



# East Windsor Housing Authority

1A Park Hill,  
Broad Brook, CT 06016  
Tel: 860-623-8467 Fax: 860.623.8554  
[ewha1966@gmail.com](mailto:ewha1966@gmail.com)  
Office Hours 9:00am – 3:30pm



## APPLICATION FOR HOUSING

App. No: \_\_\_\_\_

Date Received: \_\_\_\_\_

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**DO NOT WRITE ABOVE THIS LINE**

I hereby certify that the information I am providing is the full truth. I understand that according to Connecticut General Statue, Section 8-116a(4), any person making a false statement on said application may be fined up to \$500, or imprisoned up to six (6) months or both. By affixing my/our signatures to this application, the applicant(s) is (are) authorizing the East Windsor Housing Authority to conduct a complete background, credit and criminal history on the listed applicant(s). Any applicant rejected because of information attained in the screening process will be notified of validation procedures in writing from this agency.

\_\_\_\_\_  
Applicant #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2 Signature

\_\_\_\_\_  
Date

## INFORMATION SHEET FOR HOUSING APPLICATION



The East Windsor Housing Authority is an Equal Opportunity Affirmative Action Employer



The Park Hill Elderly/Disabled Housing currently consists of eighty-four (84) units, including handicapped units, and is operated on a non-discriminatory basis in accordance with our Fair Housing Policy.

## **Park Hill is a smoke-free facility.**

All information on the application will be kept confidential.

### **INCOME LIMITS:**

**Maximum income allowed for single person occupancy is \$66,150**

**Maximum income allowed for a couple is \$75,600**

The base rents (minimum) are as follows:

Minimum base rent is \$429.00, \$449.00, \$500.00, and \$600.00

Rent will be calculated using 31% of the monthly gross household income or the base rent for the available unit, whichever is higher.

Efficiencies are set aside for single occupancy and One Bedrooms are set aside for double occupancy.

The East Windsor Housing Authority, within the program statutory income limits has targeted set-asides for low, very low and extremely low incomes. 80% 50% 30% of the medium income respectively.

### **SELECTION PROCESS**

**The East Windsor Housing Authority uses the lottery system for selection of applicants for tenancy. The following steps are taken by the East Windsor Housing Authority:**

1. Review the income reported for eligibility of all applicants.
2. Each application will receive a control number. The numbers will then be randomly drawn and matched to the application in numerical order. This process will be conducted monthly.
3. The new list of control numbers is then added to the bottom of the current waitlist. Applicants will be notified of their control number and their rank on the list. Approval to be housed will be determined at the time a unit is available.

All applications must be signed and dated by the applicant and returned to the East Windsor Housing Authority. Incomplete applications will not be accepted. All applications are purged after one year from the date it is received.

Anyone needing help in filling out the application shall be assisted. The assistance can be provided in languages other than English.

To inquire as to your position on our waiting list, please send written request to 1A Park Hill Broad Brook, CT 06016. Attention Wait List Administrator. Provide your full return address information.

**Effective September 1, 2017 all new residents moving in to Park Hill will be required to pay a security deposit equal to one month's rent at the time the lease is signed. A payment plan, not to exceed 12 months from the move in date, is an option.**



**APPLICANT #1 INFORMATION:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at this address? \_\_\_\_\_ If less than 5 years, please provide previous address:

\_\_\_\_\_

S.S. #: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, when did you enter this country: \_\_\_\_\_

Do you have a sponsor/conservator/power of attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please fill in the following information:

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**APPLICANT #2 INFORMATION (IF APPLICABLE)**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

S. S. #: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, when did you enter this country: \_\_\_\_\_

Do you have a sponsor/conservator/power of attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please fill in the following information:

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

We are required to perform a demographics survey of all housing applicants. This information is voluntary.

The data will be kept confidential and will only be used as required by government law or regulation.

Please check all that apply:



**Applicant #1:**

\_\_\_\_\_ American Indian or Alaska Native  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ African American  
 \_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
 \_\_\_\_\_ Caucasian  
 \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Do Not Wish to Disclose

**Applicant #2:**

\_\_\_\_\_ American Indian or Alaska Native  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ African American  
 \_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
 \_\_\_\_\_ Caucasian  
 \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Do Not Wish to Disclose

**INCOME - Please list all income amounts****Applicant #1:**

Social Security: \_\_\_\_\_  
 SSD or SSI: \_\_\_\_\_  
 Interest: \_\_\_\_\_  
 Dividends: \_\_\_\_\_  
 Pension: \_\_\_\_\_  
 Employer: \_\_\_\_\_

**Applicant #2:**

Social Security: \_\_\_\_\_  
 SSD or SSI: \_\_\_\_\_  
 Interest: \_\_\_\_\_  
 Dividends: \_\_\_\_\_  
 Pension: \_\_\_\_\_  
 Hours/week: \_\_\_\_\_ Hourly wage: \_\_\_\_\_

**ASSETS – Please list most recent amounts****Applicant #1:**

Bank Accounts: \_\_\_\_\_  
 C.D.'s \_\_\_\_\_  
 IRA's: \_\_\_\_\_  
 Annuities: \_\_\_\_\_  
 Whole Life Ins.: \_\_\_\_\_  
 Stocks/Bonds: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Trust Account: \_\_\_\_\_  
 Name of Bank where trust is held: \_\_\_\_\_  
 Real Estate/Property Address & Value: \_\_\_\_\_

**Applicant #2:**

Bank Accounts: \_\_\_\_\_  
 C.D.'s \_\_\_\_\_  
 IRA's: \_\_\_\_\_  
 Annuities: \_\_\_\_\_  
 Whole Life Ins.: \_\_\_\_\_  
 Stocks/Bonds: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Trust Account: \_\_\_\_\_  
 Name of Bank where trust is held: \_\_\_\_\_  
 Real Estate/Property Address & Value: \_\_\_\_\_



Are you collecting benefits under another's social security number?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Do you have the following insurances?

Medicare – Parts A and B: Yes \_\_\_\_\_ No \_\_\_\_\_

Title 19 – Medicaid: Yes \_\_\_\_\_ No \_\_\_\_\_

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If you are receiving disability benefits, do you have a representative payee?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please fill in the following information:

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Are you in the program Money Follows the Person? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please fill in the following information:

Agency responsible: \_\_\_\_\_

Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**CRIMINAL HISTORY – Please indicate if Applicant #1, #2, or both**

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain citing all specifics: \_\_\_\_\_

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**SPECIAL NEEDS FOR HOUSING: - Please indicate if Applicant #1, #2, or both**

Are you disabled per Social Security Disability or other federal agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please provide pertinent documentation.

Do you require a wheelchair accessible apartment? Yes \_\_\_\_\_ No \_\_\_\_\_



## INFORMATION ON CURRENT HOUSING:

Are you currently participating in any subsidy programs?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list \_\_\_\_\_

Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details:

\_\_\_\_\_  
=====

Do you own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please list how many and what type: \_\_\_\_\_

\_\_\_\_\_  
=====

## VEHICLE INFORMATION

Do you own a vehicle which you would continue to use if housed in this complex?

Yes \_\_\_\_\_ No \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Registration no: \_\_\_\_\_

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## LANDLORD INFORMATION: Please complete the following information:

Name of current landlord: \_\_\_\_\_ How long: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Does this include utilities? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your landlord? \_\_\_\_ Y \_\_\_\_ N If no, please explain. \_\_\_\_\_

\_\_\_\_\_

Name of previous landlord: \_\_\_\_\_ How long: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ did this include utilities? Yes \_\_\_\_\_ No \_\_\_\_\_



## REFERENCES

Please include references of someone (other than a family member) who has known you for five (5) years or more:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Tel. No: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Tel. No: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Tel. No: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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## OPTIONAL:

### ADDITIONAL CONTACT PERSON:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_



## Applicant Information Release Statement:

I understand that the East Windsor Housing Authority is required by Connecticut State Law to verify income and information relative to all applications for admission to Park Hill and to re-examine annually the income of all residents.

I hereby authorize the East Windsor Housing Authority to obtain and/or verify any information relative to my application, or re-examination for continued occupancy. I also give permission for the Housing Authority to obtain information concerning my financial obligations, landlord references, and medical expenses. I also authorize the Housing Authority to conduct credit and criminal background checks.

I authorize permission for the release of information regarding character references and rental history.

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the East Windsor Housing Authority and will stay in effect until terminated in writing by the undersigned.

Applicant #1 Signature \_\_\_\_\_

Applicant #2 Signature \_\_\_\_\_

Date \_\_\_\_\_

