

PERSONAL DECLARATION/HOUSING ASSISTANCE APPLICATION

Housing Authority of the City of Hartford

180 John D. Wardlaw Way

Hartford, CT 06106

Phone 860-723-8410 TDD/TTY 711 or 1-800-842-9710

IMPORTANT INFORMATION

Please read the following carefully before completing the application form

- The application must be completed in the handwriting of the head of household. Incomplete applications will **NOT** be processed. Please contact the housing authority if you need assistance completing the application.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Please print all answers.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as, “*What is your telephone number,*” and you do not have a telephone, write “none.”
- All yes/no questions **MUST** be checked to indicate whether your response is “yes” or “no.”
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- The legal head of household and spouse/co-head (if any) must sign and date the application form.
- Where indicated on this form, the questions apply to all members of the family listed on the application.
- The information that you provide on the application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please feel free to call the Housing Authority of the City of Hartford (HACH) at (860) 723-8410.
- Be advised that the HACH will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

IN ORDER TO QUALIFY FOR ADMISSION, AN APPLICANT MUST:

- Be a family as defined in the HACH Administrative Plan (for HCV) or Admission and Continued Occupancy Policy (ACOP) for Public Housing. A copy of each is available at the main office at 180 John D. Wardlaw Way, Hartford, CT 06106.
- **Meet the HUD requirements on citizenship or immigration status. Provide permanent resident Alien cards or certificate of citizenship for anyone not born in the United States.**
- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the Authority’s main office.
- **Provide Social Security cards and full birth certificates for all members of the family.**
- Pay any money owed to the HACH or any other Housing Authority.
- Not be subject to lifetime sex offender registration requirements.
- **Provide a photo ID for all family member at least 18 years old, and marriage/divorce certificates(if applicable)**
- Sign authorization forms so that the HACH can verify the various eligibility requirements.
- Not have any household members who are engaged, or have been engaging within the past 5 years, in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity or have been within the past 5 years.
- Qualify as a suitable renter after the HACH conducts screening of prior rental history and financial responsibilities.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority’s Section 504 Coordinator at 860-723-8462.

REASONABLE ACCOMMODATION NOTIFICATION: If you feel you have been inappropriately denied a reasonable accommodation, you have the right to utilize the HACH’s grievance process. You may also file a complaint with the U.S. Department of Housing & Urban Development (HUD). Please request information to do so. If you need assistance in completing this form or have any questions regarding reasonable accommodations, please request a copy of the HACH Reasonable Accommodation Policy or contact the Section 504 Coordinator at (860) 723-8462.

Americans with Disabilities Act

We need your help to ensure all of our programs, services, and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefits of our programs, services, or activities, please let us know.

**PRE-APPLICATION - Low Income Public Housing
Housing Authority of the City of Hartford
180 John D. Wardlaw Way
Hartford, CT 06106
Phone 860-723-8410 TDD/TTY 711 or 1-800-842-9710**

Please print all answers, using the full legal name of each household member as it appears on their Social Security card. Do not leave any questions blank. Write "none" if a question does not apply to you. A response to each yes/no question is required.

The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question or need assistance completing this application, please call the Housing Authority of the City of Hartford (HACH) at (860) 723-8410.

The Housing Authority of the City of Hartford will review credit history, criminal background and sex offender registration status of all adult household members, including live-in aides.

Head of Household Name _____

Current Address _____

City

Zip Code

Home Phone _____ Cell Phone _____

Total no. in household _____ Number of bedrooms being requested _____

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD (Optional)

Race: Check the appropriate race. (More than one category can be entered if applicable.)

- White Black/African American American Indian/Alaskan Native
 Asian Native Hawaiian/ Other Pacific Islander

Ethnicity: (Check the appropriate ethnicity.)

- Hispanic or Latino Not Hispanic or Latino

INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD: List all persons age 18 or older (head/spouse/co-head regardless of age who will be living in the home, beginning with the head of household. Each box *MUST* be completed for each member. No one except those listed on this form may live in the unit.

NAME	RELATION TO HEAD	US CITIZEN Y/N	SEX M/F	DATE OF BIRTH	PLACE OF BIRTH CITY/STATE	SOC. SECURITY # OR ALIEN REG. #
	HEAD					

CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

NAME	RELA-TION TO HEAD	US CITI-ZEN Y/N	SEX M/F	DATE OF BIRTH	PLACE OF BIRTH CITY/ STATE	SOCIAL SECURITY # OR ALIEN REG. #	SCHOOL NAME

INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY

(Income includes money or contributions from any and all sources paid to or on behalf of a family member)

1. Did you or any family member file a federal income tax return for the past year? Yes No If yes, who? _____
2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?
 - Wages, salaries, tips, fees or commissions from an employer (full or part time) Yes No
 - Compensation for personal services? Yes No
 - Income from the operation of a business or profession (self-employment)? Yes No
 - Interest, dividends or other income from real or personal property? Yes No
 - Social Security? Yes No
 - Annuities? Yes No
 - Insurance policy payments? Yes No
 - Retirement fund payments? Yes No
 - Pension(s)? Yes No
 - Disability benefits? Yes No
 - Death benefits? Yes No
 - Lump sum payments for the delayed start of periodic payments? Yes No
 - Unemployment compensation? Yes No
 - Worker’s compensation? Yes No
 - Severance pay? Yes No
 - Welfare assistance (Food stamps)?..... Yes No
 - TANF Yes No
 - Alimony? Yes No
 - Child support? Yes No
 - Regular contributions or gifts from anyone? Yes No
 - Regular or special military pay? Yes No
 - Financial assistance to attend school? Yes No

3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Per – (Circle One)		
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year

BACKGROUND INFORMATION: *These questions apply to you and all members of your household.*

- Has any household member ever been arrested or convicted of a crime? Yes No If yes, who? _____ How many times? ____ Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed). _____

 - Has any household member ever been convicted of a felony? Yes No If yes, who? _____ How many times? ____ What crimes? _____

 - Is any household member subject to lifetime sex offender registration? Yes No
If yes, who? _____ In what State(s)? _____
 - Is any household member currently using illegal drugs? Yes No
If yes, who? _____
 - Has any household member ever been evicted from any type of housing? Yes No
If yes, explain when, where, and for what reason. _____
-
- Do you or any family member require a barrier free apartment? Yes No
-
- Has any household member received rental assistance in public housing or HCV? Yes No
If yes, when? (Please specify in years.) _____ Housing Agency Name: _____
Who was the head of household? _____
 - Is any member of the household related to a current employee of the Housing Authority of the City of Hartford? Yes No

-PRESENT AND PREVIOUS HOUSING INFORMATION: *List your current landlord information. Then list prior addresses and landlords for the past five (5) years.*

Current Landlord Name: _____ Phone # _____
Address: _____ City, State, Zip: _____ How long? ____

Previous Landlord Name: _____ Phone # _____
Address: _____ City, State, Zip: _____ How long? ____

2nd Previous Landlord Name: _____ Phone # _____
Address: _____ City, State, Zip: _____ How long? ____

3rd Previous Landlord Name: _____ Phone # _____
Address: _____ City, State, Zip: _____ How long? ____

CREDIT/CRIMINAL AND RENTAL RECORDS CONSENT: I hereby grant permission to the Housing Authority of the City of Hartford to request and receive a credit/criminal and rental records history. I also consent to permit the Authority to utilize the information obtained to determine my eligibility for participating in the State and/or Federal housing programs administered by the Authority.

All household members 18 years or older must sign and date below.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

HACH Official _____ Date _____

Certificate of the Applicant

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing (within 30 days) of any changes in household income or if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority. I understand that I must notify HACH in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonating, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

Signature of Head of Household

Date

Signature of Spouse or Co-head

Date

Signature of Other Adult

Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Optional and Supplemental 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.

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

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.	

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.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

NOTICE TO PUBLIC HOUSING APPLICANTS AND TENANTS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)

A federal law that went into effect on 2006 protects individuals who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence Against Women Act, or “VAWA.” This notice explains your rights under VAWA.

Protection for Victims

If you are eligible for public housing, the housing authority cannot refuse to admit you to the public housing program solely because you are a victim of domestic violence, dating violence, or stalking.

If you are the victim of domestic violence, dating violence, or stalking, the housing authority cannot evict you based on acts or threats of violence committed against you. Also, criminal acts directly related to domestic violence, dating violence, or stalking that are caused by a member of your household or a guest can’t be the reason for evicting you if you were the victim of the abuse.

Reasons You Can Be Evicted

The housing authority can still evict you if the housing authority can show there is an *actual and imminent (immediate)* threat to other tenants or housing authority staff if you are not evicted. Also, the housing authority can evict you for serious or repeated lease violations against you. The housing authority cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

Removing the Abuser from the Household

The housing authority may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the public housing unit. If the housing authority chooses to remove the abuser, it may not take away the remaining tenants’ rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, the housing authority must follow federal, state, and local eviction procedures.