



The New London Housing Authority
 78 Walden Avenue New London, CT 06320
 Office (860) 443-2851 – FAX (860)447-8879

Williams Park Apartments Application

In order to ensure timely processing of your application, the items listed below should accompany your application when it is returned to us and your application must be completed in its entirety, including signatures from all prospective household members over the age of 18.

If the following items are not provided, we may be unable to process your application:

- Birth Certificate or Valid Passport for all household members
- Photo ID for all household members 18 years of age or older
- Social Security Cards for all household members
- Income verification for all household members

DO NOT LEAVE ANY ITEM BLANK IF IT DOES NOT APPLY TO YOU, WRITE IN N/A or ZERO as any blanks on the application may be considered incomplete and the application will be return to you.

| Community Name | Qualifications | Information |
|---|--|---|
| Williams Park Apartments (127 Hempstead Street) Federally Subsidized Eff.-67 1BR-32 | Applicants must be 50 years old or older or disabled per the definition from Social Security Administration. | Utilities (heat/hot water/electricity) included with rent Appliances are provided On-site laundry facility and Community Room Rent is based on 30% of your gross monthly income One month security deposit required |

Once your application has been accepted, you will be placed on the waiting list for Williams Park as of the date and time it was received. The waiting lists are updated annually, and if you do not respond you will be removed from the waiting list. You will be contacted when you are near the top of the list, and it is the reasonability of the applicant to update the NLHA office if their address or phone number change. If you decline a unit twice, your name will be withdrawn from the waiting list and you will not be eligible to re-apply for one (1) year.

DOCUMENTS FOR WILLIAMS PARK APPLICATION

All household members age 18 and older must sign the application.

Please bring the documents noted below, that are applicable to your household. Our office will make copies of the originals, as we do not keep originals.

Essential Documents

- 1) Birth Certificate or valid Passport for each household member
- 2) State Driver's License or Non Driver's ID for each household member
- 3) Social Security Cards for all household members.
- 4) If you hold a Temporary SS Card, then you will need to provide your Alien Registration Card

Income (All documents need to be dated within the last 120 days.)

- 1) Current Social Security Benefits and/or SSI Benefits Award Letter.
- 2) Disability/Veterans/Workers Compensation Benefits - Current award letter.
- 3) Pension - Current statement or check stub.
- 4) Unemployment Benefits - Print out from unemployment website.
- 5) Employer's name, address, telephone number and fax number.
- 6) 4 – 6 most recent consecutive pay stubs. If you have been employed less than this time period, then bring all available paystubs and we will verify your employment.
- 7) DSS Verification of Benefits
- 8) Self-certification of gift/family support or contribution.

Assets

- 1) Savings Account - Most recent statement, including all pages.
- 2) Checking Account - Last 6 months of statements.
- 3) Stocks/Bonds or Treasury Bills - Most recent statement.
- 4) Certificates of Deposit (CD) or Money Market Account(s) - Most recent statement.
- 5) IRA/Lump Sum Pension/Keogh Account/401K Plan - Most recent statement.
- 6) Whole Life and Universal Life Insurance Policy - Most recent statement.
- 7) Real Estate Ownership - if you currently own real estate, bring deed; or if previously sold in last 2 years, then the evidence of sale proceeds.



New London Housing Authority does not discriminate in housing on the basis of race, color, religion, sex, disability, familial status, sexual orientation, gender identity or national origin.



NEW LONDON HOUSING AUTHORITY
APPLICATION FOR HOUSING

This is an application for housing at:

Williams Park Apartments
127 Hempstead Street
New London, CT 06320
TEL 860.443.2851*FAX 860.447.8879

Please complete this application and return to New London Housing Authority at 78 Walden Avenue
New London, CT 06320. Please Print Clearly.

Applications are placed in order of date and time received. ANY QUESTIONS THAT DO NOT APPLY, PLEASE
MARK "NONE" OR "\$0.00". DO NOT LEAVE ANY BLANK LINES.

A. APPLICANT AND FAMILY INFORMATION
List ALL household members who will live in the apartment.

| | Name | Relationship to head of household | Date of Birth | Age | Sex | Social Security # |
|---------|------|---|---------------------|-----|-----|-------------------|
| Head | | Self | | | | |
| Co-Head | | | | | | |
| 3. | | | | | | |

Are all members of the household U.S. citizens or permanent resident aliens? YES NO

Current Address:

Address: _____
 Street Apt. # City State Zip

Home/Cell Phone: _____ Other Phone: _____

Bedroom size requested: Studio One Bedroom

Do you desire an apartment with accessible features? Yes No (check one)

If so, what features? _____



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B. INCOME INFORMATION

| DESCRIPTION OF INCOME OR STATUS | RECEIVES NOW OR ANTICIPATES RECEIVING (Must check Yes or No) | IF YES, HOUSEHOLD MEMBER NAME | GROSS AMOUNT RECEIVED MONTHLY |
|--|---|-------------------------------|-------------------------------|
| HOH Employment/ Anticipated Employment | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Co-head/ Roommate Employment/ Anticipated Employment | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Self- Employment | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Military Pay | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Alimony | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Child Support | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Unemployment Benefits | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Social Security | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| SSI, SSD | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| V.A. Benefits | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Public Assistance | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Disability, Worker's Comp. | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Recurring Gift of monetary value | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Regular Payments from Retirement Account | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Regular Payments from Trust Account | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Insurance Policies, Death and Disability Benefits | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Income from Rental Property | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Other: Type _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |

C. ASSETS

| DESCRIPTION OF ASSET | CURRENTLY HAVE | IF YES, HOUSEHOLD MEMBER NAME | VALUE |
|--|--|-------------------------------|-------|
| Cash on hand | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Checking Account (6 mo. Avg. balance) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Savings Account (current balance) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| CDs, Money Market, Mutual Funds, Stocks | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| IRA, 401K, Pensions, Annuities | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Life insurance policy (Whole) | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Real Estate currently owned/ Rental Property | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Assets disposed of for less than Fair Market Value in past 2 yrs | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Have you received any lump sum payments such as Inheritance, Lottery winnings, Insurance settlements, Etc. | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |
| Other: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | | \$ |



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D. ADJUSTED INCOME DEDUCTIONS

For elderly/disabled households- List below any medical expenses that you currently pay.

| Paid to: | Monthly Amount Paid: |
|----------|----------------------|
| | |
| | |
| | |

E. REFERENCE INFORMATION

LANDLORD REFERENCE FOR THE LAST FIVE (5) YEARS

| | |
|---|--|
| Landlord Name | |
| Address | |
| Phone | |
| Month and year moved in: | |
| Reason for moving: | |
| No. of BR's in current unit: | |
| Do you Rent or Own? | |
| Amount of current monthly rental or mortgage payment? | |

| | |
|---|--|
| Landlord Name | |
| Address | |
| Phone | |
| Month and year moved in: | |
| Reason for moving: | |
| No. of BR's in current unit: | |
| Do you Rent or Own? | |
| Amount of current monthly rental or mortgage payment? | |

| | |
|---|--|
| Landlord Name | |
| Address | |
| Phone | |
| Month and year moved in: | |
| Reason for moving: | |
| No. of BR's in current unit: | |
| Do you Rent or Own? | |
| Amount of current monthly rental or mortgage payment? | |

F. ADDITIONAL INFORMATION

| | | |
|--|------------------------------|-----------------------------|
| Are you or any member of your family currently using an illegal substance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you or any member of your family been evicted due to drug activity in the past 3 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you or any member of your family ever been convicted of a felony? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, describe: | | |
| Have you or any member of your family ever been evicted from housing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, describe: | | |



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G. EMERGENCY CONTACT

In case of emergency notify:

Address:

Relationship:

Phone #

H. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned.

| | |
|------------------|------------------|
| Type of Vehicle: | License Plate #: |
| Year/Make: | Color: |
| Type of Vehicle: | License Plate #: |
| Year/Make: | Color: |

I. PET INFORMATION (if applicable)

| | | |
|----------------------|------------------------------|-----------------------------|
| Do you own any pets? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, describe: | | |

| |
|--|
| Is any member of your household subject to a lifetime sex offender registration requirement in any State? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |
| I understand that should it be discovered that a member of my household is subject to a lifetime registration requirement at admission, management will immediately pursue eviction and termination of assistance for the household member |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |

CERTIFICATION

Based on this application, I understand that I should not make any plans to move or to end my present tenancy until I have received a written UNIT OFFER from the Housing Authority.

Warning! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department or agency of the United States.

Advertencia! Título 18, Sección 1001 de la Codificación de los Estados Unidos declara que una persona es culpable de un crimen por a saber y intencionadamente hacer declaraciones falsas y fraudulentas a cualquier departamento o agencia de los Estados Unidos. Yo entiendo que cualquier información falsa. Resultará en la cancelación de mi aplicación para Vivienda

Yo le doy Autorización a la Autoridad de Vivienda para que hagan investigaciones sobre la información que yo te he dado en esta aplicación. Por la presente yo juro y doy fe de que toda la información que yo he proporcionado acerca de los miembros de mi familia y la mía propia ya arriba descrita es la correcta y es la verdad. También yo entiendo que cualquier cambio económico de cualquiera de los miembros de la familia al Autoridad de Viviendas de New London o escrito inmediatamente.

I UNDERSTAND THAT ANY FALSE STATEMENT OR MISREPRESENTATION WILL RESULT IN DENIAL OF MY APPLICATION FOR HOUSING

I authorize the Housing Authority to make all inquiries to verify the information I have provided in this application. I hereby swear and attest that all the information I have provided about myself and my household is true and correct. I also understand that all changes in income of any household member, as well as changes in the household composition or address must be reported to the Housing Authority of the City of New London in writing immediately.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Tenant)

Date



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Housing Authority of the City of New London

78 Walden Avenue -New London -Connecticut, 06320

(860) 443-2851- Fax (860) 447-8879

TDD# 1-800-545-1833 ext. 575

GENERAL RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or Local agency, organization, business, or individual to release to the New London Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Public Housing assistance program. I understand and agree that this is authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status
Medical or Child Care Allowances
Residences and Rental Activity

Employment, Income, and Assets
Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords/Public Housing Agencies
Court and Posts Offices
Schools and Colleges
Law Enforcement Agencies
Child Support and Alimony Providers
Retirement Systems
Social Service Agencies
Southeastern Mental Health
Banks and Other Financial Institutions
Homeless Shelter
Visiting Nurses Association
Red Cross

Past and Present Employers
Credit Providers and Bureaus
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Veterans Administration
Sound Community Services
Community Care Team
Utility Companies
Safe Future
Department of Children & Families
City of NL Relocation Specialist

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of the authorization is on file with the New London Housing Authority and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file with New London Housing Authority and correct any information that I can prove is incorrect.

Head of Household Signature

Printed Name

Date

Spouse Signature

Printed Name

Date

Other Adult Member Signature

Printed Name

Date

