

SOUTHINGTON HOUSING AUTHORITY WAITING LIST IS OPEN UNTIL FURTHER NOTICE

The monthly rent will be based upon WHICHEVER IS GREATER.

1. The Base rent listed below or
2. 30% of the household adjusted monthly income

Base Rent: \$675 Minimum Household Income: \$27,000 Maximum Household Income: \$27,999
Base Rent: \$700 Minimum Household Income: \$28,000 Maximum Household Income: \$31,999
Base Rent: \$800 Minimum Household Income: \$32,000 Maximum Household Income: \$47,600

We accept Section 8, VASH and other types of voucher/subsidies as our apartments are not subsidized.

In addition to qualifying based on the income limits listed above, applicants must either be **elderly (62 years of age or older) or disabled.**

Veterans are given 1st priority all other applications will be stamped with date and time received and entered on the waiting list based upon date and time received. Being placed on the waiting list does not guarantee you an apartment. A background check (credit, past landlord and any criminal history) will be performed at the time the applicant's name comes up on the list and an apartment is available. Applicant's must have a satisfactory background check to obtain an apartment.

Applications are available online at www.southington.org/departments/housing_authority/index.php and located in the entrance area at the Southington Housing Authority at 43 Academy Street, Southington CT 06489. You can either drop off your completed application in the Drop Box located in the entrance area or mail it to the Southington Housing Authority, 43 Academy Street, Southington CT 06489.

The Southington Housing Authority owns and manages four (4) properties throughout Southington and Plantsville.

- Lincoln Lewis Terrace- 43 Academy Street, Southington CT 06489
- DiCaprio Forgione Terrance-408 Main Street, Southington CT 06489
- Joseph A. Zdunczyk Terrace -500 Pleasant Street, Southington CT 06489
- General Pulaski Terrace- 6 Carter Lane, Plantsville CT 06479

There are no two-bedroom apartments located in any of our developments. Our apartments are flat units (no stairs). Units are located near highways, bus lines with shopping close by. Units and property features include individual climate control air-conditioning, off-street parking and laundry rooms. Utilities are not included in rent (except cold water). Maintenance services include 24/7 emergency on-call and routine work order requests.

FOR OFFICE USE ONLY		
Elderly/Disabled Housing:	Yes	No
# of Bedrooms:	0	1
ADA Unit Required:	Yes	No

DATE/TIME STAMP:

SOUTHINGTON HOUSING AUTHORITY

43 Academy Street, Suite #104

Southington, Connecticut 06489

Phone: (860) 628-5200 • Fax: (860) 775-7545

APPLICATION UPDATE for the Public Housing Program – Elderly/Disabled

Equal Housing Opportunity

This is the application form for Southington Housing Authority's 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. All information is subject to third party verification. You and your household members are required to sign releases of information that permit the Housing Authority to verify all the information you provide. By signing this application, you are certifying that the information you provide is true and 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 Southington Housing Authority's Public Housing Programs.

Incomplete applications will be denied. It is the responsibility of the applicant to provide ALL required information and answer ALL questions completely. All questions must have a response, and no questions/lines can be left blank. If a question does not apply, you are required to write "N/A" on the line provided.

All applications are the property of Southington Housing Authority once submitted.

Available Assistance: If you need assistance completing this application, please contact the

Please print all answers in a legible fashion.

#1.) Name of Head of Household: _____

#2.) Residential Address: _____

City/Town: _____ State: _____ Zip Code: _____

#3.) Current Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

#4.) Cell Phone: _____ Home Phone: _____

Work Phone: _____ Other Phone: _____

Email Address: _____

#5.) I am certifying that I understand I am applying for the ELDERLY/DISABLED apartments at the Southington Housing Authority properties. I understand that I must be either elderly (62 years old +) OR disabled in order to qualify for housing. ☐ YES ☐ NO

Southington Housing Authority at phone number (860) 628-5200.

#6.) 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 you answered yes to the previous question, please state the first and last name of the person(s) who requires one or both needs and state the need:

#7.) Please provide the full legal name (first, middle, last name) 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.

Race and Ethnicity Please fill in the appropriate HUD race and ethnicity codes that best describe each household member.

Race – HUD's race codes are as follows: White, Black, American Indian/Alaskan Native, Asian, and Native Hawaiian/Other Pacific Islander.

Ethnicity – HUD's ethnicity codes are as follows: Hispanic or Not Hispanic. Please use the HUD race and ethnicity code that best describe each member of your family. For example, White/Hispanic, or Black/Non-Hispanic, etc. Only the race/ethnicity column is optional.

Full Legal Name	Date of Birth	Place of Birth	Sex	Relation to Head of Household	Social Security Number	Race/Ethnicity *Optional

#8.) Please provide ALL GROSS income/money received for ALL household members below.

Household Member's Full Name	Type of Income (Employment, Social Security, SSI, etc.)	Amount Received	Frequency(Weekly, Bi-weekly, Monthly, etc.)	Source of Income (Name of Employer, Social Security Admin, etc.)

#9.) Total *ANNUAL* Gross Household Income from ALL sources: \$ _____
(Fill in the total amount you and all household members receive for the YEAR *before taxes and other deductions* on the line provided.)

#10.) Please provide ALL assets for ALL household members below.

Household Member's Full Name	Type of Asset (Checking, Savings, 401k, CD, stocks, etc.)	Current Value of Asset	Annual Income Received from Asset	Source of Asset (Name of Bank/Company where Asset is held)

#11.) Are you or a household member a Veteran of the United States Armed Forces? ☐ YES ☐ NO

If you answered yes, please state the Veteran household member's name: _____

Branch of Service: _____ Type of Discharge: ☐ Honorable ☐ Dishonorable

Did this Veteran serve during a time of war? ☐ YES ☐ NO - Name of war: _____

#12.) Current landlord's name: _____

Current landlord's phone: _____

Current landlord's email address: _____

Current landlord's mailing address: _____

Date I moved into this location: _____ Monthly Rent: \$ _____

Which utilities do you pay for (not included in rent)? ☐ Heat ☐ Hot Water ☐ Electric

#13.) Have you or any household members ever been evicted OR going through an eviction currently?

☐ YES ☐ NO - If YES, please state the name(s) of the household members who have been evicted or are undergoing eviction and explain the circumstances.

#14.) Have you or any household members ever lived in public housing before? ☐ YES ☐ NO

If yes, where? _____

Dates: From _____ To _____

Name of household member(s): _____

Do you or any household member owe any money to a housing authority(s)? ☐ YES ☐ NO

#15.) Do you currently have a Section 8 voucher/rental assistance? ☐ YES ☐ NO If yes, please explain.

#16.) Have you or any household member ever been convicted of a crime other than traffic violations?
☐ YES ☐ NO - If YES, please explain the conviction, nature of the problem, and who was involved.

#17.) Are you or any household member(s) a registered sex offender? ☐ YES ☐ NO

If you answered yes, please state the household member's name: _____

#18.) Is anyone in your household currently on parole or probation? ☐ YES ☐ NO- If YES, please explain.

#19.) Does your household have any medical expenses (include insurance payments, Medicare deduction, doctor co-pays, hospital expenses, clinic costs, prescriptions expenses, therapy, medical supplies and transportation, etc.) ☐ YES ☐ NO

If YES, please describe the type of expense (not your medical conditions) and the unreimbursed amount you spend *per month* on all medical expenses.

#20.) Would you like the Southington Housing Authority to direct all communications regarding your application to you OR to an emergency contact/caseworker/other? Please check only one (1) box below.

☐ Please send all future communications regarding this application to me.

☐ Please send all future communications regarding this application to my emergency contact, caseworker, or other person.

Name of Emergency Contact/Caseworker/Other: _____

Relationship/Agency/Organization: _____

Mailing Address: _____

Phone: _____ Email: _____

I understand that this 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, current, and complete under pains and penalty of perjury. I authorize the Southington Housing Authority to make inquiries to verify the information I provided on this application. I understand that it is my responsibility to inform the Southington Housing Authority of any changes in writing after submitting my application. Changes may include address, phone numbers, email addresses, income, household members, and the emergency contact person I selected to receive all communication from Southington Housing Authority. I agree to notify the Southington Housing Authority within 10 business days of any changes I need to make to my application.

X _____
Applicant's Signature

Date

X _____
Co-applicant's Signature

Date

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.