KELSON ROW
AT ROCKY HILL

Workforce Housing
Application Package

Date: _____

Dear Applicant;

Welcome to the Workforce Housing Program at our Brand-New community, Kelson Row at Rocky Hill. Please complete the enclosed application and submit it along with all other qualifying information in person to the Leasing Office (2418 Main Street, Rocky Hill, CT, 06067). An appointment must be set to turn in your documents. **You must submit a full application, without any missing documents, or your application will not be accepted.** This waitlist is a First-Come-First serve list that date and time stamps every application that is uploaded. The application will be available on the kelsonrow.com website.
The applications will be processed in the order they have been received. Once the application has been pre-approved, credit check, and background screening will be completed to be placed on the 1 bedroom, or the 2 bedroom waitlist, depending on the appropriate request. Each applicant on the waitlist will be sent a email notice informing them of their number on the waitlist.

You will be contacted by email when an apartment home becomes available. You will then have twenty-four hours in which to respond to the Work Force Housing Team. If you are interested in the available apartment, you will be asked to submit an application fee, a deposit, sign lease paperwork and possibly update certain information previously submitted. A credit check and background screening will be completed. If your application is approved, you will be asked to pay any appropriate community fees and to obtain signatures from all household members (eighteen and older) on the two-page Certification / Re-certification form. If you decline the apartment home, then you will be placed at the bottom of the waitlist.

Below is a list of information that is to be submitted with your application. Please take a few minutes to look over this list and take the necessary steps to have copies of all required documents. All documents submitted become the community property of Kelson Row at Rocky Hill. There cannot be any exceptions to any of these requirements.

1. Completed and signed Kelson Row at Rocky Hill Application for residency.
2. Signed Employment verification form or a letter from employer(s), on their letterhead, stating that you are employed and your gross annual salary (if applicable).
3. **Documents showing four most recent months of income** from wages, social security, retirement pension funds, disability, child support, alimony, income from rental properties, and any other income sources.
4. **A copy of full tax returns for the three most recent tax years.** All family members who work and/or live with you. All three years are required, and substitutions will not be accepted. (If you become a resident of Kelson Row at Rocky Hill you will be required to submit a copy of each year's tax returns upon completion regardless of your lease end date.) Full Tax Return Required.
5. **Documents showing the last six months** and percentage earned on all checking and saving accounts. Full Statement Required
6. **Documents showing the last six months** of account balance and percentage of interest earned on money market accounts, stocks, bond treasury bills, certificates of deposit, etc.
7. Documents showing value of real estate and other capital investments, unpaid mortgages, loans, etc., that could potentially generate additional income.
8. Documents showing the value of any trust producing income.
9. Copy of a valid government issued ID for all occupants age 18 and up.

Please verify that you have received all the following forms with your application package:

- Kelson Row at Rocky Hill application
- Income requirements and rental rate ranges
- Information Release form - one for each member of the household eighteen years of age and older
- Employment verification
- Kelson Row at Rocky Hill's qualification standards

Thank you for your interest in Kelson Row at Rocky Hill's Workforce Housing program. If the leasing team can be of any assistance to you, please let us know.

Sincerely,

Kelson Row at Rocky Hill

KELSON ROW
AT ROCKY HILL

INFORMATION RELEASE

EXPLANATION: Your signature on this information release waiver is necessary for the processing of your certification/ re-certification. You should be aware that a credit report will be ordered initially and may be repeated if necessary. This release authorizes verification of information regarding you and your household from sources such as, but not limited to: landlord, Social Security Administration, Department of Welfare, employer, income etc.

I, _____, authorize you to release to Kelson Row at Rocky Hill's managing agent all information specifically requested to verify my family's composition, income, credit, and references as may be necessary. It is understood that all information released will be kept confidential. However, you should be aware that the information reported may be reviewed by someone other than a Kelson Row at Rocky Hill employee (i.e. attorney, auditor, etc.).

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purpose stated above. The original authorization form is on file with the management office and will stay in effect for thirteen (13) months from the date signed. All adult members of my family (eighteen and older, including full-time students) will also be required to sign an information release waiver.

As a condition of continued occupancy, I further understand that I and all adult members of my family will be required to sign this information release waiver each year at re-certification time.

_____ _____ _____

Signature date social security #

Apartment# _____

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

KELSON ROW
AT ROCKY HILL

EMPLOYMENT VERIFICATION REQUEST

Date: _____

To: _____

_____

_____

_____has applied for residency at the Kelson Row at Rocky Hill Community. As a part of our application process, it is necessary that we obtain verification of his/her employment and income prior to occupancy.

Permission by: _____

Please complete the section below and return it to us by fax or mail at your earliest convenience.

Sincerely,

_____
Kelson Row at Rocky Hill. Representative

Dates of Employment: From _____To _____

Position: _____

Gross Salary or Wage: _____Per _____
(If hourly wage, please specify number of hours worked weekly:_,

Tips, Commission, Bonuses: _____
(average per week)

Other Comments: .....

_____ _____
Verified by: Printed Name:

_____ _____
Title: Date:

KELSON ROW
AT ROCKY HILL

RESIDENT SELECTION CRITERIA

There are **TWO HUNDRED TWENTY-FIVE {225)** Units comprised of **ONE HUNDRED ONE {101)** one-bedroom apartments and **ONE HUNDRED TWENTY-FOUR {124)** two-bedroom apartments at **Kelson Row at Rocky Hill.** Advertising for applicants will include the "Equal Housing Opportunity" logo and wording and will comply with all fair housing rules and regulations. A fair housing poster will be displayed in the on-site office. The following screening procedures will apply to all rental units.

The application process shall include:

1. A written application
2. Income verification
3. Credit references
4. Criminal background check
5. Landlord references
6. A personal interview.

All applicants must go through the same screening process and meet the same criteria to be accepted for residency at **KELSON ROW.** However, as identified below, a certain number of applicants must also meet the income limit requirements, and their rent may not exceed the maximum amounts that have been established for the property.

Each resident applicant will be required to verify his/her earnings and their ability to pay rent. Each resident will also be required to complete an addendum to the lease certifying to the annual income for the household.

RESIDENT INCOME CRITERIA

- 10% of the apartment units will be occupied by families whose income does not exceed 100% of the area median income adjusted for family size.

- An additional 10% of the apartment units will be occupied by families whose income does not exceed 80% of the median income adjusted for family size

Targeted affordability requirements

Kelson Row Apartments	Total
Total # of Units	213
# at 100% of Median Income	22
# at 80% of Median Income	22

CURRENT INCOME AND MAXIMUM RENT LIMITS

The following figures are valid as of May 05, 2026, and are adjusted in subsequent years to reflect any increase in area median income.

Income Limit by Family Size						
	1	2	3	4		
100% Limit	$90,440	$103,360	$116,280	$129,200		
80% Limit	$72,352	$82,688	$93,024	$103,360		

Maximum Rent by Bedroom Size						
		1BR	2BR			
100% Limit		$2,422	$2,907			
80% Limit		$1,745	$2,081			

ADDITIONAL SELECTION CRITERIA

1. Prospective residents must not have been subject to a prior eviction.

2. Prospective residents must have a good credit history. Landlord will use a credit reporting service, which will perform a search of the housing court records and Equifax, TRW, or some similar credit service.

3. Prospective resident cannot have a history of abuse of Landlord property.

4. Prospective resident cannot have a history of occupancy by unauthorized persons in his/her rental unit.

5. Prospective resident must not have a history of failing to timely supply all required information on the income and composition or eligibility of resident household.

6. Prospective resident must not have a pet that he/she is bringing to the project that! does not comply with Landlord's pet policy.

7. Prospective resident must not have been convicted of (i) a felony, or (ii) a misdemeanor within the last five (5) years.

8. If a resident prospect were to be accepted for occupancy, Kelson Row at Rocky Hill! must be the residents' only place of residence.

9. Anyone assigned to a waiting list will be done so on a pre-approved basis and by date of receipt of application.

If denied, the applicant will be notified by letter which explains how a rejected applicant may be re-considered for housing. If the rejection is due to information obtained through a credit agency, the rejection letter must be accompanied by a Fair Credit Reporting Statement. The applicant may re-apply thereafter; however, the applicant must provide documentation showing that the reason for the denial is no longer valid.

KELSON ROW
AT ROCKY HILL

2418 Main Street
Rocky Hill, CT 06067
Tel. 860-955-5570

Self-Affidavit

Applicant/Resident Name: _____ **Date:** _____

You have applied to live in an apartment that has a Work Force Housing Program. This Program requires us to certify all of your income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

[ ] Initial Certification **Date of Expected Move-In:**_____

[ ] Recertification *(Annual or Interim)* **Effective Date:** _____

I, _____, certify that:

I hereby state that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature of Applicant/Resident: _____ **Date:** _____

MCR PROPERTY MANAGEMENT, INC.

Community _____
Address Leased _____
Date _____
Consultant _____

EQUAL HOUSING OPPORTUNITY

MANAGEMENT RENTAL APPLICATION

How did you hear about us? _____

APPLICANT		CO-APPLICANT	
Applicant Name (include Jr. or Sr. if applicable): FIRST MIDDLE LAST		Co-Applicant Name (include Jr. or Sr. if applicable): FIRST MIDDLE LAST	
0 I do not have a middle name.		0 I do not have a middle name.	
Social Sec. No:	Date of Birth:	Social Sec. No:	Date of Birth:
Phone 1:	Phone 2:	Phone 1:	Phone 2:
E-Mail Address:		E-Mail Address:	
Driver's Lic. No./State:		Driver's Lic. No./State:	
Gov't. Issued ID/State:		Gov't. Issued ID/State:	
Vehicle Make/Model/Year/Tag #:		Vehicle Make/Model/Year/Tag #:	
Marital Status:		Marital Status:	
Provide Address for prior 24 months		**Provide Address for prior 24 months**	
Present Address (street, city, state, zip code) Own Rent M/I Date:_____ Lease Expires: _____ Rent/Mort. Amt $_____ Present Landlord:_____ Tel.:_____		Present Address (street, city, state, zip code) Own Rent M/I Date:_____ Lease Expires: _____ Rent/Mort. Amt $_____ Present Landlord:_____ Tel.:_____	
Former Address (street, city, state, zip code) Own Rent M/I Date:_____ Lease Expires: _____ Rent/Mort. Amt $_____ Present Landlord:_____ Tel.:_____		Former Address (street, city, state, zip code) Own Rent M/I Date:_____ Lease Expires: _____ Rent/Mort. Amt $_____ Present Landlord:_____ Tel.:_____	
Person(s) to occupy apartment in addition to applicants:			
Name:_____ FIRST MIDDLE LAST		Social Sec. No.:	Date of Birth:
Name:_____ FIRST MIDDLE LAST		Social Sec. No.:	Date of Birth:
Name:_____ FIRST MIDDLE LAST		Social Sec. No.:	Date of Birth:
Pet: Yes No	Type: / Breed:	Size:	Description:
APPLICANT EMPLOYMENT INFORMATION		**CO-APPLICANT EMPLOYMENT INFORMATION**	
Name & Address of Employer: Self Employed	Yrs. on this job: Monthly Income: $	Name & Address of Employer: Self Employed	Yrs. on this job: Monthly Income: $
Position/Title/Type of Business:	Personnel Phone:	Position/Title/Type of Business:	Personnel Phone:

APPLICANT EMPLOYMENT INFORMATION		CO-APPLICANT EMPLOYMENT INFORMATION	
If employed in current position for less than one year or if currently employed in more than one position, complete the following.			
Name & Address of Employer: Self Employed	Dates (from-to): Monthly Income: $	Name & Address of Employer: Self Employed	Dates (from-to): Monthly Income: $
Position/Title/Type of Business:	Personnel Phone:	Position/Title/Type of Business:	Personnel Phone:

MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

Additional Monthly Income	Applicant	Co-Applicant	Total
Bonuses/Commissions/Other			
Alimony/Child Support			
Total	$	$	$

*Self Employed Applicant(s) may be required to provide additional documentation such as tax returns and financial statements.

IN CASE OF EMERGENCY: (Please include one local contact)

Name:	Address:	Tel #:	Relationship:
Name:	Address:	Tel #:	Relationship:

I hereby give consent to contact the individual listed above to discuss an emergency situation. _____ **Initials**

DECLARATIONS

If you answer "yes" to either question below, please use continuation sheet for explanation.

		Applicant Yes	Applicant No	Co-Applicant Yes	Co-Applicant No
a.	Do you intend to occupy another property as your primary residence?				
a.	Have you ever been evicted?				

ACKNOWLEDGMENT AND AGREEMENT

I understand that the Reservation Deposit will be refunded to me if this Application is not approved. If this Application is approved, the Reservation Deposit shall become part of the Security Deposit and may be forfeited in accordance with applicable law if move-in does not occur. It is understood that the application processing fee is not refundable, except as provided by applicable law.

This application is not a lease. Before an application can be processed, the identity of all applicants must be verified. Before an apartment can be reserved, a completed application, application fee, and reservation deposit must be submitted. Pricing and specials are not guaranteed until you have paid the application fee. Any change in lease term, move in date or apartment selected may result in an adjustment to the rental rate and deposits required. Pricing, Special offers and availability are subject to change at any time.

By executing this application, I hereby authorize MCR Property Management, Inc ("Agent"), and its employees and agents, to verify all the personal information in this application (including my identity) and to obtain public and non-public references, credit and criminal (including sex offender) records for me and to obtain criminal and sex offender records for any occupants over age 18 according to applicable law. I authorize Agent to provide the personal information contained in this Application to various third-party vendors, and further authorize said vendors to collect additional information about me and any occupants over the age of 18, for purposes of determining eligibility to rent an apartment. I agree to release, hold harmless and forever discharge Agent and its employees, agents and affiliates from all liability related to the disclosure of the personal information contained in this application.

Applicant represents that all the statements herein are true, and if they change during the term of the tenancy, I will immediately notify the management staff.

DC Applicants: Acknowledgment of Receipt

By executing this Application, I hereby acknowledge receipt of the District of Columbia Tenant's Bill of Rights, applicable Housing Code provisions and the Notice of Eligibility Criteria for renting an apartment at this community.

Illinois Applicants: Notice of No Agency Relationship

I understand that Agent has agreed to provide property management and brokerage services for this community on behalf of the Owner. As a result, I further understand that all of Agent's employees are serving as agents for the Owner and not for me as the applicant. By executing this Application, I hereby acknowledge receipt of this Notice of No Agency Relationship.

Applicant Signature X	Date:	Applicant Signature	Date:
Management Representative Signature X		Date	