

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 Robert T. Wolfe Supportive Housing Program- 49 Union Ave

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 () _____
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5. Would you like us to direct all communications regarding your application to you **or** to an emergency contact/caseworker/other? Please check 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 # () _____

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. Number of Bedrooms Requested. (The Authority will determine eligibility for the bedroom size requested.)

(Circle One) **0/Efficiency** or **1**

8. 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

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

- | | |
|---|--|
| Barrier-free unit (wheelchair accessible) | Bathroom and bedroom on 1 st floor |
| Unit adapted for vision impairments | Counter spaces in kitchen and bathroom lowered |
| Unit adapted for hearing impairments | Live-in-Aide |
| Ramp/Elevator in Building | Parking space close to unit |

Other (Please list): _____

9. Current Household Annual Income from all sources: \$ _____.

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.)

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).

PLEASE GO TO THE NEXT PAGE AND COMPLETE THE ATTACHED PREFERENCE FORM. YOU MUST HAVE THIS FORM SIGNED BY THE SERVICE PROVIDER , ALSO-CORNERSTONE, IN ORDER TO BE ELIGIBLE FOR THE RUOPPOLO SUPPORTIVE HOUSING PROGRAM.

Preference Form for HANH-Assisted Supportive Housing Programs

The Housing Authority of New Haven provides housing assistance for supportive housing programs. A brief description of each HANH-assisted supportive housing program is attached. If you would like to apply for housing in one of the supportive housing programs, you should:

- Using the information provided in the supportive housing program description, contact the service provider(s) that offers services you would like to receive through a supportive housing program.
- Arrange an interview with the service provider(s) this interview may involve a needs assessment in order to determine whether the services to be offered through the supportive housing program are suited to your needs.
- Complete this Preference Form and sign it. Ask the service provider to sign indicating your eligibility to receive their services.
- Return the completed and signed Preference Form to HANH.

Name: _____
SSN: _____

I would like to receive supportive housing services in the following program.

Robert T. Wolfe Supportive Housing Program

I authorize the Housing Authority of New Haven to contact the organization named below for the purpose of verifying my eligibility for program services. This statement also authorizes the organization named below to inform HANH whether or not I am eligible for program services.

Applicant's Signature

Date

The above-named applicant is eligible to receive our services.

Service Provider's Signature

Service Provider's Name

Organization's Name

Phone Number