

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 Only
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, Sect. 1001 of Title 18 of the United States Code makes it a criminal offense to knowingly make false statements or misrepresent to any Department or Agency of the United States to any matter within its jurisdiction and has established penalty of fines up to \$100,000 and/or imprisonment not to exceed 5 years. 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.

Please print all Answers in a Legible Fashion	
1. Head(s) of Household:	_____
2. Residential Address:	_____
City or Town	_____ State _____ Zip Code _____
3. Current Mailing Address:	_____
City or Town	_____ State _____ Zip Code _____
4. Home Phone (_____)	Work Phone (_____)

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

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

Americans with Disabilities Act

We need your help to ensure all our programs, services, and activities are accessible to people with disabilities. In visiting our offices, if you observe a barrier that prevents the full participation of people with disabilities, please let us know. If you have a special need requiring an accommodation or if you have any questions, please contact Margarita Pagan at 498-8800 ext 1121.

A person with disabilities as defined in 42 U.S.C 423 or a developmental disability as defined in 42 U.S.C. 6001. Also includes a person who is determined, under HUD regulations, to have a physical or mental impairment that is expected to be of long-continued and indefinite duration, substantially impedes the ability to live independently, and is of such a nature that the ability to live independently could be improved by more suitable housing conditions. For purposes of reasonable accommodation and program accessibility for persons with disabilities, means an "individual with handicaps" as defined in 24 CFR 8.3. Definition does not exclude persons who have AIDS or conditions arising from AIDS, but does not include a person whose disability is based solely on drug or alcohol dependence (for low-income housing eligibility purposes).

SITE BASED WAITING LIST ADDENDUM
FOR ELDERLY APPLICANTS ONLY

If you are an elderly 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. 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
C.B Motley	CT 4-11	819 Sherman Parkway	
Katherine Harvey	CT 4-14	81-97 Liberty Street	
Newhall Gardens	CT 4-16	Daisy Street	
Prescott Bush	CT 4-22	County Street	

Please print name of Applicant

Social Security Number

Applicant's Signature

Date