

**APPLICATION FOR ELDERLY HOUSING
HOUSING AUTHORITY OF THE
TOWN OF PLAINFIELD
41 Sunny Acres, Moosup, CT 06354**

Have you applied for/lived in assisted housing? Yes_____ No_____

If yes, when did you apply or vacate? ____/____/____ Who was the landlord/HA? _____

Have you ever applied for or participated in a Section 8 program? Yes_____ No_____

If yes, when did you apply or leave the program? ____/____/____ Who was the HA? _____

How did you hear about Sunny Acres? newspaper____ resident____ drive-by____ other_____

TODAY'S DATE ____/____/____ APPLICATION DATE ____/____/____

UNIT APPLYING FOR - (Mark one)

- One Person (Efficiency) Apartment Two Person (One Bedroom) Apartment

NOTE: Once you are housed, your name will be withdrawn from the waiting list; if offered housing and you do not accept it, you will be removed from the waiting list .

APPLICANT DETAILS

LAST NAME _____ FIRST NAME _____

SPOUSE LAST NAME _____ SPOUSE 1ST NAME _____

MARITAL STATUS _____ SPOUSE MAIDEN NAME _____

ADDRESS _____ MAILING ADDRESS _____

HOME PHONE # _____ WORK PHONE # _____

NEAREST OF KIN - FRIEND -- NAME _____

ADDRESS _____

PHONE # _____ RELATIONSHIP _____

HOUSEHOLD MEMBERS

Name of Family Member	Relation	Alien Registration or Social Security Number	Sex	Age	Date of Birth	Place of Birth
1.	HEAD					
2.						

Are you expecting any changes to your family? (e.g. marriage, adoption, guardianship, etc.) Yes No
If YES, please give details (e.g. wedding date, etc.) _____

Does anyone in your household need a special accommodation? Yes No If YES, give details: _____

EMPLOYMENT INCOME

Does anyone in your household have any income from employment? Yes No
 If yes, complete the following information:

Family Member	Name of Employer	Gross Weekly Pay	Annualized Income	Length of Time Working
		\$	\$	
		\$	\$	

Did you file a federal income tax return for the most recent year? Yes No

Does anyone outside of your household pay any of your bills or expenses? Yes No
 If yes, explain:

BENEFITS / WELFARE ASSISTANCE

Do you or does anyone in your household receive any benefits, pensions or welfare assistance? Yes No
 If YES, please give details below

Family Member	Source of Income	Amount and Frequency
	SOCIAL SECURITY	

ASSETS INFORMATION

Do you or any members of your household have any assets?
 Checking or Savings Accounts Yes No
 Stocks, Bonds, Mutual Funds, Trusts, Other Assets Yes No
 Car, Home or Real Estate Yes No
 Has anyone recently disposed of assets at less than market value? Yes No
 If yes, list the assets and when you disposed of them _____

List any assets you have below:

Family Member Name	Name and Address of Source (e.g. Bank, Broker, etc.)	Account Number	Balance/Value	Annual Income or Disposal Date
			\$	
			\$	
			\$	
			\$	

EXPENSES

Do you have Medicare/Medicaid? Yes No
 If YES, what is the premium, if any? _____
 Do you have any other type of medical insurance? Yes No
 If YES, premium amount is \$ _____ per _____
 Do you have any outstanding medical bills? Yes No
 If YES, how much? \$ _____
 Are you expecting any medical expenses over the next 12 months? Yes No
 If YES, how much? \$ _____

Do you have a lease? _____ Yes No
 What is the expiration date on your lease? [attach copy] _____

TENANT SUITABILITY SCREENING

Have you recently (in the last 6 months) been put out of your home or are about to be put out of your home?
 Yes No If yes, why? _____

 Have you ever been evicted? Yes No
 Are you currently under eviction? Yes No If YES to either one, what happened?

Please give us your current:
 Landlord's Name: _____
 Landlord's Address: _____
 Phone Number: _____ Length of Tenancy: _____

Please give us your previous address and landlord references for the past five years:

Landlord's Name: _____
 Landlord's Address: _____
 Landlord's Phone Number: _____ Length of Stay: _____
 Address of Unit You Rented: _____

Landlord's Name: _____
 Landlord's Address: _____
 Landlord's Phone Number: _____ Length of Stay: _____
 Address of Unit You Rented: _____

Landlord's Name: _____
 Landlord's Address: _____
 Landlord's Phone Number: _____ Length of Stay: _____
 Address of Unit You Rented: _____

Landlord's Name: _____
 Landlord's Address: _____
 Landlord's Phone Number: _____ Length of Stay: _____
 Address of Unit You Rented: _____

USE ADDITIONAL SHEET, IF NECESSARY, TO LIST ALL PREVIOUS ADDRESSES AND LANDLORD INFORMATION OVER THE PAST FIVE YEARS. FAILURE TO PROPERLY COMPLETE THIS SECTION WILL RESULT IN REJECTION OF YOUR APPLICATION!!

PROGRAM INTEGRITY INFORMATION

Do you expect anyone to move in or out of your household within the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does anyone live with you who is not listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever lived in assisted housing before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:
When? _____	Where? _____		
Under what name? _____	Who was Head of Household? _____		
Have you ever used a name other than the one you are using now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:
What name? _____			
Has anyone in your household been engaged in the use, sale, manufacture, or distribution of controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Who? _____	When? _____		What? _____
Have you ever used a social security number other than the one you listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:
What is it? _____			
Have you ever been evicted from public or assisted housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:
What for? _____			
Have you ever violated a family obligation in a HUD-assisted program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you owe any money to a Public Housing Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you or any other family member ever been arrested or convicted of any crime other than traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, please explain _____	_____		
_____	_____		
_____	_____		

Vehicles: How many vehicles does the family own?

Owner	Make	Model	Year	Color	Tag #	State

RACE/ETHNICITY

Race: White 1 Black 2 Indian/Alaskan 3 Asian/Pacific 4

Ethnicity: Hispanic 1 Non-Hispanic 2

The information on this form is being collected to determine the applicant's eligibility, the recommended size and the amount of the tenant's contribution. This information is also used to monitor compliance with State and local requirements on eligibility and rent to verify the accuracy and completeness of the income information. Disclosure of information about individuals and families is released to appropriate Federal, State, or local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal, or regulatory matters. The Housing Authority of the Town of Plainfield uses Social Security numbers as identifiers in computer matching to check the eligibility and rent determinations made. Failure to provide information may result in eviction.

WAITING LIST POLICY

Applicants are required to maintain an address where they can be contacted. At least once a year, a purge of the waiting list is made. Periodically, mailings are made to applicants as well. If, during the course of purging the list or mailing information, items are sent and returned to the Housing Authority of the Town of Plainfield, **THE APPLICANT WILL BE DROPPED FROM THE WAITING LIST.** Any applicant so dropped may reapply if the waiting list is open. The waiting list for Sunny Acres is administered using the lottery system. Applications will be drawn weekly.

SIGNATURES

I/we certify that if selected to receive a unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for housing assistance under programs of the State of Connecticut. I/we authorize the Housing Authority of the Town of Plainfield to verify all information provided on this application and to contact previous or current landlords, law enforcement agencies, other government agencies, or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies. **I/we understand that Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or agency of the U.S. or the U.S. Department of Housing and Urban Development.**

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

<p>I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH APPLICANT PRIOR TO SIGNATURES</p>	<p>HA Representative initial here:</p>
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