

Application for Admission and Rental Assistance Project-Based Section 8 Elderly

*****PLEASE ENCLOSE VALID PICTURE ID OR LICENSE

Date: _____

Property Name:	Coventry Housing Authority	Telephone:	860-742-5518
	1630 Main Street	Fax:	860-742-5886
Address 2:	Coventry, CT 06238	TTD/TTY:	711 National Voice Relay
Property Web Site		Email	coventry.authority@att.net

(Please return this form to the above address)

For Office Use Only:		
Date application received _____	Time application received _____	By _____

Applicant Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to respond
Current Address	
Address Line 2	
City, State, Zip	
Home Phone	
Cell Phone	
Email address	
Work Phone	
May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth date	
Social Security Number	
Is the Head-of household, co-head or spouse 62 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the Head-of-Household was 62 as of January 31, 2010 and did not have a Social Security Number, were they receiving HUD Assistance at another location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the head-of household, co-head or spouse is not 62 or older, do you claim eligibility because the head-of-household, co-head or spouse has one or more disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a student enrolled in an institute of higher education (anything except K-12)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes,	<input type="checkbox"/> Full time <input type="checkbox"/> Part time
Are you enrolled in the U.S. Military or are you a veteran of the U.S. Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a victim of a recent presidentially declared disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Are you included on any state or other sex offender registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, when?

Are you homeless? Yes No
 Are you fleeing from domestic violence? Yes No



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We have a smoke free housing. Will you be able to abide by this policy? Yes _____ No _____

Signature

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and any other person who will be living in the unit. You must indicate one of the HUD approved relationship codes for each household member. (Head of household, co-head, spouse, other adult, live-in aide). Also indicate the citizen/non-citizen eligibility status.

HOUSEHOLD MEMBER #	HOUSEHOLD MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE
1		Head of Household	
Citizenship Status	<input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen		
2			
Citizenship Status	<input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen		

Pets & Assistance/Companion Animals: Please review the property pet rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an animal in the unit? Yes No

If No, please move on to the next section. If Yes, please provide the following information.

ANIMAL TYPE <i>(I.E. DOG, CAT, TURTLE, ETC)</i>	BREED <i>(IF APPLICABLE)</i>	HEIGHT <i>(MEASURED AT WITHERS IF APPLICABLE)</i>	WEIGHT

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member? Yes No

UNIT Size: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1. Please indicate unit size preferences below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

Unit Size

<input type="checkbox"/> Studio Unit (1 person)
<input type="checkbox"/> 1 Bedroom Unit (2 people)

Special Features

<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> Communication Accessible Unit (Hearing)



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<input type="checkbox"/>	Communication Accessible Unit (Visual)
<input type="checkbox"/>	Special features: Please list below:

PREFERENCES: The owner/agent places household in units based on the date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for a unit transfer preference.

I currently live on this property. Yes No

The Coventry Housing Authority gives preference to current residents needing to transfer to a different unit based on family composition changes, need for accessible unit and reasonable accommodations necessitating a unit transfer.

INCOME AND ASSET INFORMATION In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Are you employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.		
Employer #1		
Address		
Address 2		
City, State, Zip		
Phone		
How much employment income do you expect to receive in the next 12 months?	\$	
Employer #2		
Address		
Address 2		
City, State, Zip		
Phone		
How much employment income do you expect to receive in the next 12 months?	\$	
How much do you expect to receive in other income?		
<u>Please write in 0.00, NA or None if you will receive no income from these sources.</u>		
THE OWNER/AGENT WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.		
Monthly Social Security?	\$	
Please indicate payment method <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid Debit Card	\$	
Monthly Retirement Benefits?	\$	
Monthly VA Benefits?	\$	
Monthly Unemployment Benefits?	\$	
	\$	
Are you entitled to Alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Monthly Alimony?	\$
Monthly Public assistance?	\$
Monthly Income from a pension or annuity or other asset?	\$
Regular contributions from organizations or from individuals not living in the unit?	\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$
Monthly contributions from family for rent or other bills.	\$
Any lump sum amounts from delay of payments	
Other?	\$
Other?	\$

Assets

Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash) in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>		
Do you have a savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Balance - Please write in 0.00, NA or None if the account balance is zero.	\$	
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have an employment 401K or other employment savings account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own a home or other property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own a life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you own an annuity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Value - Please write in 0.00, NA or None if the asset value is zero.	\$	
Do you have a safety deposit box?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have access to any other assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a description of the asset(s) and the current asset value below:		

DEDUCTIONS: Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following:

Care for a disabled family member	\$
Provider Name	
Provider Address	
Provider Address 2	
City, State, Zip	
Phone	
Expenses for auxiliary aides for a disabled family member	\$

Households in which the **head-of-household, co-head of household or spouse are disabled or elderly** qualify for deductions based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

	Monthly Expense
Health Insurance	\$
Dr. visit/medical treatments	\$
Prescription Drugs	\$
Over-the-counter medical expenses to treat a specific medical condition <i>(i.e. aspirin to treat a heart condition or calcium supplements to treat osteoporosis)</i>	\$
Personal use items <i>(i.e. glasses, incontinent supplies, hearing aids)</i>	\$
Cost/Care for Assistance or Companion Animals	\$
Mileage to and from medical appointments	\$
Other	\$
Other	\$



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PREVIOUS RENTAL HISTORY:

Current Landlord		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Landlord #1		
Address		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
How long did you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I 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. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agents resident selection criteria.

No Yes Paper copy Electronic copy

Applicant Name (please print) _____

Signature _____ Date _____

Coventry Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Laurie Bradley
1630 Main Street
Coventry, CT 06238
Telephone – 860-742-5518



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, **Permanent Resident Card**
 - (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).
 - (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) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

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: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.