



Essex Housing Authority

16 Main Street

Centerbrook, Ct 06409

860-767-1250 FAX 860-767-6810

This space is for office use only.

Received (Date & Time): _____

By: _____

☐ Efficiency ☐ 1 Bed Room ☐ Wheelchair Friendly

☐ Complete ☐ Confirmation Sent ☐ Incomplete

Use a separate sheet of paper when necessary, to provide complete information.

The terms "you," "your" and "yours" refer to the applicant.

1. APPLICANT DETAILS

Name of Applicant: _____

Social Security #: _____ Date of Birth: _____ Sex ☐ Male; ☐ Female

Present Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

Mailing address (if different): _____
(Street) (Apt. #)
(City) (State) (Zip)

Day Telephone number: _____ Evening telephone number: _____

E-mail address (optional): _____

What size unit are you applying for?

☐ Efficiency ☐ One Bedroom ☐ Wheel-Chair Friendly (need is subject to verification)

Note: You may choose more than one apartment type; however, according to Occupancy Standards, no more than one person may occupy an efficiency apartment. No more than two persons may occupy a 1-bedroom apartment.

2. HOUSEHOLD COMPOSITION

List all persons who will occupy the apartment, including yourself. List head of household first.

| LEGAL NAME | DATE OF BIRTH | PLACE OF BIRTH | RELATIONSHIP TO APPLICANT | SOCIAL SECURITY NUMBER |
|------------|---------------|----------------|---------------------------|------------------------|
| | | | | |
| | | | | |

Does any household member have a disability for which you are requesting accommodation? ☐ Yes ☐ No
If yes, explain:

Are you expecting any changes in your household composition (such as adoption, guardianship, pregnancy, children returning home, marriage, divorce, legal separation?) ☐ Yes ☐ No If yes, explain:



Essex Housing Authority

APPLICATION FOR HOUSING (continued)

Use a separate sheet of paper when necessary, to provide complete information.

3. CURRENT AND PREVIOUS HOUSING INFORMATION

Your current landlord's name _____

Landlord's
address _____

Landlord's telephone number (_____) _____

How long have you rented at this address? _____

Do you own the property you presently live in? ☐ Yes ☐ No

Have you or any member of your household ever been evicted? ☐ Yes ☐ No

Have you or any member of your household ever been evicted from assisted/public housing? ☐ Yes ☐ No

Are you currently being evicted? ☐ Yes ☐ No If yes, explain:

Are you paying rent? ☐ Yes ☐ No If yes: Amount \$ _____ per ☐ week ☐ month ☐ year

If yes, are any utilities included in your present rent? ☐ Yes ☐ No

If you are paying for utilities, list how much per month for:

Electricity \$ _____ Gas \$ _____ Heating oil \$ _____ Water \$ _____

Describe where you live: **(Check all that apply.)**

- ☐ A one-family house ☐ A two-family building ☐ A multi-family building ☐ A trailer
☐ A mobile home ☐ A condominium ☐ An apartment ☐ A hotel or motel ☐ A hostel
☐ A boarding house ☐ Other: If "other" please explain:

Your present living quarters: **(Check all that apply.)**

- ☐ First floor ☐ Second floor ☐ Above second floor ☐ One floor ☐ Up and down
☐ Condemned ☐ Being taken over by government action ☐ Attic ☐ Basement
☐ Above third floor with no elevator service ☐ Other: If "other" please explain:

Your present living quarters have: **(Check all that apply.)**

- ☐ No cooking facilities ☐ A shared kitchen with another household ☐ No running water
☐ No hot water ☐ No heat ☐ A shared bathroom with another household
☐ No bathroom ☐ No electricity
☐ Services (such as water and electricity) that are sometimes shut off or inoperable

You live: **(Check all that apply.)**

- ☐ Alone ☐ With another household or family
☐ Within walking distance of retail food supplier
☐ Within walking distance of public transportation



Essex Housing Authority

APPLICATION FOR HOUSING (continued)

Use a separate sheet of paper when necessary, to provide complete information.

4. HOUSEHOLD INCOME

List all money earned or received by EVERYONE, including children, presently living in your household. This includes money from wages, self-employment, child support, regularly received gifts and contributions, Social Security, disability payments (SSI), Workers Compensation, retirement benefits including individual retirements accounts (IRAs), AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other predictable sources.

| NAME | source of income | annual amount | social security number |
|------|------------------|---------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Does anyone outside of your household pay for any of your bills or give you money? []Yes []No
If yes, explain:

5. HOUSEHOLD ASSETS

Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? []Yes []No (Please circle whichever applies)

Have you sold any real estate in the last two years? []Yes []No

Do you own any stocks or bonds or mutual funds? []Yes []No

Do you have any annuities, IRA's, 401K's, Keogh or other similar accounts? []Yes []No

Do you have any life insurance policies that have cash value?

List any of the above assets including name of company, number of shares, amount of interest or dividends earned and total value:

Have you disposed of any asset for less than fair market value in the preceding 2 years?
[]Yes []No If yes, please describe:



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APPLICATION FOR HOUSING (continued)

Use a separate sheet of paper when necessary, to provide complete information.

Do you have any checking or savings accounts or certificates of deposit? []Yes []No

Savings Accounts:

| Bank Name | Account # | Interest Rate | Balance |
|-----------|-----------|---------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Checking Accounts:

| Bank Name | Account # | Interest Rate | Balance |
|-----------|-----------|---------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Certificates of Deposit or Money Market Accounts:

| Bank Name | Account # | Interest Rate | Balance |
|-----------|-----------|---------------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Use additional pages if necessary)

Do you own a motor vehicle? []Yes []No

Model/Year _____ Reg. Plate No. _____ State _____

Do you own a second motor vehicle? []Yes []No

Model/Year _____ Reg. Plate No. _____ State _____

6. HOUSEHOLD EXPENSES

Do you pay for Medicare insurance? []Yes []No If yes, cost per month \$ _____

Do you have any other medical/health insurance? []Yes []No If yes, cost per month \$ _____

Did you have other unreimbursed medical expenses during the past year? []Yes []No

If yes, provide expenses and to whom they were paid:

| Medical Provider Name | Contact Information | Unreimbursed Annual Cost |
|-----------------------|---------------------|--------------------------|
| | | |
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Essex Housing Authority

APPLICATION FOR HOUSING (continued)

Use a separate sheet of paper when necessary, to provide complete information.

Do you pay alimony or child support ☐ Yes ☐ No If yes, amount(s) per month \$ _____

List any outstanding debts: _____

7. OTHER HOUSEHOLD INFORMATION

Have you or any other members of your household ever used any name(s) or Social Security number(s) other than one(s) you have used on this application? ☐ Yes ☐ No If yes, explain:

Have you or anyone in your household ever been convicted of a crime other than a traffic violation? ☐ Yes ☐ No If yes, explain:

Have you ever committed any fraud in a State- or Federally-assisted housing program or been requested to repay for knowingly misrepresenting information for such housing programs? ☐ Yes ☐ No If yes, explain:

Do you have a pet? ☐ Yes ☐ No If yes, please describe: _____

NOTE: Effective July 1, 2014 Essex Court will be a non smoking facility.

I/We do hereby swear and attest that all of the information provided in this application is true and correct. I/We also understand that any changes in income of any member of the household as well as any changes in household members or a change of address must be reported to the Essex Housing Authority IN WRITING IMMEDIATELY. I/We certify that if selected to receive housing, the apartment I/We occupy will be my/our only residence. I/We understand that all information collected is to determine my/our eligibility for public housing. I/We understand that providing false statements or information is punishable under State/Federal law. I/We understand that all information provided on this application is subject to verification.

I/We authorize the Essex Housing Authority to verify all information I/we provide and offer my/our consent to obtain a credit, criminal, and sex offender registry check.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF OTHER APPLICANT

DATE

**General Authorization for Release of Information
For
DeMarco Management Corporation**

Name: _____

Address: _____

I, the above named individual, have authorized DeMarco Management Corporation to verify the accuracy of the information I have provided to them. This information will be used to determine eligibility for the housing programs as required by Department of Economic and Community Development (DECD), Housing & Urban Development (HUD) and DSS/CHFA Annual Recertification, the Low Income housing tax credit (LIHTC) verifications i.e., ASSETS, ALL Income, LANDLORD verification, YEAR to date taxes, AND Criminal/credit Records.

I hereby give you my permission to release this information to DeMarco Management Corporation understanding that it is to be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to DeMarco Management Corporation within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signature

Date

Signature

Date

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM
THE DATE NOTED ABOVE.**



Equal Housing Opportunities



Essex Housing Authority

NON-SMOKING POLICY

The Non-Smoking Policy pertains to persons who **currently reside** and persons who are **applying** for housing with Essex Housing Authority, property located at 16 Main Street Centerbrook CT , on or after July 1, 2013 and subsequently are accepted as new residents. Such new residents (and their guests) will not be permitted to smoke in their housing units or in any hallways or common areas inside the building. There will be no smoking on campus at all after July 1, 2014.

Cigarettes, cigars and debris (such as wrappers, matches, etc.) must be properly disposed of. Residents are urged to inform their guests (family, friends and home health aides), of our new Non-smoking policy here at Essex Housing Authority. Tenants are responsible for any injuries or damages caused by their guests who do not comply with the non-smoking policy.

If at anytime during or after occupancy it is discovered that smoking has damaged anything in a resident's unit, the resident will be held responsible for the cost of repairing the damage, including, but not limited to cleaning and /or repainting.

The Non-Smoking Policy will be incorporated into the following documents:

- Application for Housing
- Tenant Selection Plan
- Addendum to Lease
- Resident Handbook

By signing below you are acknowledging receipt and understanding of this policy

Head-of Household Signature

Date

Co-Head/Spouse Signature

Date

Property Manager

Date



Equal Housing Opportunities



**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 03/31/2014)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

| Ethnic Categories | Select One |
|---|-----------------------|
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| Racial Categories | Select All that Apply |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |
| Other | |

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Exhibit 3-5: **Sample Citizenship Declaration **

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

-
2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature _____

Date _____

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 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 this evidence.

Signature _____

Date _____

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child: _____