



Coventry Housing Authority

ORCHARD HILL ESTATES, 1630 MAIN STREET, COVENTRY, CONNECTICUT 06238

860-742-5518

FAX 860-742-5886

COVENTRY HOUSING AUTHORITY

PRE-APPLICATION INSTRUCTIONS

Please complete the application to the best of your ability. If the question doesn't pertain to you, then just write in N/A. Please do not leave anything blank.

Here is a helpful checklist to make sure your application is complete: (Incomplete applications will not be accepted).

IDENTIFICATION:

- _____ Copy of Birth Certificate
- _____ Copy of license or photo ID
- _____ Copy of Social Security Card

INCOME:

_____ Copy of Social Security award letter, Pension, Pay Stubs, Regular cash payments, or any other income that you receive.

ASSETS:

_____ Enclose the most recent statements for any checking accounts, savings accounts, CD's, IRA's, Stocks and Bonds, Insurance policies, Money Markets, Trusts, etc.

REAL ESTATE:

_____ If you own a home, please provide the current tax bill with assessed value, the amount you owe on the mortgage and if you intend to sell it. Provide the same with any other real estate that you own.

You will be notified by mail when/if your pre-application is accepted. All applications are assigned a control number, and placed on one or both wait lists, if you are income qualified. Your placement on the list will be picked by computer lottery, and all applicants will be placed at the bottom of our existing wait lists. Many of our units are HUD subsidized, so you will have paperwork included for those units in the pre-application.

If you have any questions, or would like help in filling out the pre-application, please call or email our office. We will be happy to help you through the process.

~The Coventry Housing Authority





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Applicant Name:

City, State, Zip

Gender: Male _____ Female _____ Non-Binary _____ Other _____

Date of Birth: _____

Social Security Number _____

Co-applicant name:

Gender: Male _____ Female _____ Non-Binary _____ Other _____

Date of Birth: _____

Social Security Number _____

If you do not have a Social Security Number, you claim you are exempt because:

- _____ N/A or,
- you were 62 as of 1/31/2010 **and** receiving HUD housing assistance as of 1/31/2010 (if you claim this exemption, you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD form 50058 or 50059 in effect on 1/31/2010).
- _____ You are not contending eligible immigration status.

Home Phone: _____ Cell Phone(s): _____

Email Address: _____

Preferred method of contact:

If the head of household or co-head or spouse is not 62 or older, are they disabled? Yes _____

No _____

Are you enlisted in the US Military or are you a US Veteran? Yes _____ No _____

Are you currently receiving housing assistance from HUD or a PHA? Yes _____ No _____

Are you a student enrolled in an institution of higher education? Yes _____ No _____

If yes are you Full-time _____ Part-time _____





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Are you currently using marijuana? Yes _____ No _____

Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? Yes ___ No ___

Do you agree that you, your guests and service providers will abide by the smoke free policy? Yes _____ No _____

Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____ If yes, Felony _____ Misdemeanor _____

Are you or is any member of the household required to register with any state lifetime sex offender or other sex offender registry? Yes _____ 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? Yes _____ No _____ if yes, when? _____

Please list all states that you have lived in:

Do you currently live on this property and are requesting a Unit Transfer? Yes _____ No _____

Are you currently homeless? Yes _____ No _____

LANDLORD INFORMATION

Present Landlord: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Ph Number: _____

How long have you lived at this address: _____





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Reason for leaving:

Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? Yes _____ No _____

Do you currently have any outstanding overdue balances owed to this landlord? Yes _____ No _____

Have you give this landlord notice that you will be moving? Yes _____ No _____

Have you been evicted or is this landlord attempting to evict you or another person living with you? Yes _____

No _____

Have you ever been asked to sign a repayment agreement to return money to HUD? Yes _____ No _____

Previous Landlord: _____

Address: _____

City, State, Zip: _____

Contact Name: _____ Ph 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? Yes _____ No _____

Do you currently have any outstanding overdue balances owed to this landlord? Yes _____ No _____

Have you give this landlord notice that you will be moving? Yes _____ No _____

Have you been evicted or is this landlord attempting to evict you or another person living with you? Yes _____

No _____

Have you ever been asked to sign a repayment agreement to return money to HUD? Yes _____ No _____





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You may not live in the unit unless you can establish utilities in the unit with Eversource.

Do you have any outstanding/overdue balances owed to any utility provider? Yes _____ No _____

Will you be able to establish electric utilities in your unit?

Do you receive any assistance from any agency to help with your utilities? Yes _____ No _____

ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved **before** housing the animal in the unit. These rules are available upon request.

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

If yes, animal type, (i.e. cat, dog, turtle, etc.) breed, height and weight

HOUSEHOLD COMPOSITION AND CHARACTERISTICS, UNIT SIZE AND FEATURES:

The owner/agent will take your unit preferences/requirements into consideration. The owner/agent's occupancy standards indicate a minimum of one person per bedroom and a maximum of two people per bedroom. Please indicate unit size preferences below. Please also indicate any special features needed.

Unit Size - Studio Unit (1 person) _____ 1 Bedroom Unit (2 people) _____

Special Features: Mobility accessible _____ Communication Accessible (Hearing) _____
Visual _____

How many people will live in the unit? _____





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INCOME Self-Certification: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Applicant #1	Annual Amount	Applicant #2	Annual Amount
Social Security	_____	_____	_____
SSI	_____	_____	_____
Retirement Benefits	_____	_____	_____
Pension	_____	_____	_____
VA Benefits	_____	_____	_____
Employment	_____	_____	_____
Public Assistance	_____	_____	_____
Alimony	_____	_____	_____
Any other income (including cash)	_____	_____	_____

Asset Self-Certification:

An asset, as defined by HUD, is cash or something that you own that can be converted to cash. Personal property, such as clothes, wedding rings, personal vehicles, etc., are not counted as assets. If you have no assets, check here and proceed to assets disposed for less than fair market value. _____.

My/our assets include:

Type of Asset	Owned By	Balance Value	*Cash Value	Interest %	Annual Income
Checking Acct					
Checking Acct					
Savings Acct					
Savings Acct					
Money Mkt					
Other					





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INVESTMENT ACCOUNTS

Please do not include assets that are part of a Retirement Account or an Irrevocable Trust

Those assets are excluded. (These include 401K's and IRA's)

Type of Asset	Owned By	Balance/ Value	*Cash Value	Interest %	Annual Income
Annuity					
CD					
Insurance					
Stocks & Bonds					
Other					
Other					

REAL PROPERTY

Do you own a home or real estate? Yes _____ No _____ If no, go to Assets disposed of for less than fair market value.

If yes, please answer the following questions:

Is the property for sale? Yes _____ No _____ If yes, what is the listing price? _____

What is the market value? _____ How much do you owe?

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

_____ I have not disposed of any assets for less than fair market value. Or,





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During the previous two-year (24-month) period, I have disposed of assets for less than fair market value as indicated below:

Asset Type	None	Date Disposed	Amount
Cash contributions or Gifts (to churches, charities, individuals, etc.)			
Property sold for less than Fair Market Value (this identifies property that was given away or sold for substantially less than current real estate market would bear such as a Quit Claim)			
Trust/Savings/Investment Accounts opened for another person			
Transfer of Assets for free or for less than market value (for example, giving a child stock or mutual funds or setting up a trust for someone who does not live in the unit)			
Other			

Deductions

Health and Medical Expenses: Households in this property qualify for deductions based on out-of-pocket medical expenses, Medical expenses for all family members are included when determining the Medical Expense Deduction. You will be asked to provide receipts to verify the expense. Please let us know if you or any members of your household have out-of-pocket expenses and the amounts for the following:

	Applicant #1	Applicant #2
Health Insurance	_____	_____
Dr visits	_____	_____
Medical treatment	_____	_____
Prescriptions	_____	_____
Secondary Ins	_____	_____
Over the Counter	_____	_____





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Attendant Care & Auxiliary Apparatus Expense: Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and "auxiliary apparatus" for each family member who is a person with disabilities. These deductions are allowed when these

Expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work. If no family member works or if no member is disabled, then the household does not qualify for the Attendant Care & Auxiliary Apparatus Expense deduction.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?	Yes _____ No _____
Monthly Amount	\$ _____
Name of Family Member who can work because of such an expense.	_____
Do you pay for equipment that allows any adult family member to work? (e.g. costs to equip a vehicle to make it accessible to allow a disabled member to drive to work.)	Yes _____ No _____
Monthly Amount	\$ _____
Name of Family Member who can work because of such an expense.	_____

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 \$5000. 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 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).





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Do you give permission for the owner/agent to contact you electronically?

Yes _____ No _____

Would you like to request a complete copy of the owner/agent's resident selection criteria?

Yes _____ No _____ If yes, which option do you prefer? Paper _____ Electronic _____

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 certify all information provided in 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.



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.

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.

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, **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: _____



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COVENTRY HOUSING AUTHORITY AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release and to verify my application for participation, and /or to maintain by continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing and/or any other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the Housing Agency to release my information from my file about my rental history to HUD, credit bureaus, collection agencies or future landlords. This includes records on my payment history and any violations of my lease or the Housing Agency's policies.

INFORMATION COVERED

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

- | | |
|----------------------------------|------------------------------|
| Identity and Marital Status | Employment and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental Activity | |

GROUP OR INDIVIDUAL 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 and Housing Agencies | Past and Present Employers |
| Courts and Post Offices | Welfare Agencies |
| Schools and Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | Social Security Administration |
| Medical and Child Care Providers | Support and Alimony Providers |
| Retirement Systems | U.S. Dept. of Veterans Affairs |
| Utility Companies | Banks and other Financial Institutions |
| Credit Providers and Credit Bureaus | |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD and the Housing Agency may conduct computer matching programs to verify the information supplied for my 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 information given. HUD or the Housing Agency 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, U.S. Department of Defense, U.S. Office of Personnel Management, the U.S. Postal Service, the U. S. 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 purposes stated above. The original of this authorization will remain on file with the Housing Agency. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

Head of Household

Print Name

Date

Co-Head of Household

Print Name

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4505, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

