



East Windsor Housing Authority



1A Park Hill,
Broad Brook, CT 06016
Tel: 860-623-8467 Fax: 860.623.8554
ewha1966@gmail.com

APPLICATION FOR HOUSING

Application for: _____ App. No: _____
Single Occupancy: _____

Double Occupancy: _____ Points: _____

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). The Authority collects a fee of \$13.75 per applicant for screening services. This fee is due when an application is selected from the waiting list. This is a non-refundable fee. Any applicant rejected because of information attained in the screening process will be notified of validation procedures in writing from this agency.

Applicant Signature

Date

Applicant Signature

Date

INFORMATION SHEET FOR HOUSING APPLICATION

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.

All information on the application will be kept confidential.

INCOME LIMITS:

Maximum income allowed for single person occupancy is \$45,500

Maximum income allowed for a couple is \$52,000

Rent is based on household income:

Maximum rent is \$1,560.00 for a single unit and \$1,138.00 for an efficiency unit.

Minimum rent is \$185.00 for a single unit and \$170.00 for efficiency unit.

All applications must be signed by the applicant and returned to the East Windsor Housing Authority with the necessary documentation.

Apartments are offered as they become available. If the apartment is rejected by an applicant, the applicant is removed from the waiting list. All applications are purged after one year from the date it is received.

If you have any questions or require assistance completing this application, please call the office at 860-623-8467.

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.



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APPLICANT INFORMATION:

Name: _____ Telephone No: _____

Address: _____

S.S. #: _____ DOB: _____

Drivers License # _____ State Issued _____

Are you an U.S. citizen? Yes _____ No _____

If no, when did you enter this country: _____

Do you have a sponsor: 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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SPOUSE'S INFORMATION (IF APPLICABLE)

Name: _____ Tel. No: _____

Address: _____

City: _____ State: _____ Zip Code: _____

S. S. #: _____ DOB: _____

Drivers License # _____ State Issued _____

Are you an U.S. citizen? Yes _____ No _____

If no, when did you enter this country: _____

Do you have a sponsor: 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:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Not Listed or Do Not Wish to Disclose

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INCOME (Monthly) - Must provide proof of income

Social Security: _____

SSD or SSI: _____

Interest: _____

Dividends: _____

Employer: _____

Hours/week: _____ Hourly wage: _____

[Please provide 4 most recent paystubs or a copy of most recent W2]

Bank Accounts: _____

C.D.'s _____

IRA's: _____

Stocks/Bonds: _____

Trust Account: _____

Name of Bank where trust is held: _____

[Please provide 2 most recent statements from each account listed above]

Do you own any property: Yes _____ No _____

Location of property: _____

If you are collecting SSD or SSI; please provide a copy of the current TPQY from The Social Security Administration with the application.

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 _____

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: _____

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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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:

LIVING SITUATION:

- a) Are you homeless? Yes _____ No _____
- b) Living a shelter? Yes _____ No _____
- c) Transitional Housing? Yes _____ No _____
- d) Living in a documented physically or emotionally abusive situation
- e) Yes _____ No _____
- f) Living in overcrowded conditions in own housing unit (ie: 1.5 persons per room)
Yes _____ No _____
- g) Unable to maintain property and/or physically navigate property because of
age or disability Yes _____ No _____

If yes to any, please provide specific details:

Has your current place of residence been condemned or verified to have serious code violations? Yes _____ No _____

If yes, please explain: _____

Does your current place of residence have inadequate heating, plumbing or cooking facilities? Yes _____ No _____

If yes, please explain: _____

Are you living in temporary housing with others because of conditions beyond your control (i.e condemnation, foreclosure, fire, loss of job, etc)

Yes _____ No _____

If yes, please explain: _____

LANDLORD INFORMATION: Please complete the following information beginning with the most recent:

Name of landlord: _____ How long: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone #: _____

Monthly Rent: _____ Does this include utilities: Yes _____ No _____

Name of previous landlord: _____ How long: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone #: _____

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CRIMINAL HISTORY

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please explain citing all specifics: _____

MILITARY SERVICE

Are you a veteran of military service? Yes _____ No _____

If yes, please provide documentation of veteran status.

SPECIAL NEEDS FOR HOUSING:

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 _____

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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: _____

Do you own any pets: Yes _____ No _____

If yes please list how many and what type: _____

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IN CASE OF EMERGENCY CONTACT

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: Home: _____

Work: _____

Cell: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: Home: _____

Work: _____

Cell: _____

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 _____

Applicant/Tenant 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 Signature _____

Applicant Signature _____

Date _____