FOR OFFICE USE ONLY **DATE/TIME STAMP:**

Elderly/Disabled Housing: ☐ Yes ☐ No

Number of Bedrooms: ☐ 0 ☐ 1

SOUTHINGTON HOUSING AUTHORITY

43 Academy Street, Suite #104
Southington, Connecticut 06489
Phone: (860) 628-5200 • Fax: (860) 775-7545

Drop, Mail, or Fax completed application

APPLICATION for the Public Housing Program

Elderly (62 years of age or older) or disabled

Equal Housing Opportunity

Purpose of this Application

This application is for the **Southington Housing Authority's Public Housing Program**.
The information you provide will be used to determine if your household can be added to the Housing Authority's **Waiting List**. Third parties will verify all information.

The monthly rent will be based upon **whichever is greater**

1. The Base rent list below
2. 30% of the household's adjusted monthly income

Base Rent: $675
Minimum Household Income: $27,000
Maximum Household Income: $27,999

Base Rent $700
Minimum Household Income: $28,000
Maximum Household Income: $31,999

Base Rent $800
Minimum Household Income: $32,000
Maximum Household Income: $54,950

We have four properties throughout Southington and Plantsville:

- Lincoln Lewis Terrace – 43 Academy Street, Southington, CT 06489
- DiCaprio Forgione Terrace – 408 Main Street, Southington, CT 06489
- Joseph A. Zdunczyk Terrace – 500 Pleasant Street, Southington, CT 06489
- General Pulaski Terrace – 6 Carter Lane, Plantsville, CT 06479

Most apartments are efficiencies or 1-bedroom units with no stairs and include:

- Climate control air-conditioning, off-street parking, and laundry rooms
- Hot water and electric utilities are not included in rent
- Maintenance services include 24/7 emergency on-call and routine work order requests.

Important Information for Applicants

- Veterans are given preference. All other applications are stamped with the date and time received for the waiting list
- A background check (Credit, past landlord, and any criminal history) will be performed, and must be satisfactory at the time of the applicant's turn for an available apartment
- You and all household members must sign forms allowing the Housing Authority to **verify the information** you provide.
- By signing this application, you are stating that all information is **true and correct**.
- Your household must meet the **income limits** for the program as of the date you sign.
- Providing false information may result in:
    - **Immediate removal** from the waiting list, or
    - **Termination** from the Housing Authority's Public Housing Programs.

Application Requirements

- **Answer all questions.** Do not leave any lines blank.
- If a question does not apply to you, write **"N/A."**
- It is your responsibility to provide **all required information**.
- Incomplete applications will not be accepted.
- Once submitted, all applications become the **property of the Southington Housing Authority**

Please Note:

The Southington Housing Authority is a state-sponsored housing provider and does not offer rental subsidies. SHA does **not** issue Section 8 or voucher-based assistance. Applicants must demonstrate the ability to pay rent and meet the minimum income requirements established by the Housing Authority. Being placed on the waiting list does not provide financial assistance or guarantee housing**.**

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 (If different than above): _____

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

4. Phone Numbers & Email:

- Cell Phone: _____
- Home Phone: _____
- Other Phone: _____
- Email Address: _____

5. Certification:

I certify 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 older) **OR** disabled to qualify for housing.

- ☐ YES
- ☐ NO

6. Disability Accommodation

Does any household member require a physically modified unit or policy exception due to a disability?

☐ YES ☐ NO If YES, Name of the household member and describe the need: _____

_____

7. Household Information

Household Members

List all individuals who reside in the apartment (including live-in aides):

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

8. Household Income

Household Income

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: $_____

*(Include total income for you and all household members received for the YEAR. *Before taxes and other deductions on line 9 provided above.)*

10. Assets

Household Assets

Provide **ALL Assets for ALL Household members below:**

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

11. Veteran Status

Are you or a household member a U.S. Veteran? ☐ YES ☐ NO If YES,

Veteran members name: _____

Branch of Service: _____ **Type of Discharge:** ☐ Honorable ☐ Dishonorable

Did this Veteran serve During Wartime? ☐ YES ☐ NO **Name of War:** _____

12. Current Landlord Information

Landlord Name: _____

Phone: _____ Email: _____

Mailing Address: _____

Date I Moved Into this location: _____ Monthly Rent: $_____

Utilities Paid (check all that apply): ☐ Heat ☐ Hot Water ☐ Electric

13. Eviction History

Have you or any household members ever been evicted or currently in eviction? ☐ YES ☐ NO

If YES, explain: _____

14. Previous Public Housing

Have you ever lived in public housing? ☐ YES ☐ NO

If YES, where: _____

Dates From: _____ To: _____

Do you owe money to any housing authority? ☐ YES ☐ NO

15. Section 8 or Rental Assistance

Do you currently have a Section 8 voucher? ☐ YES ☐ NO

If YES, explain: _____

16. Criminal History

Any criminal convictions (other than traffic violations)? ☐ YES ☐ NO

If YES, explain: _____

17. Sex Offender Status

Is anyone a registered sex offender? ☐ YES ☐ NO
If Yes, Provide Name: _____

18. Parole/Probation

Is anyone currently on parole or probation? ☐ YES ☐ NO
If YES, explain: _____

19. Medical Expenses

Do you have monthly unreimbursed medical expenses? ☐ YES ☐ NO
If YES, describe type and cost per month: _____
_____

20. Communication Preference

☐ Send all communication to me
☐ Send communication to emergency contact/caseworker below:

Emergency Contact / Caseworker / Other:

- Name: _____
- Relationship / Agency: _____
- Mailing Address: _____
- Phone: _____
- Email: _____

Certification

I understand that this application is not an offer of an apartment. I certify that my household income is eligible under current program income limits and the information contained in this application is true, current, and complete under pain and penalty of perjury. I authorize the Southington Housing Authority to use the information provided in the enclosed HUD 9886-A form and make any necessary inquiries to verify details for processing my 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.

Signatures:

Applicant: _____ **Date:** _____

Co-Applicant: _____ **Date:** _____

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, which includes but is not limited to:

- Identity, marital status, income, assets, medical expenses, rental history, credit, and criminal activity
- Relevant organizations: landlords, banks, SSA, VA, DSS, medical providers, courts, etc.

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
- Veterans Administration
- Social Security Administration
- Employers
- Medical Providers
- Retirement/Pension
- Department of Social Services
- Law Enforcement Agencies
- Support and Alimony Providers
- Prescription Providers
- Utility Companies
- Public Housing Agencies
- Credit Bureaus, and Providers
- Financial Institutions (Banks)
- 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 that refusal to sign this or any required consent form may result in the denial of housing or the termination of housing.

Signatures:

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

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