



PRE-APPLICATION FOR GREENFIELD COMMONS 62 & OLDER OFFICE: 203.359.6940 FAX: 203.373.7326 WEB: WWW.CTHOUSINGPARTNERS.ORG

DATE AND TIME STAMP Application Entered By: Application Entered On:

PRE-APPLICATION FOR GREENFIELD COMMONS HUD PRAC 202 PROGRAM – 62 & OLDER Equal Housing Opportunity

This is not the full application form for the HUD PRAC 202 Program. The Section 202 Program provides housing for the elderly with very low income (50% of AMI). The information which you are being asked to provide as the head of household is used to determine if your household appears to be eligible to be added to the Greenfield Commons Waiting List. You will be required to complete a full application prior to any final processing for an offer of a unit. All information is subject to third party verification, including releases for drug-related or criminal activity, State lifetime sex offender and release for using the EIV Existing Tenant Search that will permit the CT Housing Partners to verify all information provided below. By signing this application, you are certifying that the information you have provided is correct and that your household is within the income limits for the program as of the date of signature. Misrepresentation of information is grounds for immediate removal from the waiting list or termination from the HUD PRAC 202 Program.

For applicants to federal housing, Sect. 1001 of Title 18 of the United States Code makes it a criminal offense to knowingly make false statements or misrepresent to any Department or Agency of the United States to any matter within its jurisdiction and has established penalty of fines up to \$100, 000 and/or imprisonment not to exceed 5 years. As the information provided below may be shared with the U.S. Department of Housing and Urban Development, misrepresentation of information is a felony.

Incomplete Pre-applications will not be processed. It is the responsibility of the applicant to provide all required information and answer all questions completely. All applications are the property of CT Housing Partners.

CT Housing Partners acting as management agent does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status, gender, physical or mental disability, lawful source of income, and in the access or admission to the developments, its employment, or in its programs, activities, functions or services.

PLEASE PRINT ALL ANSWERS IN A LEGIBLE FASHION

1. Head(s) of Household: _____
2. Residential Address: _____
 City or Town: _____ State: _____ Zip Code: _____
3. Current Mailing Address: _____
 City or Town: _____ State: _____ Zip Code: _____
4. Home Phone: () _____ Work Phone: () _____
5. Is there a member of your household who requires a physically modified unit or an exception to our policies in order to address a disability? YES NO

If so, please list which household member(s) with their first and last name?

PLEASE INDICATE THE ACCOMMODATION NEEDED BY PLACING A CHECKMARK IN AS MANY OF THE BOXES BELOW THAT APPLY TO YOUR HOUSEHOLD

- | | |
|--|---|
| <input type="checkbox"/> Barrier-free unit (wheelchair accessible) | <input type="checkbox"/> Counter spaces in kitchen/bathroom lowered |
| <input type="checkbox"/> Unit adapted for vision impairments | <input type="checkbox"/> Live- in- Aide |
| <input type="checkbox"/> Ramp/Elevator in Building | <input type="checkbox"/> Parking space close to unit |
| <input type="checkbox"/> Other (Please List): | |

6. Please provide the full name including middle initial of all household members, their date of birth, place of birth, sex, relationship to the head of household, and Social Security Number or attach proof of application for a Social Security Number. If any of this information is not provided, the pre-application will be considered incomplete and will be rejected.

*Race and Ethnicity are optional. HUD's race codes are: White, Black, American Indian/Alaskan Native, Asian, and Native Hawaiian/Other Pacific Islander. HUD's ethnicity codes are: Hispanic, or Not Hispanic. Please use the HUD race and ethnicity codes that best describe each member of your family. For example: White/Hispanic, or Black/Non-Hispanic, etc. Only the race/ethnicity column is optional.

Name	Date of Birth	Place of Birth	SEX	Relation to Head of Household	Social Security Number	Race/ Ethnicity: *Optional

7. Current Household Annual Income for all sources: \$ _____.
 (A determination of income, assets and deductions will be made as part of the final application review.)

Please complete this section based on ALL income/money coming into the household for ALL family members

INCOME				
Family Member	Type of Income (Employment, Welfare, SSI, Child Support)	Amount Received	Weekly, Bi- Weekly Monthly or Annual	Source Of Income (Employer, Public Assistance)

Please complete this section based on ALL assets for ALL family members

ASSETS			
Family Member	Type of Asset (Checking, Savings, COD, IRA Mutual Funds, Trust Life Insurance, Real Estate)	Amount	Account Number

8. Would you like us to direct all communications regarding your application to you **OR** to an emergency contact/ caseworker/other? **Please Check Only One:**

- Please send all future communications regarding this application to me.
- Please send all future communications to my emergency contact/ caseworker or other person.
- Please send all future communications to me and my emergency contact/caseworker or other person.

Emergency Contact/ Caseworker/ Other _____

Relationship/Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____ Phone# () _____

ELIGIBILITY: All applicants must meet the required income requirements and are subject to other screening criteria including credit, criminal, sex offender and landlord references. All income and asset information will be screened to determine eligibility and cannot exceed the income limits.

Processing of Pre-Application for the Waitlist

Upon receipt of this application, Management will conduct an initial determination for income eligibility for the property you selected. If the household income qualifies, your name will be added to a waitlist.

As your name nears the top of the waitlist for the property you selected, Mutual Housing will determine final eligibility. Management will verify household information, income and assets and conduct a credit, rental and criminal background check during the final screening process for occupancy.

I understand that this pre-application is not an offer of an apartment. I certify that my household is income eligible under current program income limits and the information contained in this application is true and complete under pains and penalty of perjury. I agree to authorize the CT Housing Partners to make inquiries to verify the information I have provided on this application. I understand that it is my responsibility to inform the Housing Authority of any change in address or in household composition in writing.

Applicant’s Signature

Date

Co-Applicant Signature

Date

Americans with Disabilities Act We need your help to ensure all our programs, services, and activities are accessible to people with disabilities. In visiting our offices, if you observe a barrier that prevents the full participation of people with disabilities, please let us know. If you have a special need requiring an accommodation or if you have any questions, please contact CHP at 203.359.6940.

A person with disabilities as defined in 42 U.S.C 423 or a developmental disability as defined in 42 U.S.C. 6001. Also includes a person who is determined, under HUD regulations, to have a physical or mental impairment that is expected to be of long-continued and indefinite duration, substantially impedes the ability to live independently, and is of such a nature that the ability to live independently could be improved by more suitable housing conditions. For purposes of reasonable accommodation and program accessibility for persons with disabilities, means an "individual with handicaps" as defined in 24 CFR 8.3. Definition does not exclude persons who have AIDS or conditions arising from AIDS, but does not include a person whose disability is based solely on drug or alcohol dependence (for low-income housing eligibility purposes).