



Dear Applicant:

Thank you for your interest in The Royle at Darien, located on Post Road in Darien. **The Royle is an independent living facility for Adults 55 years of age or older.** Apartments at The Royle are generally restricted to households with incomes which do not exceed tiers based on maximum income levels. Those levels are set at 50% and 60% of the Darien Area Median Income (AMI) and are adjusted for various household sizes. To qualify for an apartment, your household's annual income when you move in cannot exceed the income maximum for your household's tier. We will have apartments of various sizes available for each income tier. Units are available for households which need accommodations for handicapped persons. Rents do not include utilities. All units will be smoke-free.

If you are interested in an apartment, please complete the enclosed preliminary application. Please note that this is a **preliminary** application. The formal application has much more detail and requires independent verification of household members, income, asset and other information. Acceptance of your preliminary application does not mean approval of a formal application.

NOTE: the preliminary application can be mailed to 719 Post Road Darien, CT 06820, brought directly to the office Tuesday – Thursday 9:30am – 4:00pm, or faxed to (203) 656-1087.

If you are selected for an apartment, you will be interviewed and will be required to file a formal application (which is more detailed and includes a \$35 fee), agree to a criminal background check, agree to a credit check and agree to a prior landlord check.

**719 BOSTON POST RD, DARIEN CT 06820
203.202.9551 PHONE 203.656.1078 FAX**





DATE/TIME RECEIVED

Preliminary Application
The Royle at Darien

Name: _____

Address: _____

Home phone: _____ **Cell phone:** _____

Email address: _____

Household Composition: Please indicate head(s) of the household and describe the relationship of the others to the Head(s) of the household.

For example: Mary Jones – 55 – F – N, John Jones – 16 – M – son, Sally Smith – 12 – F – daughter. You are not required to indicate any person’s age. For the head(s) of the household only, please indicate if that person is a full-time student.

Head(s) of the Household	Age	Sex	Full-time student? Y/N
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_____	_____	_____	_____
_____	_____	_____	_____

Members of Household	Age	Sex	Relationship to head(s)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Annual Income and Assets:

For each member of the household, please list the anticipated annual income (income from any and all sources including income from wages, benefits, child support, alimony and income from assets). Also, please list total assets for each member of the household (for assets held jointly, list them under one member's name). Assets include cash on hand, bank accounts, stocks, bonds, and real estate.

Name	Annual Income	Assets
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your household require a handicapped accessible unit (one which can accommodate a wheelchair)?

___ Yes ___ No

Does your household require a handicapped adaptable unit (one which has no stairs)?

___ Yes ___ No

How many bedrooms does your household require? Please note that unless there are special needs, single-person households and couples be housed in a 1-bedroom apartment.

_____ 1 bedroom _____ 2 bedrooms

Race/Ethnic Data (your response is not required but is appreciated). Please indicate the race/ethnicity of the head(s) of the household.

___ American Indian or Alaskan Native

___ White

___ Asian/Pacific Islander

___ Hispanic

___ Black/African American (not of Hispanic origin)

I understand that this document is a Preliminary Application for The Royle at Darien. Furthermore, I understand that if I am selected for an apartment, I will need to file a formal application and will need to provide verification of household composition, income and assets as well as consent to a criminal background check, a credit check and a prior landlord check. I understand that results of the verifications and checks may eliminate me from consideration for tenancy. Finally, I understand that no pets are allowed, and no smoking is allowed in any apartment or building at The Royle at Darien.

Printed Name _____

Signature _____

Date _____



STAMFORD-NORWALK HMFA									
For use by developments Placed In Service On or After January 1, 2009 (FY2021)									
INCOME LIMITS	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person	
20% of Median	21080	24080	27100	30100	32520	34920	37340	39740	
25% of Median	26350	30100	33875	37625	40650	43650	46675	49675	
30% of Median	31620	36120	40650	45150	48780	52380	56010	59610	
40% of Median	42160	48160	54200	60200	65040	69840	74680	79480	
50% of Median	52700	60200	67750	75250	81300	87300	93350	99350	
60% of Median	63240	72240	81300	90300	97560	104760	112020	119220	
70% of Median	73780	84280	94850	105350	113820	122220	130690	139090	
80% of Median	84320	96320	108400	120400	130080	139680	149360	158960	
RENT LIMITS	Studio	1 bedroom	2 bedroom	3 bedroom	4 bedroom				
20% of Median	527	564	677	782	873				
25% of Median	658	705	846	978	1091				
30% of Median	790	846	1016	1174	1309				
40% of Median	1054	1129	1355	1565	1746				
50% of Median	1317	1411	1693	1956	2182				
60% of Median	1581	1693	2032	2348	2619				
70% of Median	1844	1975	2371	2739	3055				
80% of Median	2108	2258	2710	3131	3492				