



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:

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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		\$	
Social 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		\$	
Social 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:

<input type="checkbox"/> Cat	<input type="checkbox"/> Breed	<input type="checkbox"/> Weight	<input type="checkbox"/> Height
<input type="checkbox"/> Fish	<input type="checkbox"/> Tank Size (in Gallons)		
<input type="checkbox"/> Bird	<input type="checkbox"/> Type of Bird	<input type="checkbox"/> 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
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State Issued	Date Issued	Expires
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License Plate Number	Year of Vehicle
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Make	Model	Color of Vehicle
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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

Signature of Applicant/
Household Member

Printed Name

Date

Stonington Housing Authority Eligibility Criteria Requirements

Maximum Income:	One Person	\$63,950
	Two Persons	\$73,100

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
- _____ \$41 Application fee made payable to Stonington Housing Authority or
\$82 for two people. Application fee must be in the form of a check/money
order. We do not take cash or credit cards.

*******Applications will not be processed without application fee attached.*******