

FOR OFFICE USE ONLY		
Elderly/Disabled Housing:	Yes	No
# of Bedrooms:	0	1
ADA Unit Required:	Yes	No

DATE/TIME STAMP:

SOUTHINGTON HOUSING AUTHORITY

43 Academy Street, Suite #104
 Southington, Connecticut 06489
 Phone: (860) 628-5200 • Fax: (860) 628-4790

Application for the Public Housing Program – Elderly/Disabled

Equal Housing Opportunity

This is the application form for Southington Housing Authority's Public Housing Program. The information which you are being asked to provide as the head of household is used to determine if your Household appears to be eligible to be added to the Housing Authority's Waiting List. All information is subject to third party verification. You and your household members are required to sign releases of information that permit the Housing Authority to verify all information you provide. By signing this application, you are certifying that the information you provide is true and correct and that your household is within the income limits for the program as of the date of signature. Misrepresentation of information is grounds for immediate removal from the waiting list or termination from Southington Housing Authority's Public Housing Programs.

Incomplete applications will be denied. It is the responsibility of the applicant to provide ALL required information and answer ALL questions completely. All questions must have a response and no questions/lines can be left blank. If a question does not apply, you are required to write "N/A" on the line provided.

All applications are the property of Southington Housing Authority once submitted.

Available Assistance: If you need assistance completing this application, please contact the Southington Housing Authority at phone number (860) 628-5200.

Please print all answers in a legible fashion.

#1.) Name of Head of Household: _____

#2.) Residential Address: _____

City/Town: _____ State: _____ Zip Code: _____

#3.) Current Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

#4.) Cell Phone: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

Email Address: _____

#5.) I am certifying that I understand I am applying for the **ELDERLY/DISABLED** apartments at the Southington Housing Authority properties. I understand that I must be either elderly (62 years old +) **OR** disabled in order to qualify for housing. **YES** **NO**

#6.) Is there a member of your household who requires a physically modified unit or an exception to our policies in order to address a disability? YES NO

If you answered yes to the previous question, please state the first and last name of the person(s) who requires one or both needs and state the need:

#7.) Please provide the full legal name (first, middle, last name) of all household members, their date of birth, place of birth, sex, relationship to the head of household, and Social Security number or attach proof of application for a Social Security number.

Race and Ethnicity Please fill in the appropriate HUD race and ethnicity codes that best describe each household member.

Race – HUD’s race codes are as follows: White, Black, American Indian/Alaskan Native, Asian, and Native Hawaiian/Other Pacific Islander.

Ethnicity – HUD’s ethnicity codes are as follows: Hispanic or Not Hispanic. Please use the HUD race and ethnicity codes that best describe each member of your family. For example, White/Hispanic, or Black/Non-Hispanic, etc. Only the race/ethnicity column is optional.

Full Legal Name	Date of Birth	Place of Birth	Sex	Relation to Head of Household	Social Security Number	Race/Ethnicity *Optional

#8.) Please provide ALL GROSS income/money received for ALL household members below.

Household Member’s Full Name	Type of Income (Employment, Social Security, SSI, etc.)	Amount Received	Frequency (Weekly, Bi-weekly, Monthly, etc.)	Source of Income (Name of Employer, Social Security Admin, etc.)

#9.) Total *ANNUAL* Gross Household Income from ALL sources: \$ _____
 (Fill in the total amount you and all household members receive for the YEAR *before taxes and other deductions* on the line provided.)

#10.) Please provide ALL assets for ALL household members below.

Household Member's Full Name	Type of Asset (Checking, Savings, 401k, CD, stocks, etc.)	Current Value of Asset	Annual Income Received from Asset	Source of Asset (Name of Bank/Company where Asset is held)

#11.) Are you or a household member a Veteran of the United States Armed Forces? YES NO

If you answered yes, please state the Veteran household member's name: _____

Branch of Service: _____ Type of Discharge: Honorable Dishonorable

Did this Veteran serve during a time of war? YES NO - Name of war: _____

#12.) Current landlord's name: _____

Current landlord's phone: _____

Current landlord's email address: _____

Current landlord's mailing address: _____

Date I moved into this location: _____ Monthly Rent: \$ _____

Which utilities do you pay for (not included in rent)? Heat Hot Water Electric

#13.) Have you or any household members ever been evicted OR going through an eviction currently?

YES NO - If YES, please state the name(s) of the household members who have been evicted or are undergoing eviction and explain the circumstances.

#14.) Have you or any household members ever lived in public housing before? YES NO

If yes, where? _____

Dates: From _____ To _____

Name of household member(s): _____

Do you or any household member owe any money to a housing authority(s)? YES NO

#15.) Do you currently have a Section 8 voucher/rental assistance? YES NO If yes, please explain.

#16.) Have you or any household member ever been convicted of a crime other than traffic violations?
 YES NO - If YES, please explain the conviction, nature of the problem, and who was involved.

#17.) Are you or any household member(s) a registered sex offender? YES NO
If you answered yes, please state the household member's name: _____

#18.) Is anyone in your household currently on parole or probation? YES NO- If YES, please explain.

#19.) Does your household have any medical expenses (include insurance payments, Medicare deduction, doctor co-pays, hospital expenses, clinic costs, prescriptions expenses, therapy, medical supplies and transportation, etc.) YES NO
If YES, please describe the type of expense (not your medical conditions) and the unreimbursed amount you spend *per month* on all medical expenses.

#20.) Would you like the Southington Housing Authority to direct all communications regarding your application to you OR to an emergency contact/caseworker/other? Please check only one (1) box below.

- Please send all future communications regarding this application to me.
- Please send all future communications regarding this application to my emergency contact, caseworker, or other person.

Name of Emergency Contact/Caseworker/Other: _____
Relationship/Agency/Organization: _____
Mailing Address: _____
Phone: _____ Email: _____

I understand that this application is not an offer of an apartment. I certify that my household is income eligible under current program income limits and the information contained in this application is true, current, and complete under pains and penalty of perjury. I authorize the Southington Housing Authority to make inquiries to verify the information I provided on this application. I understand that it is my responsibility to inform the Southington Housing Authority of any changes in writing after submitting my application. Changes may include address, phone numbers, email addresses, income, household members, and the emergency contact person I selected to receive all communication from Southington Housing Authority. I agree to notify the Southington Housing Authority within 10 business days of any changes I need to make to my application.

X _____
Applicant's Signature Date

X _____
Co-applicant's Signature Date

How did you hear about us?

- 2-1-1
- Word of Mouth
- Internet Advertisement
- www.affordablehousingonline.com
- Search Engine (Google, Yahoo, Bing, etc.)
- Newspaper (Advertisement, News Article)
Name of Newspaper: _____
- Southington Patch (Online News Source)
- Social Media (Facebook, Twitter, etc.)
- The Salvation Army
- The American Legion (Soldiers, Sailors and Marines Fund)
- Veteran's Affairs
- Veterans Inc.
- Veterans Program/Agency: _____
- Town of Southington
- The Calendar House (Southington Senior Center)
- Southington Community Services
- Bread For Life
- Southington-Cheshire Community YMCA
- Southington Public Library
- SoCCA (Southington Community Cultural Arts Center)
- Central CT Senior Health Services of Southington
"Money Follows The Person" Program
- Department of Social Services (DSS)
- Agency on Aging
- Referral from J.D'Amelia & Associates or subsidy provider
- Referral from a caseworker or social worker (provide info below)
- Referral from another Housing Authority
Name of Housing Authority: _____
- Recommended by family, friend, or colleague
- Other: _____

Please specify: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to the Southington Housing Authority any information or materials needed to complete and verify my application for housing and/or to maintain my continued occupancy of housing furnished by or through the Housing Authority. I understand and agree that this authorization or the information obtained with its use may be given to and used by Southington Housing Authority in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be requested, this includes but is not limited to:

Identity and Marital Status	Income	Medical Expenses
Residences and Rental Activity	Assets	Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords	Retirement/Pension	Utility Companies
Veterans Administration	Department of Social Services	Public Housing Agencies
Social Security Administration	Law Enforcement Agencies	Credit Bureaus and Providers
Employers	Support and Alimony Providers	Financial Institutions (Banks)
Medical Providers	Prescription Providers	Courts

I agree that a photocopy of this authorization may be used for the purposes listed above. This authorization will stay in effect for as long as I remain an applicant/participant/resident in any housing program administered by the Southington Housing Authority.

I understand refusal to sign this or any required consent form may result in the denial of housing or the termination of housing.

X _____
Applicant's Signature

Date

X _____
Co-applicant's Signature

Date