



**Application for Senior/Disabled Housing
Stonington Housing Authority
Edythe K. Richmond Homes**

Type of Apartment Needed:

- 1-Bedroom Unit
- Handicap Accessible Unit

Are you a:

- Smoker
- Non-Smoker

For Office Use Only

Date Received: _____

Time Received: _____

Received By: _____

- Elderly
- Disabled

APPLICANT/HEAD OF HOUSEHOLD INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

CURRENT ADDRESS

CITY STATE ZIP CODE PHONE NUMBER (WITH AREA CODE)

SOCIAL SECURITY NUMBER DATE OF BIRTH SEX/GENDER

EMAIL ADDRESS

HOUSEHOLD INFORMATION

Please list below all information for each additional household member who will also occupy the unit. If applicant is to be the only occupant, please enter NONE.

Full Name	Relationship to Head	Social Security Number	Date of Birth	Sex/Gender

Does anyone live with you now who is not listed on this application? _____ Yes _____ No

Do you anticipate a change in household composition during the next 12 months? _____ Yes _____ No

Will any other person live in the apartment on a less than full-time basis? _____ Yes _____ No

Do you have a request for a special accommodation? _____ Yes _____ No

If you answered "Yes" to any of the above questions, please explain:

LANDLORD INFORMATION & RESIDENTIAL HISTORY

Please provide your residential history for the past five (5) years. If more space is needed, please attach a separate page.

With regards to your **PRESENT** housing, do you

Rent Monthly Rent \$ _____
 Own Monthly Mortgage Payment \$ _____
 Live with Family Monthly Costs \$ _____
 Other Explain: _____

Are you currently receiving rental subsidy (Section 8) for your housing: Yes No

Current Landlords Name: _____

Current Landlords Address: _____

Current Landlords Phone Number (include area code): _____

How long at this address: From (Month/Year) _____ To (Month/Year) _____

With regards to your **PREVIOUS** housing, did you

Rent Monthly Rent \$ _____
 Own Monthly Mortgage Payment \$ _____
 Live with Family Monthly Costs \$ _____
 Other Explain: _____

Previous Landlords Name: _____

Previous Landlords Address: _____

Previous Landlords Phone Number (include area code): _____

How long at this address: From (Month/Year) _____ To (Month/Year) _____

With regards to your **PREVIOUS** housing, did you

Rent Monthly Rent \$ _____
 Own Monthly Mortgage Payment \$ _____
 Live with Family Monthly Costs \$ _____
 Other Explain: _____

Previous Landlords Name: _____

Previous Landlords Address: _____

Previous Landlords Phone Number (include area code): _____

How long at this address: From (Month/Year) _____ To (Month/Year) _____

EMPLOYMENT INFORMATION

Is any member of your household who will be residing in the unit, including yourself, currently employed?

Yes No

Is any member of your household who will be residing in the unit, including yourself, a seasonal employee?

Yes No

If you answered "Yes" to either of the above questions, you must complete the following:

Head of Household Employer Information:

Name and Address of Present Employer

Name of Immediate Supervisor Phone Number

Salary: () Hourly () Weekly () Monthly () Yearly \$ _____

Spouse or Other Family Member Employer Information:

Name and Address of Present Employer

Name of Immediate Supervisor Phone Number

Salary: () Hourly () Weekly () Monthly () Yearly \$ _____

OTHER INCOME

Do you or any other member of the household receive recurring or periodic income from any of the following sources?

Income Type	Received Yes or No	Amount	Frequency
Self-Owned Business			
Rental Property income			
Gifts or Recurring Cash Contributions			
Worker's Compensation			
Unemployment Benefits			
Severance Pay			
Payment from Insurance Policies			
Alimony			
Periodic Lottery Payments			
Other			

INCOME & BENEFITS

Please list the total benefit income of all members of the household.

HEAD OF HOUSEHOLD			
Benefit Type	Received Yes or No	Amount	Frequency
Social Security Disability Income			
Supplemental Security Income			
Pension Benefits			
Retirement Benefits			
Veterans Benefits			
Death Benefits			
Public Assistance			
Other Benefit Income			
OTHER HOUSEHOLD MEMBER			
Benefit Type	Received Yes or No	Amount	Frequency
Social Security Disability Income			
Supplemental Security Income			
Pension Benefits			
Retirement Benefits			
Veterans Benefits			
Death Benefits			
Public Assistance			
Other Benefit Income			

ASSET INFORMATION

Has any member of the household disposed of any assets for less than fair market value during the past two (2) years? Yes No

If yes, please describe the asset, its value, and the date of disposition: _____

Type of Asset	Current Balance or Cash Value	Bank/Institution Name	Household Member
Checking Account			
Checking Account			
Savings Account			
Savings Account			
Money Market Account			
Money Market Account			
Certificate of Deposit (CD)			
Certificate of Deposit (CD)			
Stocks/Bonds			
Treasury Bills			
Rental Property			
Real Estate (Including, but not limited to a house, land, mobile home, etc.)			
Deeds or Trusts			
Annuities			
IRA, 401-K, or Keogh Account			
Mutual Funds			
Other (Please Specify)			
Other (Please Specify)			
Other (Please Specify)			

PET INFORMATION

Limitations on pets at Edythe K. Richmond Homes are as follows: One cat per household; two birds per household; fish tanks limited to 10-gallon capacity; and no dogs allowed.

1. Do you own a pet? Yes No

If yes, please describe your pet:

Cat Breed Weight Height
 Fish Tank Size (in Gallons)
 Bird Type of Bird Number of Birds

2. Has your pet been spayed or neutered? Yes No

3. Can you provide proof of required state/local licensing and shot records for pet? Yes No
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VEHICLE INFORMATION

There is a one (1) car limit for each resident at the Edythe K. Richmond Homes. Please complete this information if you have a vehicle.

Name on Driver's License Driver's License Number

State Issued Date Issued Expires

License Plate Number Year of Vehicle

Make Model Color of Vehicle

Do you currently have insurance on the vehicle? Yes No

I certify that all the statements made in the application and my documentation submitted is true and complete to the best of my knowledge and belief. I understand that giving false statements or information regarding income or other factors considered in determining my eligibility may result in ineligibility of tenancy.

I understand that this application is not an offer of an apartment. I understand that it is my responsibility to inform Stonington Housing Authority of any change in address, phone number, and household composition.

Applicant Signature

Date

Applicant Signature

Date

DEMOGRAPHIC DATA – VOLUNTARY INFORMATION

The information regarding race, national origin, sex, and disability solicited on this application is requested in order to assure government agencies that law prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. This information will not be used in evaluating your application or to discriminate against you in any way.

Race of Head of Household. Check one.

- American Indian/Alaskan
- Asian/Pacific Islander
- Black
- White
- Decline

Ethnicity of Head of Household. Check one.

- Hispanic
- Non-Hispanic
- Decline

Authorization for the Release of Information

I, _____, the undersigned, hereby authorize the release, without liability, of information regarding my prior living arrangements, personal credit report, criminal background report, employment, income, and/or assets, to Stonington Housing Authority for the purposes of verifying information provided, as part of determining eligibility for housing. I understand that only information necessary for determining eligibility and continued participation as a Qualified Tenant can be requested.

Types of information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: personal identity; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability and/or worker's compensation; welfare assistance; net income from the operation of a business; and alimony or child support payments, etc.

Organizations/Individuals that may be asked to provide written/oral verification are, but not limited to:

Present and Past Employers	Alimony/Child/Other Support Providers
Banks, Financial or Retirement Institutions	Social Security Administration
State Unemployment Agency	Veteran's Administration
Welfare Agency	Other: _____
Present and Past Landlords	Other: _____

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant/ Household Member	Printed Name	Date
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Signature of Applicant/ Household Member	Printed Name	Date
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Stonington Housing Authority Eligibility Criteria Requirements

Maximum Income:	One Person	\$54,950
	Two Persons	\$62,800

If you have any questions, please do not hesitate to call the office at (860) 599-2600.
Please return the completed application (either in person or by mail) to:

Stonington Housing Authority
45 Sisk Drive
Pawcatuck, CT 06379

Along with your completed application, please provide the following:

- _____ Color copy of state-issued photo ID
- _____ Copy of social security card or other appropriate identifying documents
- _____ \$25 Application fee made payable to Stonington Housing Authority or
\$40 for two people