

FOR OFFICE USE ONLY	
Application Entered By:	
Application Entered On:	
Elderly/Disabled Housing	
General Developments	
Bedrooms	0 1

DATE AND TIME STAMP

HOUSING AUTHORITY OF THE CITY OF NEW HAVEN
360 Orange Street
New Haven, Connecticut 06509-1912
 (203) 498-8800 ext. # 1121 (Voice) (203) 497-8958 (Fax)
 (203) 497-8434 (TDD)

Pre-Application for the Public Housing Program – Elderly/Disabled

Equal Housing Opportunity

This is not the full application form for the 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. You will be required to complete a Full Application prior to any final processing for an offer of a unit. All information is subject to third party verification, and you will be required to sign releases that will permit the Housing Authority to verify all information provided below. By signing this application, you are certifying that the information you have provided is 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 the Conventional Public Housing Programs.**

For applicants to federal housing, Title 18, Section 1001 of the U.S. Code states that it is a felony to intentionally make false or fraudulent statements to any federal department or agency. As the information provided below may be shared with the U.S. Department of Housing and Urban Development, misrepresentation of information is a felony.

Incomplete Pre-applications will not be processed. It is the responsibility of the applicant to provide all required information and answer all questions completely. All applications are the property of the Housing Authority of the City of New Haven.

Assistance Available: If you need assistance completing this application, please see the receptionist or call (203) 498-8800 ext. 1121 for an appointment.

<p>Please print all Answers in a Legible Fashion</p> <p>1. Head(s) of Household: _____</p> <p>2. Residential Address: _____</p> <p>City or Town _____ State _____ Zip Code _____</p> <p>3. Current Mailing Address: _____</p> <p>City or Town _____ State _____ Zip Code _____</p>

4. Home Phone () _____	Work Phone () _____
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5. 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 so, please list which household member(s) with their first and last name?

PLEASE INDICATE THE ACCOMMODATION NEEDED BY PLACING A CHECKMARK IN AS MANY OF THE BOXES BELOW THAT APPLY TO YOUR HOUSEHOLD:

- | | |
|--|---|
| <input type="checkbox"/> Barrier-free unit (wheelchair accessible)
<input type="checkbox"/> Unit adapted for vision impairments
<input type="checkbox"/> Unit adapted for hearing impairments
<input type="checkbox"/> Ramp/Elevator in Building
<input type="checkbox"/> Other (please list): | <input type="checkbox"/> Bathroom and bedroom on 1 st floor
<input type="checkbox"/> Counter spaces in kitchen /bathroom lowered
<input type="checkbox"/> Live-in-Aide
<input type="checkbox"/> Parking space close to unit |
|--|---|

6. Please provide the full name including middle initial 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**. If any of this information is not provided, the pre-application will be considered incomplete and will be rejected.

***Race and Ethnicity are optional.** HUD’s race codes are: White, Black, American Indian/Alaskan Native, Asian, and Native Hawaiian/Other Pacific Islander. HUD’s ethnicity codes are: 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.**

Name	Date of Birth	Place of Birth	SEX	Relation to Head of Household	Social Security Number	Race/Ethnicity: *Optional
				Head	- -	
					- -	
					- -	

7. Current Household Annual Income for all sources: \$_____.

(A determination of income, assets and deductions will be made as part of the final application review.)

Please complete this section based on ALL income/money coming into the household for ALL family members.

Family Member	Type of Income (Employment, Welfare, SSI, Child Support, etc)	Amount received	Weekly, Bi-weekly, Monthly, or Annually	Source of Income (Public Assistance, Name of Employer or Company, etc.)

8. Would you like us to direct all communications regarding your application to you **OR** to an emergency contact/caseworker/other? **Please Check Only One:**

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

Emergency Contact / Caseworker / Other _____

Relationship/Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____ Phone # () _____

I understand that this pre-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 and complete under pains and penalty of perjury. I agree to authorize the Housing Authority to make inquiries to verify the information I have provided on this application. I understand that it is my responsibility to inform the Housing Authority of any change in address or in household composition, in writing.

Applicant's Signature

Date

Co- Applicant Signature

Date

SITE BASED WAITING LIST ADDENDUM
FOR ELDERLY OR DISABLED APPLICANTS ONLY

If you are an elderly or disabled household, you may select up to three (3) developments from the list below. An elderly household is defined as any household where the head, spouse, or co-head is at least 62 years of age or older. A disabled household is defined as a household where the head, spouse, or co-head is a person, of any age, with a disability. Please check the appropriate boxes for the three developments of your choice. If you select more than three developments, we will not be able to process your application.

Development Name	Project ID#	Address	Select Here
Winslow-Celentano	CT 4-11	60 Warren Street	
Robert T. Wolfe	CT 4-16	49 Union Avenue	
Matthew Ruopolo Manor	CT 4-22	48 Ferry Street	
Charles T. McQueeney	CT 4-28	358 Orange Street	
Fairmont Apartments	CT 4-40	70-72 Fairmont Avenue	
George Crawford Manor	CT 4-12	90 Park Street	

Please print name of Applicant

Social Security Number

Applicant's Signature

Date

