

**Welcome to Barnum House**  
Professionally Managed by HallKeen Real Estate Management & Investment  
**Instructions**

Enclosed you will find the application for housing you have requested.  
Please note the following requirements:



**Application must be completed in full.** Incomplete applications will be returned to the applicant.

We are a Project Based Section 8 building – the rent is based on 30% of your gross income. **Applicants must be 62 years or older to apply for residency.** Couples are welcome to apply if one of the couple meets the minimum age requirement. Additionally, applicants must meet the eligibility requirements of the Section 8 rental assistance program of the Department of Housing and Urban Development and satisfy the admissions criteria of Barnum House.



One Applicant Verification Consent Form must be completed for **each** non-citizen member of the household who is declaring eligible immigration status.

*(NOTE: Complete only if you are applying for federally assisted housing.)*



When application is submitted you must provide:

- Birth Certificate
- Government Issued Picture Identification
- Social Security Card for Each Applicant
- Proof of Income
- Proof of Assets



If you move or change your phone number, notification must be in writing and mailed to: **Barnum House Apartments- 140 Fairfield Ave, Bpt CT 06604**  
Your notice must include:

- A. Applicant Name(s) and Social Security Number;
- B. Name of Apartment Community of Application
- C. Approximate month/year of when original application was submitted;
- D. Old Address and Phone Number
- E. New Address and Phone Number



We update our waiting lists on a yearly basis. Anyone who does not return a completed update application, within the specified timeframe, will be removed from the waiting list.

***Applicants will be notified of their status once they are close to the top of the list.***

**\*\*AT THIS MOMENT THERE IS NO AVAILABLE PARKING\*\***



PRELIMINARY RENTAL APPLICATION

-Equal Housing Opportunity-

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT.  
IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE  
OR OTHER ALTERNATE FORMATS.

Application Date: \_\_\_\_\_

Property Name: **BARNUM HOUSE APARTMENTS**  
Address: **140 FAIRFIELD AVENUE**  
City, State, Zip: **BRIDGEPORT, CT 06604**  
Telephone Number: **203.384.0243**  
TDD#: **Call 7-1-1**  
Email Address: **barnum@hallkeen.com**

Return Completed Application To: **BARNUM HOUSE APARTMENTS**  
**140 Fairfield Avenue**  
**Bridgeport, CT 06604**

APPLICATION FOR ADMISSION

**Note:** Please fill in all sections completely. If a section does not apply, please draw a line through or write "N/A". Failure to do so will result in processing delays or rejection of your application. If you need help completing this application, please contact the Rental Office.

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Current Address:

Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Landlord:

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Street \_\_\_\_\_ Fax # \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_

**RACE** (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American Indian/Alaskan Native     Asian or Pacific Islander     Other (not white or Hispanic)  
 Black (not of Hispanic origin)     Hispanic     White (not of Hispanic origin)

**SIZE OF APARTMENT NEEDED:**

- 0BR     1BR     N/A     N/A     N/A     N/A

How did you hear about this property? \_\_\_\_\_

**ADDITIONAL INFORMATION:**

- Do you currently hold a *Mobile Voucher*?  Yes  No
- Are you requesting a *Hearing/Visual Adapted Unit*?  Yes  No
- Are you requesting a *Wheelchair Adapted Unit*?  Yes  No
- Do any members of the household have any *accessibility or reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you*?  Yes  No

If yes, please explain/provide details: \_\_\_\_\_

- Do you or a member in your household *consider yourself to be homeless or at-risk of being homeless*?  Yes  No

If yes, please explain/provide details: \_\_\_\_\_

- Have you ever been *evicted* from your home for any reason?  Yes  No

If yes, please explain/provide details: \_\_\_\_\_

- Have you or any household member ever been *convicted* of any crime?  Yes  No

If yes, please explain/provide details: \_\_\_\_\_

- Have you or any household member suffered actual or threats of physical violence by a spouse or other member of the household?  Yes  No

If yes, please explain/provide details: \_\_\_\_\_

- Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law?  Yes  No

If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required): \_\_\_\_\_

**CURRENT HOUSING:**

- Present Housing Cost Per Month \$ \_\_\_\_\_
- Does your current housing cost include utilities (gas, electric, heat, hot water)?  Yes  No
- How Long Have You Lived at Present Address? \_\_\_\_\_ Years / \_\_\_\_\_ Months
- Do You Own Any Pets? \_\_\_\_\_ If yes, what type: \_\_\_\_\_
- What are the reasons for moving? \_\_\_\_\_

**FAMILY COMPOSITION:** List all who will occupy the apartment.

*YOU MUST INCLUDE YOURSELF (Any person not listed will not be allowed to move in)*

FULL NAME OF EACH PERSON	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (00/00/0000)	Gender (Optional)	SOCIAL SECURITY NUMBER	STUDENT STATUS Full-time/FT Part-time/PT
1) _____	Head of Household	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
2) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
3) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
4) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
5) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
6) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
7) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
8) _____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A

Does the Head of Household have full custody of all household members under the age of 18  Yes  No

If no, please explain \_\_\_\_\_  
 (Please be prepared to supply copy of child support/custody agreement and divorce decree.)

**(HUD only): If you have no social security number, you claim you are exempt because:**

- You are an ineligible non-citizen  You were 62 as of 1/31/2010 and receiving housing assistance as of 1/31/2010

**LANDLORD REFERENCES:** Provide full names & addresses of Landlords where you have lived over the last (5) **five** years. Please include both long term and temporary residences.

**1) Previous Address** \_\_\_\_\_  
 Dates Lived at This Address \_\_\_\_\_  
 Name of Landlord \_\_\_\_\_  
 Landlord Telephone # \_\_\_\_\_ Landlord E-mail address \_\_\_\_\_  
 Landlord Address \_\_\_\_\_

**2) Previous Address** \_\_\_\_\_  
 Dates Lived at This Address \_\_\_\_\_  
 Name of Landlord \_\_\_\_\_  
 Landlord Telephone # \_\_\_\_\_ Landlord E-mail address \_\_\_\_\_  
 Landlord Address \_\_\_\_\_

**3) Previous Address** \_\_\_\_\_  
 Dates Lived at This Address \_\_\_\_\_  
 Name of Landlord \_\_\_\_\_  
 Landlord Telephone # \_\_\_\_\_ Landlord E-mail address \_\_\_\_\_  
 Landlord Address \_\_\_\_\_

**4) Previous Address** \_\_\_\_\_  
Dates Lived at This Address \_\_\_\_\_  
Name of Landlord \_\_\_\_\_  
Landlord Telephone # \_\_\_\_\_ Landlord E-mail address \_\_\_\_\_  
Landlord Address \_\_\_\_\_

Please list all states where the applicant and/or members of the applicant's household have resided.

**CHARACTER REFERENCES:** (If you are unable to furnish landlord or other housing references) *They must have known you for one (1) year or more and not be related to you.*

1.) Character Reference Name \_\_\_\_\_  
Telephone #: \_\_\_\_\_ | E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_

2.) Character Reference Name \_\_\_\_\_  
Telephone #: \_\_\_\_\_ | E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_

3.) Character Reference Name \_\_\_\_\_  
Telephone #: \_\_\_\_\_ | E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_

**EMPLOYMENT:** Is any member of the household employed?  Yes  No

If yes, please list below. *List each member by their corresponding number from Page 3.*

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Email address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
Job Type:  Seasonal  Temporary  Permanent  Part-Time  Full-Time  
Do you receive tips?  Yes  No If yes, how much do you average each week? \$ \_\_\_\_\_  
If hourly, rate per hour? \$ \_\_\_\_\_ Number of hours scheduled each week: \_\_\_\_\_ hours  
Gross earnings (before taxes): \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Email address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
Job Type:  Seasonal  Temporary  Permanent  Part-Time  Full-Time  
Do you receive tips?  Yes  No If yes, how much do you average each week? \$ \_\_\_\_\_  
If hourly, rate per hour? \$ \_\_\_\_\_ Number of hours scheduled each week: \_\_\_\_\_ hours  
Gross earnings (before taxes): \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Email address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
Job Type:  Seasonal  Temporary  Permanent  Part-Time  Full-Time  
Do you receive tips?  Yes  No If yes, how much do you average each week? \$ \_\_\_\_\_  
If hourly, rate per hour? \$ \_\_\_\_\_ Number of hours scheduled each week: \_\_\_\_\_ hours  
Gross earnings (before taxes): \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  
Gross earnings (before taxes): \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly

**Member #** \_\_\_\_\_  
 Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Email address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 Length of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
 Job Type:  Seasonal  Temporary  Permanent  Part-Time  Full-Time  
 Do you receive tips?  Yes  No If yes, how much do you average each week? \$ \_\_\_\_\_  
 If hourly, rate per hour? \$ \_\_\_\_\_ Number of hours scheduled each week: \_\_\_\_\_ hours  
 Gross earnings (before taxes): \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly

**DOES ANYONE IN THE HOUSEHOLD HAVE OTHER SOURCES OF INCOME** (Other income is income such as *Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, Grants and/or Monetary Gifts/Support from Someone that isn't a member of the household*)?  Yes  No

**If yes, list below by household member and income type:**

	Type of Income	Gross Earnings (Before Taxes)
<b>Member #</b> _____	_____	\$ _____ per _____ (week, month, year)
<b>Member #</b> _____	_____	\$ _____ per _____ (week, month, year)
<b>Member #</b> _____	_____	\$ _____ per _____ (week, month, year)
<b>Member #</b> _____	_____	\$ _____ per _____ (week, month, year)
<b>Member #</b> _____	_____	\$ _____ per _____ (week, month, year)
<b>Member #</b> _____	_____	\$ _____ per _____ (week, month, year)
<b>Member #</b> _____	_____	\$ _____ per _____ (week, month, year)

**DOES ANY HOUSEHOLD MEMBER HAVE INCOME FROM ASSETS** (*Assets include Checking Accounts, Savings Accounts, Direct Express Cards, EBT and DOR Cards, Pay Cards, 401K Accounts, IRA Accounts, Term Certificates, Money Markets, Stocks, Bonds, Mutual Funds, etc.*)?  Yes  No **If yes, list below:**

**Member #** \_\_\_\_\_  
 Name of Financial Institution: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Financial Institution Address: \_\_\_\_\_  
 Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_  
 Name of Financial Institution: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Financial Institution Address: \_\_\_\_\_  
 Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_  
 Name of Financial Institution: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Financial Institution Address: \_\_\_\_\_  
 Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_ % If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**Member #** \_\_\_\_\_  
 Name of Financial Institution: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Financial Institution Address: \_\_\_\_\_  
 Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
 Interest Rate: \_\_\_\_\_% If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \$ \_\_\_\_\_

**DOES ANY HOUSEHOLD MEMBER HAVE OTHER ASSETS** such as Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.?  Yes  No **If yes, list below:**

Household Member	Type of Asset	Cash Value of Asset
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____
Member # _____	_____	\$ _____

Has any household member disposed of any assets for less than fair market value in the last two years?  
 Yes  No If yes, please list below:

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED OF
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**In Case of Emergency, whom should we contact?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone# \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone# \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_

**CONFLICT OF INTEREST:**

Do you work for or have any immediate family members who work, or have any business or consulting relationship with the Property Owner, or HallKeen Management? Immediate family ties include (whether by blood, marriage, or adoption) the spouse, parent (including step-parent), child (including step-child), brother, sister (including a step-brother or step-sister), grandparent, grandchild or in-laws of the applicant(s).  
 Yes  No

If yes, please provide name(s) of immediate family member(s), relationship and company/owner name:  
 \_\_\_\_\_



IRC Section 152 (f)(2) defines, in part, a “student” as an individual, who during each of 5 calendar months during the calendar year in which the taxable year of the taxpayer begins is either (a) a full-time student at an educational organization or (b) is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization, as described more fully in the IRC.

The term “educational organization” includes elementary schools, junior and senior high schools, colleges, universities, and technical, trade and mechanical schools. It does not include on-the-job training courses.

Will **ALL** of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

- Are any full-time student(s) married and filing a joint tax return? Yes No
- Are any full-time student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes No
- Are any full-time student(s) an AFDC or a title IV recipient? Yes No
- Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another’s tax return? Yes No
- Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? Yes No

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES, PREFERENCES OR SPECIAL DEDUCTIONS/CONSIDERATIONS (Where Applicable):**

- Not Applicable for this property

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

I/ We hereby certify that this apartment will be this household's primary residence.

***Signed under the pains and penalties of perjury:***

\_\_\_\_\_  
Head of Household/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date

HallKeen Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

**Professionally Managed by:  
HallKeen Management  
1400 Providence Highway, Suite 1000  
Norwood, MA 02062  
(781) 762-4800**





To: HallKeen Management

Re: **Release to Obtain Information**

In consideration for being permitted to apply for this apartment at \_\_\_\_\_, I, Applicant, do represent all information in this application to be true and accurate and that Owner/Manager/Employee/Agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the Owner/Manager/Employee/Agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant, authorize any person or Credit/Criminal Background Checking Agency having any information on me, to release any and all such information to the Owner/Manager/ Employee/Agent or Credit Checking Agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all Owners, Managers, and Employees, or Agents, both of Landlord and their Credit Checking Agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

**All applicants over the age of 18 must sign:**

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Applicant: \_\_\_\_\_  
Signature Social Security # Date  
\_\_\_\_\_  
Print Name

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as “active adult community” and “empty nesters”. Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

### **If you have a disability and you need:**

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

**HallKeen Management, Inc.**  
**1400 Providence Highway, Suite 1000**  
**Norwood, MA 02062**  
**(781) 762-4800**

**Barnum House Apartments**  
**140 Fairfield Avenue**  
**Bridgeport, CT 06604**  
**203.384.0243**



**Exhibit 3-3: Owners Notice No. 1**

Dear \_\_\_\_\_(Insert Head of Household)

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

- 1. Complete a Family Summary Sheet, using the attached blank format (identified as Exhibit 3-4) to list all family members who will reside in the assisted unit.
- 2. Each family member (including you) listed on the Family Summary Sheet must complete a Declaration (see Exhibit 3-5). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration. The Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration.
- 3. Submit the Family Summary Sheet, the Declarations, and any other forms and/or evidence to the name and address listed below by (insert date). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact (insert name and telephone number). He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

**Exhibit 3-4: The Family Summary Sheet**

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



**Exhibit 3-5: Declaration Format**

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

- \_\_\_\_\_ 1. A citizen or national of the United States.  
Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date  
Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (\* Exhibit 3-6 \*).

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

### Exhibit 3-6: Verification Consent Form

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

#### CONSENT

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

#### NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Barnum House Apartments **CT-26H037068** 140 Fairfield Ave, Bridgeport, CT 06604

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
HallKeen Management		Project Based Section 8
<b>Name of Owner/Managing Agent</b>		<b>Type of Assistance or Program Title:</b>

<b>Name of Head of Household</b>	<b>Name of Household Member</b>
----------------------------------	---------------------------------

Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

# APPLICANT/TENANT CERTIFICATION

## Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and/or the HUD form 50059 and certify that the information shown is true and correct.

## Reporting Changes in Income or Household Composition

I know that I am required to report immediately in writing any changes in income and any changes in my household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone whom is staying with me.

## Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

## No Duplicate Residence or Assistance

I certify that this apartment will be my principal residence and that I will not obtain duplicate housing assistance while I am in this current program. I will not live anywhere else without notifying East Canton Street Apartments immediately in writing. I will not sublease my assisted residence.

## Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand that failure or refusal to do so may result in delays, termination of assistance, or eviction.

## Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

## Household Adults Signature and Date of Signature

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_





**GENERAL AUTHORIZATION**

I/We Do Hereby Authorize HallKeen Management /Barnum House Apartments and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by:

**HallKeen Management**  
1400 Providence Highway, Suite 1000  
Norwood, MA 02062  
781.762.4800 Phone  
781.762.4841 Fax

**Barnum House Apartments**  
140 Fairfield Avenue  
Bridgeport, CT 06604  
203.384.0243 Phone  
203.330.0390 Fax

**SIGNATURE(S):**

\_\_\_\_\_  
Tenant/Applicant

\_\_\_\_\_  
Co-Tenant/Applicant

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

