental application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease Contract.

DISCLOSURES

1. Application Fee (Non-Refundable). You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 3. **Payment of the application fee does not guarantee that your application will be accepted.** The application fee partially defrays the cost of administrative paperwork. **It is non-refundable.**

2. Application Deposit (may or may not be refundable). In addition to any application fee(s), you agree to pay to our representative an application deposit in the amount indicated in paragraph 3. *The application deposit is not a security deposit.* The application deposit will be credited toward the required security deposit when the Lease Contract has been signed by all parties; OR, it will be refunded under paragraph 7 of the Application Agreement if your application is not approved; OR, it will be retained by us as liquidated damages if you fail to sign or attempt to withdraw under paragraphs 4 or 5 of the Application Agreement.

3. Fees Due. Your Rental Application will not be processed until we receive your completed Rental Application (and the completed Rental Application of all co-applicants, if applicable) and the following fees:

1. Application fee (non-refundable): \$ 90.00
2. Application deposit (may or may not be refundable): \$ _____

4. Completed Application. Your Rental Application for Residents and Occupants will not be considered "completed" and will not be processed until we receive the following documentation and fees:

1. Your completed Rental Application;
2. Completed Rental Applications for each co-applicant (if applicable);
3. Application fees for all applicants;
4. Application deposit for the Unit.

5. Notice to or from Co-Applicants. Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.

AUTHORIZATION AND ACKNOWLEDGMENT

AUTHORIZATION

I authorize 333 Unquowa Road LLC

(name of owner/agent) to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Payment Authorization

I authorize 333 Unquowa Road LLC

(name of owner/agent) to collect payment of the application fee and application deposit in the amounts specified under paragraph 3 of the Disclosures.

Non-Sufficient Funds and Dishonored Payments.

If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- (i) Applicant shall pay to us the NSF Charge; and
- (ii) We reserve the right to refer the matter for criminal prosecution

ACKNOWLEDGMENT

You declare that all your statements in this Application are true and complete. You authorize us to verify the same through any means. If you fail to answer any question(s) or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease Contract, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations.

Applicant's Signature

Date

FOR OFFICE USE ONLY

_____	Unit # or type
Apt. name or dwelling address (street, city)	_____
Person accepting application	Phone
Person processing application	Phone
Applicant or Co-applicant was notified by <input type="checkbox"/> telephone <input type="checkbox"/> letter <input type="checkbox"/> email, or <input type="checkbox"/> in person of <input type="checkbox"/> acceptance or <input type="checkbox"/> non-acceptance on _____.	
(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)	
Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):	
Name(s)	
Name of owner's representative who notified above person(s)	

ADDITIONAL COMMENTS

