

Housing Authority of the Town of Plymouth

31 Gosinski Park- Ronald Rd

Terryville, CT. 06786

(860) 584-9355 Phone (860) 260-261-5118 Fax

APPLICATION FOR STATE ELDERLY/DISABLED HOUSING

Dear Applicant:

Thank you for your interest in becoming a resident of the Housing Authority of the Town of Plymouth. Please take a moment to review the following requirements before you complete the application and authorization form attached to this letter.

1. Head of Household meets one or more of the following criteria: age 62 or older, disabled (as per the legal definition and determination subscribed by U. S Social Security Administration)
2. Application must be fully complete and submitted to the PHA. Incomplete applications will NOT BE ACCEPTED. Upon determination of eligibility, you will be notified in writing.
3. All applicants are subject to the same screening criteria. Eligibility will be based on the results of verifications and is at the discretion of the PHA.
4. **It is applicant's responsibility to notify the PHA in writing if there is a change in address, or phone number.** We must be able to contact you regarding your application status.
5. Refusals will be issued to applicants who decline an offer, or are not able to be reached. After three refusals you are automatically be withdrawn from the waiting list and will need to re-apply.

All information will be kept confidential and verified by appropriate parties. Submission of your application does not guarantee you housing. Your application must be approved prior to you being placed on our waiting list. If you are on the waiting list for twelve months or more your background check must be resubmitted for updated reports. If your application is deemed eligible, you will be required to attend an "Orientation Meeting" prior to possible lease of a unit and to provide updated current information.

Once an approved applicant is offered an apartment you will be given 3 days to make a decision on accepting the unit offered. The unit charges will start at the time you receive keys to the unit. Payment of first month's rent will be required at lease signing. Acceptable forms of payment are check, money order or cashier check. (No cash accepted.)

Sincerely,
The Housing Authority

If you need help filling out this application please call the office at (860) 584-9355 for assistance.

PARA UNA TRADUCCION LLAME A LA OFICINA TELEFONO (860)584-9355



We Do Business in Accordance With the Federal Fair Housing Law

(The Fair Housing Amendments Act of 1988)

Revision 11/15/17

APPLICATION CHECKLIST *(Please use this checklist as a guide to completion of packet.)*

****The following materials MUST BE SUBMITTED with your application in order for it to be processed****

- ___ Application MUST be signed by Head of household, Spouse and ALL persons listed on application to reside in dwelling that are 18 years of age and older.
- ___ Authorization consent forms, background checks & Dec 214, signed by head of household, spouse and all persons listed on application to reside in dwelling that are 18 years of age and older.
- ___ Birth Certificates Required for **All** persons on application *(Must be certified large document w/ Seal)*
- ___ Social Security Cards for **All** persons listed on application to live in unit. *(Copy)*
- ___ Driver's License or current State Identification Card for ALL persons listed on application. *(Copy)*
- ___ Proof of U.S. Citizenship, Naturalization, Alien Identification Card for ALL persons listed on application. *(See the attached forms of acceptable identification; we do NOT accept passports as proof of citizenship)*
- ___ Landlord reference and lease *(copy)*
- ___ Rent Receipts *(copies of paid current 3 months)*
- ___ Proof of Income - Pay stubs (6 weeks), Social Security, Disability, SSI, *(Current year Award Letter, we will not accept bank statements of automatic deposits; original award verification must be submitted)*
- ___ Assets, Retirement Benefits, Pensions, IRA's, Stocks, Bonds (real estate town property assessment)
- ___ Bank Statements for Checking and Savings *(current 3 months)*
- ___ Life Insurance Policies *(It is applicant's responsibility to provide copy of the coverage declaration page)*
- ___ Medical Identification Card issued by insurance company/ provider *(Medicare, Medicaid, AARP, Humana)*
- ___ Prescription Coverage Cards issued by benefit providers *(copy)*
- ___ Court records *(Liens, judgments, bankruptcy records; divorce, marriage or name change).*

If you have obtained all of the above, please mail your application and paperwork to the above address.

Receipt of pre-application does not constitute proper completion of the pre-application or a determination of eligibility for any Federal or State Housing Program. Applications are processed in the order that they are received and may take up to eight (8) weeks to process. Information will not be provided on your status on the waiting list if you call. If your application is fully completed and accepted you will receive a receipt in writing with time /date of receipt and placed on the waiting list. In the event your application is rejected, you will be notified immediately in writing and given an opportunity for an informal review hearing.



For Office Administrative Use Only

Received Date: _____ Time: _____ Received by: _____ C/N: _____
 Elderly () Disabled () 0Br () 1Br () H/C Accessibility ()

APPLICATION- STATE ELDERLY/DISABLED HOUSING

MEMBER INFORMATION

Applicant Name (print): _____

Maiden Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell Phone: _____

E-Mail: _____ Other: _____

Head of Household Status (check all that apply): Age 62+ () Disabled () Handicapped () none of these ()

Can anyone on application document he/she requires features of a wheelchair accessible unit: Yes () No ()

Are you a Veteran? Yes () No () if yes, Period of Service: _____

List all persons, including yourself, who will live in rental unit while you are on this program.

Full Name	Relation to HH	Social Security #	Date of Birth	Place of Birth	Age
	Self / HH				

Do you anticipate a change in family composition: Yes () No ()

Do you own a pet: Yes () No () if yes, is the pet an ADA approved service animal: Yes () No ()



RESIDENTIAL HISTORY

Applicant MUST provide name and address of all recent and past landlords

Present Landlord Name: _____ Phone #: _____

Address: _____

How long at this address: _____ Current Monthly Rent: _____

Check Utilities you Pay: Electric () Gas () Water () other (explain) _____

Previous addresses during the past five (5) years:

Previous Landlord Name: _____ Phone: _____

Address: _____ Dates: _____

Previous Landlord Name: _____ Phone: _____

Address: _____ Dates: _____

Have you ever been evicted, currently under eviction or asked to vacate from any dwelling unit you rented or lived in?

Yes () No () if yes, when: _____ Explain: _____

Have you ever resided in another Housing Authority? Yes () No ()

If yes, Where _____ When _____

CRIMINAL/ARREST HISTORY

Have you ever been arrested? Yes () No ()

If yes, When: _____ Where: _____

Explain: _____

Are you a registered sex offender or in the process of becoming registered: Yes () No ()



HOUSEHOLD INCOME:

List all Income including Social Security, SSI, Pension, Alimony, Child Support, full and/or part-time employment for all household members over 18 years of age, include self-employed earnings

**** You must provide verification of all income, birth certificates, and social security cards for all applicants ****

Applicant/Household Member Name	Income Source	Gross Monthly Income

Do you expect an inheritance of money or real estate? Yes () No ()

Are you a participant in a Lawsuit or expect to receive a settlement: Yes () No ()

Are you currently in an employment-training program funded by the State, Federal or Local Government?
 Yes () No () If so, where? _____

Are you or is anyone listed on application a full time student? Yes () No ()

Name of closest relative: _____

Relationship: _____

Address: _____

Phone#: _____ Cell#: _____

How did you hear about us: _____

The following information is required for statistical reporting purposes so that the Plymouth Housing Authority and HUD may determine the degree to which minority families utilize housing. Please check the appropriate boxes:

White () Black () Indian () Hispanic () Asian () Other _____

Ethnicity: Hispanic () Non-Hispanic ()



ASSETS:

(Type of Account)	Name of Bank/Institution	Account Number	Amount
Checking			
Savings			
Credit Union			
CD's, Stocks, Bonds			
IRA,			
Life Insurance			
Other			

Do you receive any interest dividend payment from stocks, mutual funds, or investments: Yes () No ()

Do you own a House or Real Estate Property: Yes () No ()

If yes, what is the current market value per town assessment? \$ _____
 (You must submit documentation of mortgage, sale, rental income, tax assessment)

Have you disposed of any assets and/or real estate within the last two years? Yes () No ()

Do you receive rental income from property: Yes () No ()

MEDICAL EXPENSES:

Do you have Medicare Insurance Coverage? Yes () No () Monthly cost \$ _____

Do you have any other Medical Insurance? Yes () No () Monthly cost \$ _____

Do you have outstanding medical bills in your name, which you are paying or have paid? Yes () No ()
 (Documentation will be required of expense and proof that bill was paid)

Do you pay for a care attendant for any household member with a disability, which allows you or another household member to work? Yes () No ()

Cost of Care Attendant \$ _____

Name and address for Care Attendant: _____

Do you pay for medical equipment to care for a household member with a disability? Yes () No ()



CRITERIA FOR LEASING MODERATE INCOME ELDERLY AND DISABLED HOUSING

Sec.8-45a. Consideration of criminal record, alcohol abuse and status as registered sexual offender of applicant or proposed occupant. A housing authority, as defined in subsection (b) of section 8-39, in determining eligibility for the rental of public housing units may establish criteria and consider relevant information concerning,

- (1) Applicant's or any proposed occupant's history of criminal activity involving:
 - a. Crimes of physical violence to persons or property,
 - b. crimes involving the illegal manufacture, sale, distribution or use of, or possession with intent to manufacture, sell, use or distribute, a controlled substance, as defined in section 21a-240, or
 - c. other criminal acts which would adversely affect the health, safety or welfare of other tenants,
- (2) an applicant's or any proposed occupant's abuse, or pattern of abuse, of alcohol when the housing authority has reasonable cause to believe that such applicant's or proposed occupant's abuse, or pattern of abuse, of alcohol may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents, and (3) an applicant or any proposed occupant who is subject to a lifetime registration requirement under section 54-252 on account of being convicted or found not guilty by reason of mental disease or defect of a sexually violent offense. (1969, P.A. 133; P. A. 95-247, S. 7; P.A. 99-157, S. 4.)

1. A State Police background check shall be preformed for all proposed applicants. Previous Landlord verification and other references may also be acquired.
2. Public Housing Manager of the Plymouth Housing Authority shall determine eligibility considering the above relevant information.
3. In evaluating any such information, the housing authority shall give consideration to the time, nature and extent of the applicant's or proposed occupant's conduct and to factors which might indicate a reasonable probability of favorable future conduct such as evidence of rehabilitation and evidence of the willingness of the applicant, the applicant's family or the proposed occupant to participate in social service or other appropriate counseling programs and the availability of such programs.

I/We have read the above statement and understand that the Plymouth Housing Authority will review my application and make a decision to determine my eligibility for housing and that I will be notified my mail as to the status of my application. **I understand that if there is a change in income, family composition, address or telephone number; it is my responsibility to notify the Plymouth Housing Authority in writing.** This form is to be signed by all family members over the age of eighteen (18) who will be living in the unit.

(Head of Household)

Date

(Spouse or 2nd occupant 18 yrs. +)

Date



APPLICANT CERTIFICATION

Giving true and complete information: I certify that all the information provided on household composition, income, family assets and items for allowance and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

Reporting changes in Income or Household Composition: I know I am required to report changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Report on prior Housing Assistance: I certify truth and disclosure of information pertaining to Federal or State Housing Assistance I may have received. I certify that I have disclosed where I received any previous Federal or State Housing Assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information or vacated the unit in violation of the lease.

No duplicate residence or assistance: I certify that the apartment will be my principal residence and I will not obtain duplicate Federal or State Housing Assistance while I am in the current program.

Cooperation: I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits or verify my true circumstance. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays or eviction.

Criminal and Administrative Actions for False Information: I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of tenancy.

I attest to the best of my knowledge, that the information I have provided on this application is true and accurate. I understand that I will be asked to sign an "Authorization Form: which will give the Plymouth Housing Authority or its contracted vendor, permission to check my credit, employment, police record, landlord reference and medical information, to include verification of disabled status.

I/We have no objections to inquiries by the Plymouth Housing Authority or other, concerning my residence, income qualifications or other data listed above. I agree to notify the Plymouth Housing Authority, in WRITING, immediately of any changes in the information reported by me. Any changes and/or correspondence must be mailed to the Housing Authority at the above address.

Section 5 of the Connecticut Public Acts of 1947 provide: "any person who makes a false statement concerning the gross income of the family for which application for housing accommodations is made, may be fined not more than five hundred dollars (\$500) or sentenced to six (6) months in jail, or both.

The statements made by me in this application are true to the best of my knowledge at the time of signing this application. I also understand that the status of my application will not be given out over the telephone.

(Head of Household)

Date

(Spouse or 2nd occupant 18 yrs. +)

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State or Local Agency, Organization, Business, or individual to release and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Public Housing or 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 Plymouth Housing Authority in administering and enforcing program rules and policies. I also consent for the Plymouth Housing Authority to release information from my file about my rental history to credit bureaus, collection agencies or future landlords. This includes records on my payment history, and any violations of my lease or P.H.A. 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; Medical or Child Care Allowances, Residences and Rental Activity; Employment, Income, Assets, Credit and Criminal 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 (Including Public Housing Authorities); Courts, Retirement Systems; Utility Companies; Credit Providers and Bureaus; Past and Present Employers; Welfare Agencies; Unemployment Agencies; Social Security Administration; Support and Alimony Providers; Veterans Administration; Banks and Other Financial Institutions.

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that the Plymouth Housing Authority 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 incorrect information. The Plymouth Housing Authority may in the course of its duties exchange such information with other Federal, State or Local Agencies.

CONDITIONS: By signing below you authorize and request all credit reporting agencies, employers, credit and personal references to release all pertinent information about me/us to the Plymouth Housing Authority. I understand that the credit report (rental history, arrest and/or conviction records and retail credit history) will be completed through the facilities called Resident Check. If our rental decision is anything other than to accept the application with our standard lease terms and conditions, then we must provide the applicant with an Adverse Action Letter, as required by the FCRA. I agree that a photocopy of this authorization may be used for the purposes stated above and the original of this authorization is on file with the Plymouth Housing Authority. I understand I have a right to review my file and correct any information that I can prove is incorrect.

(Head of Household)

(Date)

(Spouse or 2nd Occupant over age 18)

(Date)



DECLARATION OF SECTION 214 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 United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
- Permanent residence under 249 of INA 4/; or
- Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
- Parole status under 212(d)(5) of the INA /6; or
- Threat to life or freedom under 243(h) of the INA /7; or
- Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

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I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
- Permanent residence under 249 of INA 4/; or
- Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA 5/; or
- Parole status under 212(d)(5) of the INA 6/; or
- Threat to life or freedom under 243(h) of the INA 7/; or
- Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

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ACCEPTABLE INS DOCUMENTS: The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with INS;

- 1) Form I-51, Alien Registration Receipt Card (issued to lawful permanent residents prior to 1979). For I-51 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.
- 2) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 3) 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";
 - d) "Paroled Pursuant to Section 212(d)(5) of the INA";
- 4) If Form I-94, Arrival-Departure Record, is not annotated, then 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 INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
 - c) A court decision granting withholding or deportation; or
 - d) A letter from an asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).
- 5) Form I-688B, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";
- 6) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12";
- 7) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or
- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

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Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any 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, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the INA, as an immigrant, as defined by section 101(a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA {8 U.S.C. 1259} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of the INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA {8 U.S.C. 1253(h)} [*threat to life or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HS/A must enter INS/SAVE Verification Number and date that it was obtained. A HS/A signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" in the appropriate boxes. Attach INS document(s) evidencing eligible immigration status. Sign and date.