

HOUSING AUTHORITY OF THE TOWN OF SOUTHTON
APPLICATION FOR ELDERLY HOUSING APARTMENT RENTAL

Applications accepted January 1, 2020 to January 31, 2020 Only

NECESSARY REQUIREMENTS:

You must meet the necessary requirements of the attached Tenant Selection Policy to be eligible. Applicant **must be 62 years of age** or older or **certified as being disabled by the Federal Social Security Act**. All sources of income combined cannot exceed the following annual amounts. **One Person - \$52,850; Two people - \$60,400**. Please complete entire application, do not leave blanks, if does not apply write n/a. This will assure your place on the waiting list. Please print clearly. **You MUST read the declaration and Authorization and Release of Information, and sign bottom of Form. Incomplete applications will be returned to applicant and will not be acknowledged until they have been received as complete.**

APPLICANT 1:

Last Name	First Name	Middle Initial
<hr/>		
Date of Birth: ____/____/____ Month/Day/Year	Age: ____	Soc. Security No. _____

EMAIL ADDRESS: _____

HOME PHONE NUMBER (____) _____ **CELL PHONE NUMBER** (____) _____

Drivers License Number _____; **State** _____

CURRENT ADDRESS: _____

Number	Street	Town	State	Zip Code
<hr/>				
Landlord's Name and Address				

PREVIOUS ADDRESS: _____

Number	Street	Town	State	Zip Code
<hr/>				
Previous Landlord's Name and Address			Approx. Dates of Occupancy	

PREVIOUS ADDRESS: _____

Number	Street	Town	State	Zip Code
<hr/>				
Previous Landlord's Name and Address			Approx. Dates of Occupancy	

***CONTACT PERSON -other than applicant/applicants (to be contacted in event you cannot be reached):**

Name : _____	Home Phone: (____) _____
Address: _____	Cell Phone: (____) _____
_____	Email address: _____
_____	Relation to you: _____

APPLICANT 2:

Last Name

First Name

Middle Initial

Date of Birth: ____/____/____ **Age:** ____ **Soc. Security No.** _____
 Month/Day/Year

EMAIL ADDRESS: _____

HOME PHONE NUMBER (____) _____ **CELL PHONE NUMBER** (____) _____

Drivers License Number _____; State _____

CURRENT ADDRESS: _____

Number Street Town State Zip Code

 Landlord's Name and Address

PREVIOUS ADDRESS: _____

Number Street Town State Zip Code

 Previous Landlord's Name and Address Approx. Dates of Occupancy

PREVIOUS ADDRESS: _____

Number Street Town State Zip Code

 Previous Landlord's Name and Address Approx. Dates of Occupancy

***CONTACT PERSON -other than applicant/applicants (to be contacted in event you cannot be reached):**

Name : _____ Home Phone: (____) _____

Cell Phone: (____) _____

Address: _____ Email address: _____

 Relation to you: _____

The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect (either positive or negative) your selection for the program, however, completion of this section is optional-please circle the appropriate number:

Ethnicity/Race

Applicant 1 Race: White-1 Black-2 Indian/Alaskan-3 Asian/Pacific-4
 Ethnicity: Hispanic-1 Non-Hispanic-2

Applicant 2 Race: White-1 Black-2 Indian/Alaskan-3 Asian/Pacific-4
 Ethnicity: Hispanic-1 Non-Hispanic-2

CURRENT AMOUNT OF MONTHLY RENT OR MORTGAGE YOU PAY: \$ _____

1. Are you a Veteran? _____ Veterans will be given preference on the waiting list. SHA defines “veteran” as a head of household that was honorably discharged or who is currently on active duty with the following branches of service: Army, Navy, Air Force, Marines, Coast Guard and the National Guard (if deployed during war). This definition also includes the widow of a veteran who was killed in action.

If you answered yes, please attach documentation from the Department of Defense or Veterans Affairs confirming Veteran Status.

2. Would you and/or spouse need a handicapped apartment? (Wheelchair accessibility). If yes, explain.

3. Have you ever been convicted of a felony? If so, please describe, including the date and circumstances.

FINANCIAL INFORMATION: Fill in all Applicable

APPLICANT 1- 2019 YEARLY GROSS INCOME

•Social Security Form SSA-1099
2019 Benefit Statement (box 3) \$ _____

•Pension/Pensions \$ _____

•SSA/SSI Disability Benefit
Statement \$ _____

•Gross Wages-2019
(Wages from working) \$ _____

• Alimony \$ _____

• VA Benefits \$ _____

• Other income \$ _____

TOTAL ANNUAL INCOME: \$ _____

APPLICANT 2- 2019 YEARLY GROSS INCOME

•Social Security Form SSA-1099
2019 Benefit Statement (box 3) \$ _____

•Pension/Pensions \$ _____

• SSA/SSI Disability Benefit
Statement \$ _____

•Gross Wages-2019
(Wages from working) \$ _____

• Alimony \$ _____

• VA Benefits \$ _____

• Other income \$ _____

TOTAL ANNUAL INCOME: \$ _____

APPLICANT 1- 2019 YEARLY ASSETS

•Checking/savings balance as of 12/31/18 \$ _____

•Stocks/Bonds/CD balance as of 12/31/18 \$ _____

•Interest and Dividends as of 12/31/18 \$ _____

APPLICANT 2- 2019 YEARLY ASSETS

• Checking/Savings balance as of 12/31/18 \$ _____

•Stocks/Bonds/CD balance as of 12/31/18 \$ _____

•Interest and Dividends as of 12/31/18 \$ _____

Estimated out of pocket annual medical expenses (Dr co-pays, medical insurances, prescriptions, etc)

Applicant 1 \$ _____

Applicant 2 \$ _____

Do you own any property? Market Value _____ Balance still owed _____

Marketing Information (please circle one)

How did you hear about open enrollment for applications?

- SHA website
- Contacted SHA Office
- Social Service Agency/Case Manager
- Local Church
- Local Newspaper (name of paper) _____
- Other _____

Waiting List Policy:

Applicants are required to maintain an address where they can be contacted. At least annually an update of the waiting list is made. Periodically mailings are made to applicants as well. If during the course of updating the list or mailing information, items are sent and returned to the housing authority of the town of Southington, the applicant will be dropped from the waiting list. Any applicant so dropped may reapply if the waiting list is open, but if permitted to apply he or she will be placed at the bottom of the list.

DECLARATION: I hereby certify to the truth of the above information. I understand that according to Sec. 8-46 of the Connecticut General Statutes, any person who makes a false statement concerning any of the eligibility requirements for a public housing project (as defined in subsection (b) of Section 21a-278a) in an application for admission to or continued occupancy of such public housing may be fined not more than five hundred dollars or imprisoned not more than six months or both. I have no objection to inquiries by Southington Housing Authority concerning my qualification for the purpose of income verification only. I agree to notify Southington Housing Authority immediately of any change in the statements or information required.

**Authorization and Release of Information
For Admission to or Continued Occupancy in a State Project**

I hereby authorize and give consent to all credit reporting agencies, employers, credit and personal references to release all pertinent information about me/us. A photocopy of this shall be as valid as the original. I/we understand that the credit report (rental history, arrest and/or conviction records and retail credit history) will be done through the facilities of: CoreLogic Safe Rent, 40 Pacifica Ste 900, Irvine, CA 92618. Groups or individuals that may be asked to release information may include, but are not limited to:

- | | | |
|-------------------------|-----------------------------|--------------------------------|
| Previous Landlords | Past and Present Employers | Courts and post Offices |
| Social Service Agencies | Law Enforcement Agencies | State Unemployment Agencies |
| Medical Care Providers | U.S. Social Security Admin. | U. S. Dept. of Veteran Affairs |
| Retirement Systems | Utility Companies | Banks/Financial Institutions |
| Credit Providers | Credit Bureaus | Support/Alimony Providers |

Date

Applicant 1 Signature

Applicant 2 Signature