APPLICATION FOR HOUSING

App. No: ________________

Date Received: ________

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 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 $50,350
- Maximum income allowed for a couple is $57,550

The base rents (minimum) are as follows:

- Minimum base rent is $429.00, $449.00, and $500.00

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 by the applicant and returned to the East Windsor Housing Authority. Incomplete applications will not be accepted.

If the first offer is rejected, the applicant will be moved to the bottom of the waiting list. If an applicant refuses a second offer, they will be removed from the waiting list. Applicant may reapply at any time.

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.

**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.

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

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**INCOME - Please list all income amounts**

**Applicant #1:**
- Social Security: __________
- SSD or SSI: __________
- Interest: __________
- Dividends: __________
- Pension: __________
- Employer: ____________________________ Hours/week: __________ Hourly wage: ________

**Applicant #2:**
- Social Security: __________
- SSD or SSI: __________
- Interest: __________
- Dividends: __________
- Pension: __________

**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 ___________

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: ___________

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: _______________________________________

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:
__________________________________________________________________________

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Do you own any pets? Yes __________ No __________
If yes please list how many and what type: __________________________________________________

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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: _______________________________________________________

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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 ______________________________