

Winchester Housing

80 Chestnut Street, Winsted CT 06098



Equal Housing Opportunity



Senior Housing (860) 379-4573

Fax (860) 379-0430

www.winchesterhousing.org

APPLICATION FOR HOUSING

Please **complete** the **ENTIRE** application, filling in all relevant areas of each page. **Return this application BEFORE 2:00 P.M.** Applications **will not be accepted** after 2:00 p.m.

Please be sure to sign the application, sign the release of information form, and have all adult members over the age of 18 who will be residing with you also sign the application.

NOTE: WE ARE NOT RESPONSIBLE FOR IMPORTANT DOCUMENTS (i.e. birth certificates, social security cards, etc.) SENT IN THE MAIL. You may also bring your completed application and related documents in person to the Winchester Housing Authority office.

Completed applications must include the following documentation:

- Verification of Income (**last** 10 weeks of pay stubs from employment, or printout from assistance source *(dated within last 60 days)*)
- *If you or a family member are receiving social security and are unable to provide the social security benefit letter (dated within the last 60 days) – you need to contact SSA toll free at 1-800-772-1213 or via the Internet at www.ssa.gov to request a benefit verification letter free of charge.*
- Proof of Current Address
- Current Driver's License or Current Photo ID
- Current Utility Bill (*full page, top and bottom*)
- Birth Certificates for **ALL** household members
- Certificate of Naturalization, if applicable
- Social Security cards for **ALL** household members
- Names and addresses of landlords for the last **FIVE (5) years**
- Copy of Current Lease OR Letter from Landlord.
- Provide a criminal history report for each/any country outside the United States, which you have resided in at any time during the past ten (10) years.

ONLY when we receive ALL of the above information will we accept your application. No information will be released unless you have a receipt. We will then start the process of police reports, credit checks and landlord references to determine if you are eligible for the public housing program. Please be advised that the screening process takes at least four – six (4-6) weeks. You will be notified in writing once determination has been completed and when your application has been approved.

After your application has been received by the Housing Authority, if you change residence, mailing address, telephone number(s), there's a change in the family household, arrested for a crime other than non-criminal traffic violations, you must notify, **IN WRITING**, (no telephone calls), the Authority within ten (10) days. The following is a list of Assistance Programs and housing developments managed by the Winchester Housing Authority.

Federal Elderly & Young Disabled: ***Chestnut Grove, 80 Chestnut Street, Winsted, CT 06098***
Greenwoods Garden, 40 Gay Street, Winsted, CT 06098

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Have you ever applied for/lived in assisted housing owned and operated by the Winchester Housing Authority? YES _____ NO _____ If yes, when? _____

Have you ever applied for or participated in the WHA Section 8 Rental Assistance Program?
YES _____ NO _____ If yes, when? _____

Have you ever applied/participated in **ANY** Section 8 Programs: YES _____ NO _____

Today's Date: _____

Head of Household SS #: _____ - _____ - _____ Head of Household Birthdate: _____

Spouse SS#: _____ - _____ - _____ Spouse Birthdate: _____

NOTE: Once you are housed, your name will be withdrawn from the waiting list(s); if housing is offered and you do not accept it, your name will be moved to the bottom of the waiting list(s) that you are on, second refusal would result in removal from waiting list(s).

FAMILY STATUS – Elderly (62+) _____ Disabled _____

APPLICANT DETAILS

Last Name: _____ First Name: _____

Co-Head Last Name: _____ Co-Head 1st Name: _____

Co-Head Maiden Name: _____ Co-Head Phone # _____

Marital Status: _____

Address: _____

Mailing Address (if different): _____

Home Phone: _____

Work Phone: _____

Emergency Contact:

Name: _____

Address: _____

Phone: _____

Relationship: _____

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PERSONAL DETAILS

1. Please give details of everyone in your household, starting with you:

	Last Name	First Name	Social Security #	Birth Date	Age	Sex
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

	Birthplace	Relationship	Occupation	Education	Grade
1.	_____	<u>Head of Household</u>	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

2. Are you expecting any changes to your family? (i.e. marriage, adoption, guardianship, etc.?)

YES ____ NO ____

If Yes, please give details: _____

Please provide documentation (marriage license statement, court orders, etc.)

3. Are you qualified for a dwelling available to a person with disabilities?

YES ____ NO ____

Some evidence of your ability to occupy this unit may be required.

4. Do you have a pet? YES ____ NO ____ . If Yes, please indicate what type of pet.

Winchester Housing Authority Pet Policy allows for one small, domesticated dog or cat. No pet may exceed 15 inches shoulder height.

PERSONAL INCOME

EMPLOYMENT INCOME:

Does anyone in your household have any income from employment? YES ____ NO ____

If yes, complete the following information:

	Name of Person,	F/T, P/T or Seasonal	Name of Employer	Gross Weekly Pay
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

***Please supply ten (10) current paystubs for verification of employment if paid weekly, or five (5) if you are paid bi-weekly.**

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:

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Name	Type	Provider Address	Amount/Frequency
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

*Please provide verification (letter or printout from agency giving assistance, dated within the last 60 days)

OTHER INCOME:

Do you or anyone else in your household receive any other income such as:

	Yes/No	Amount	How often paid? (weekly, etc.)
Child Support	_____	_____	_____
Alimony	_____	_____	_____
Other income	_____	_____	_____

(Other forms of income could be unemployment, workers comp, cash from others not in household, etc.)

*Please provide verification

ASSET INFORMATION:

Do you or any member of your household have any assets?

Checking or Savings	YES () NO ()	Automobile	YES () NO ()
Stocks, Bonds, Mutual Funds,	YES () NO ()	House	YES () NO ()
Trust, etc.		Other Real Estate/	YES () NO ()
Car, home or Real Estate	YES () NO ()	Property	

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE LIST EACH ASSET BELOW:

Has anyone recently disposed of assets for less than market value? YES _____ NO _____

Name of Person	Name/Address of Source	Account #	Disposal Date/Amount
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

MEDICAL EXPENSES

Do you have medical expenses? Yes ___ No ___ If yes, please provide statements with verification of payment.

1. Do you have Medicare/Medicaid?	YES ___ NO ___
2. Do you have any other type of medical insurance?	YES ___ NO ___
Monthly Premium? _____	YES ___ NO ___
3. Do you have any outstanding medical bills?	YES ___ NO ___
4. Are you expecting any medical expenses over the next 12 months?	YES ___ NO ___

YOUR HOUSING SITUATION

1. Are you living in a motel or shelter? YES ___ NO ___
If Yes, does the city/state pay for you to live in the motel/shelter? YES ___ NO ___

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2. Have you recently (in the last 6 months) been put out of your home or are about to be put out of your home?

- a. because of a fire YES ___ NO ___
b. because the City has condemned your home YES ___ NO ___
c. because your landlord has decided to sell your home YES ___ NO ___
d. because of another reason (Please explain) _____

If No, please explain why you would like to move into assisted housing? _____

3. Have you ever been evicted? YES ___ NO ___
Are you currently under eviction? YES ___ NO ___

If yes, to either, please explain: _____

4. Current monthly rent: _____ Are utilities included? YES ___ NO ___

5. Your **Current** Address: _____
Name of: ☐ Landlord Name* ☐ Family/Friend ☐ You are/were Homeowner
(Name here): _____ *Phone # _____
Their Address: _____
Length of time in apartment: _____ years, _____ months

6. Your **Previous** Address: _____
Name of: ☐ Landlord Name* ☐ Family/Friend ☐ You are/were Homeowner
(Name here): _____ *Phone # _____
Their Address: _____
Length of time in apartment: _____ years, _____ months

7. Your **Previous** Address: _____
Name of: ☐ Landlord Name* ☐ Family/Friend ☐ You are/were Homeowner
(Name here): _____ *Phone # _____
Their Address: _____
Length of time in apartment: _____ years, _____ months

8. Your **Previous** Address: _____
Name of: ☐ Landlord Name* ☐ Family/Friend ☐ You are/were Homeowner
(Name here): _____ *Phone # _____
Their Address: _____
Length of time in apartment: _____ years, _____ months

[*Landlord address(s) and phone number(s) are mandatory]

Use additional sheet, if necessary, to list all previous addresses, and landlord information over the past **5 (five) years**. **FAILURE TO COMPLETE THIS SECTION WILL RESULT IN REJECTION OF YOUR APPLICATION!**

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9. Have you or any member of your household ever been convicted or arrested for any crime other than traffic violations. YES _____ NO _____

If yes, please explain: _____

PRIVACY ACT STATEMENT

The information on this form is being collected by the U.S. Department of Housing and Urban Development (HUD) to determine the applicant's eligibility, the recommended size and the amount of the tenant's contribution. HUD uses the information for budget development, program evaluation and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and rent to verify the accuracy and completeness of the income information. Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State or Local agencies to verify information relevant to eligibility and rent determination and when applicable to other civil, criminal or regulatory matters. The Privacy Act restricts HUD's disclosure of information and families but does not restrict the Winchester Housing Authority (WHA) from releasing such information. There may be State and local laws or regulations that govern disclosure by a public housing agency. HUD uses Social Security numbers as identifies in computer matching to check the eligibility and rent determination made by WHA. Failure to provide information may result in eviction or withdrawal of housing assistance. HUD is authorized to ask for this information under the U.S. Housing Act of 1937, as amended, 42 U.S. C., 1437 et. Seq., the Housing and Community Development Amendments of 1981, P.L. 97-35, 85 Stat., 348, 408.

RACE/ETHNICITY

(COMPLETION OF THIS SECTION IS OPTIONAL – PLEASE CIRCLE THE APPROPRIATE NUMBER)

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

Ethnicity: Hispanic 1 Non-Hispanic 2



AUTHORIZATION FOR RELEASE OF INFORMATION

Consent:

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the WINCHESTER HOUSING AUTHORITY any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use maybe given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD of the WHA to release information from my file about my rental history to HUD, credit bureaus, collection agencies or future landlords. This included records on my payment history and any violations of my lease or WHA rules.

Information covered:

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

Identity and marital status, employment, income and assets, credit and criminal activity, medical or childcare and rental 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.

Group 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 (including public housing agencies), Welfare agencies, past and present employers, Courts and Post Offices, State Unemployment agencies, Schools and Colleges, Social Security Administration, Law Enforcement Agencies, Medical and Child Care providers, Veterans administration, support and alimony providers, Retirement systems, banks and other financial institutions, Utility Companies, Credit Providers and Credit Bureaus.

Computer Matching notice and consent:

I understand and agree that HUD or the WHA may conduct computer matching programs to verify the information supplied for any application or recertification, if a computer match is done. I understand that I have a right to notification of any adverse information found and a chance to disprove any incorrect information. HUD or the WHA may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management; the U.S. Postal Service; the Social Security Administration and the State Welfare and food stamp agencies.

Conditions:

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

Signature of Head of Household

Date

Signature of Co-Head

Date

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WAITING LIST POLICY

Applicants for assistance 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 Winchester Housing Authority, **THE APPLICANT WILL BE REMOVED FROM THE WAITING LIST.** Any applicant so dropped, may reapply at any time, but he or she will be placed at the bottom of the list.

SIGNATURES

I/we certify that if selected to receive assistance, the 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 U.S. Department of Housing and Urban Development, the Connecticut Department of Economic and Community Development and/or the Connecticut Housing Finance Authority. I/we authorize the Winchester Housing Authority (WHA) to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/we understand that false statements or information are punishable under Federal law, and I/we certify that I/we have received the "Things you should know" fraud notice.

Applicant's Signature _____

Date: _____

Co-Head's Signature _____

Date: _____



NOTE: This form is needed for all applicants on the application.

DECLARATION OF CITIZENSHIP STATUS

Notice to applicants and tenants: in order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. as required by Section 214 of the Housing and Community Development Act of 1989, as amended. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing. **Complete this form for each member of the household listed on the application/lease.**

Last Name: _____ First Name: _____ MI: _____ Date of

Birth: _____ Sex: _____ Social Security #: _____

Head of Household: _____

Relationship to Head of Household: _____

Complete the part of this declaration which applies to you:

PART I ELIGIBLE CITIZEN OR IMMIGRANT

I, _____ certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate line):

___ I am a citizen by birth, a naturalized citizen or a national of the United States.

___ I have eligible immigration status, and I am 62 years of age or older. Attach proof of age.

___ I have eligible immigration status as checked below. Attached are INS document(s) evidencing eligible immigration status and signed verification consent forms. I have attached one of the following:

Form I-551, Alien Registration Receipt Card (for permanent resident aliens)

Form I-94, Arrival-Departure Record with one of the following annotations:

“Admitted as Refugee Pursuant to Section 207”

“Section 208” or “Asylum”

“Section 243 (h)” or “Deportation stayed by Attorney General”

Parole status under Sections 212 (d)(5)

Form I-94, Arrival-Departure Receipt Card not annotated accompanied by one of the following documents:

A final court decision to which no appeal was taken granting asylum.

A letter from INS asylum officer granting asylum (if application filed on or after 10/1/90) or from INS district director (if application filed before 10/1/90).

A court decision granting withholding of deportation.

A letter from an asylum officer granting withholding of deportation (if application filed on or after 10/1/90).

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I-688, Temporary Resident Card. Must be annotated "Section 245A" or "Section 210"
Form I-688B, Employment Authorization Card. Must be annotated "Provision of Law
274a12(11)" or "Provision of Law 274a12."

I-688, Temporary Resident Card. Must be annotated "Section 245A" or "Section 210"
Form I-688B, Employment Authorization Card. Must be annotated "Provision of Law 274a12(11)"
or "Provision of Law 274a12"

Signature of Family Member

Date

PART II REQUEST FOR AN EXTENSION OF ELIGIBLE IMMIGRANT

I hereby certify that I am a non-citizen with eligible immigration status, as noted in Declaration of Section 214 Status Form above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain evidence. The document(s) I am obtaining is/are:

I-551 Alien Registration Card
I-94 Arrival Departure Record and one of four annotations
I-94 Arrival Departure Record and one of four accompanying documents
I-688 Temporary Authorization Card annotated
I-151 Alien Registration Receipt Card

Signature of Family Member
(Check ____ if adult signing for child)

Date

PART III NON-CONTENDING ELIGIBLE IMMIGRATION STATUS

I hereby certify, under pains of perjury, that I am not contending eligible immigration status and I understand that I am not eligible for housing assistance. If this is a child, the adult living in the unit and applying and responsible for the child should sign and date below.

Signature of Family Member
(Check ____ if adult signing for child)

Date

Warning 18 U.S.C. 1001 provides among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

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I understand that the WINCHESTER HOUSING AUTHORITY may request a police report from the Connecticut State Police and the National Directory on Criminal History for each adult listed on the WINCHESTER APPLICATION/ANNUAL RECERTIFICATION/INTERIMS OR AS NEEDED. This form is considered notice and will serve as a release form for the records to be obtained. I understand that if I refuse to give permission to obtain the report, my application will be withdrawn from the waiting list or may be terminated from the public housing program.

All Adult household members must sign and date

NAME: _____

SIGNATURE: _____

DATE: _____

NAME: _____

SIGNATURE: _____

DATE: _____