

FOR OFFICE USE ONLY	
Application Entered By:	
Application Entered On:	
Elderly/Disabled Housing:	Yes No
Bedrooms:	0 1
ADA Unit Required:	Yes No

DATE AND TIME STAMP:

SOUTHINGTON HOUSING AUTHORITY
 43 Academy Street
 Southington, Connecticut 06489
 Phone: (860) 628-5200 • Fax: (860) 628-4790



Equal Housing Opportunity

This is the application form for Southington Housing Authority's Public Housing Program. The information which you are being asked to provide as the head of household is used to determine if your Household appears to be eligible to be added to the Housing Authority's Waiting List. All information is subject to third party verification. You and your household members are required to sign releases of information that permit the Housing Authority to verify all information you provide. By signing this application, you are certifying that the information you provide is true and correct and that your household is within the income limits for the program as of the date of signature. Misrepresentation of information is grounds for immediate removal from the waiting list or termination from Southington Housing Authority's Public Housing Programs.

Incomplete applications will be denied. It is the responsibility of the applicant to provide all required information and answer all questions completely. All questions must have a response and no questions/lines can be left blank. If a question does not apply, you are required to write "N/A" on the line provided. All applications are the property of Southington Housing Authority.

Available Assistance: If you need assistance completing this application, please contact the Southington Housing Authority at (860) 628-5200.

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

#4.) Cell Phone: _____ Home Phone: _____
 Work Phone: _____ Other Phone: _____

#6.) Is there a member of your household who requires a physically modified unit or an exception to our policies in order to address a disability? • YES • NO

If you answered yes to the previous question, please state the first and last name of the person(s) who requires one or both needs and state the need:

#7.) Please provide the full legal name (first, middle, last name) of all household members, their date of birth, place of birth, sex, relationship to the head of household, and Social Security number or attach proof of application for a Social Security number.

Race and Ethnicity Please fill in the appropriate HUD race and ethnicity codes that best describe each household member.

Race – HUD’s race codes are as follows: White, Black, American Indian/Alaskan Native, Asian, and Native Hawaiian/Other Pacific Islander.

Ethnicity – HUD’s ethnicity codes are as follows: Hispanic or Not Hispanic. Please use the HUD race and ethnicity codes that best describe each member of your family. For example, White/Hispanic, or Black/Non-Hispanic, etc. Only the race/ethnicity column is optional.

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

#8.) Please provide ALL gross income/money received for ALL household members below.

Household Member’s 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* Current Gross Household Income from ALL sources: \$ _____

#10.) Please provide ALL assets for ALL household members below.

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

#11.) Are you or a household member a Veteran of the United States Armed Forces? • YES • NO

If you answered yes, please state the household member's name: _____

#12.) Current landlord's name: _____

Current landlord's phone: _____

Current landlord's mailing address: _____

Date I moved into this location: _____

#13.) Have you or any household members ever been evicted? • YES • NO

If so, please state the name(s) of the household members who have been evicted in the past and explain the circumstances.

#14.) Have you or any household members ever lived in public housing before? • YES • NO

If yes, where? _____

Dates: From _____ To _____

Name(s) of household member: _____

Do you owe any money to the housing authority? • YES • NO

#15.) Have you or any household member ever been convicted of a crime other than traffic violations?

• YES • NO If yes, please explain the conviction, nature of the problem, and who was involved.

#16.) Is anyone in your household currently on parole or probation? • YES • NO If yes, please explain.

#17.) Does your household have any medical expenses (include insurance payments, medicare deduction, doctor co-pays, hospital expenses, clinic costs, prescriptions expenses, therapy, medical supplies and transportation, etc.) • YES • NO

If yes, please describe the type of expense (not your medical conditions) and the unreimbursed amount you spend *per month* on all medical expenses.

#18.) Would you like the Southington Housing Authority to direct all communications regarding your application to you OR to an emergency contact/caseworker/other? Please check only one (1) box below.

- Please send all future communications regarding this application to me.
- Please send all future communications regarding this application to my emergency contact, caseworker, or other person.

Name of Emergency Contact/Caseworker/Other: _____

Relationship/Agency/Organization: _____

Mailing Address: _____

Phone: _____ Email: _____

I understand that this application is not an offer of an apartment. I certify that my household is income eligible under current program income limits and the information contained in this application is true, current, and complete under pains and penalty of perjury. I authorize the Southington Housing Authority to make inquiries to verify the information I provided on this 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.

X _____
Applicant's Signature

Date

X _____
Co-applicant's Signature

Date

How did you hear about us?

- **Word of Mouth**
- **Internet Advertisement**
- **Search Engine (Google, Yahoo, Bing, etc.)**
- **Newspaper (Advertisement, News Article, etc.)**
- **Southington Patch (Online News Postings)**
- **Community Services/Social Services/Veteran's Affairs**
- **Referral from another Housing Authority**
- **Event/Conference**
- **Social Media (Facebook, Twitter, etc.)**
- **Recommended by family, friend, or colleague**
- **Other: _____**

Please specify: _____

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, this includes but is not limited to:

- | | | |
|---------------------------------------|---------------|-------------------------------------|
| Identity and Marital Status | Income | Medical Expenses |
| Residences and Rental Activity | Assets | Credit and Criminal Activity |

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

X _____
Applicant's Signature

Date

X _____
Co-applicant's Signature

Date