

HOUSING AUTHORITY OF THE CITY OF DANBURY
PRELIMINARY APPLICATION

Crosby Manor
FEDERAL ELDERLY HOUSING PROGRAM
84 W. Wooster Street

Elderly Housing, one person must be 62 years and older
or disabled

(Studio - 0 Bedroom Units Only)

HEAD OF HOUSEHOLD INFORMATION (USE LEGAL NAMES ONLY):

NAME:			
ADDRESS:			
CITY:			
STATE:		ZIP CODE:	
PHONE:			

Soc. Security Number:		Date of Birth:	
Age:		Place of Birth:	
Monthly Income:		Source:	

Race (optional):

☐ White ☐ Black ☐ Am. Indian ☐ Asian/Pac. Islander ☐ Other: _____

Ethnicity (optional):

☐ Hispanic ☐ Non-Hispanic

Gender (optional)

Male ☐ Female ☐

PERSONS TO OCCUPY UNIT:

	NAME	RELATION TO HEAD	PLACE OF BIRTH	DATE OF BIRTH	OCCUPATION & INCOME	SOC. SECURITY NUMBER
1.		HEAD				
2.						

Does any member of your family have special needs (first floor unit, auxiliary aides, etc.) or is any household member requesting a reasonable accommodation due to a disability? If so, please state here:

ABOUT YOUR CURRENT RESIDENCE:

Landlord's Name:		Landlord's Phone:	
Length of Residency:		Monthly Rent: \$	Estimated Utilities: \$

Have you ever violated a previous family obligation with a HUD program? _____

Have you or any member of your household ever engaged in drug related activity or violent criminal activity? _____

Have you or any member of your household ever engaged in felonious use of drugs and/or alcohol? _____

Do you owe any money to a Public Housing Agency or other subsidized program? _____

Have you ever participated in a rental assistance program (S8/HUD/CHFA/RAP, etc.)? _____

Are you or any family member subject to a Lifetime Sex Offender registration? _____

EMERGENCY CONTACTS:

Name:		Day Phone:	
Name:		Day Phone:	

NOTICE:

You are required to notify the Housing Authority, in writing, of any change of address. If we cannot contact you at the address stated on the front of this application, your name may be removed from the waiting list and you will have to reapply. This application form contains key questions relating to the applicant's eligibility, preferences and tenant history. Failure to provide any of the requested information could result in the suspension of processing this application.

CERTIFICATION:

I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information is punishable under federal law, and may result in my family being removed from the waiting list.

Signature of Head of Household

Date

WARNING: Title 13 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.

Completed applications may be mailed to the following address (faxes not accepted):

Housing Authority of the City of Danbury
2 Mill Ridge Road
Danbury, CT 06811

Phone: 203-744-2500

Website: HACDCT.org

HACD USE ONLY

Unit Size: _____ (bedrooms)

Family Code (circle one): E – Elderly F – Family D – Disabled

Additional Note:



Admissions and Occupancy Preference Form

The Housing Authority of the City of Danbury has established preferences according to the Admissions and Occupancy policy and the U.S. Department of Housing and Urban Development regulations.

Please check below if any of the preferences listed below pertain to your household:

_____ **Residency Preference - Proof of Residency is required**

Resident of the greater Danbury area, work within the greater Danbury area, have a last permanent address in the greater Danbury area or have been offered employment in the greater Danbury area. You must not have claimed a residency preference in any other community.

Greater Danbury area includes: Danbury, Bethel, Bridgewater, Brookfield, New Fairfield, New Milford, Newtown, Redding, Ridgefield and Sherman.

IF YOU CHECK OFF RESIDENCY PREFERENCE YOU MUST PROVIDE PROOF. PROOF MAY INCLUDE: A copy of mail received to a greater Danbury address or a paystub proving that a household member is working in the greater Danbury area.

_____ **Homelessness Preference - Proof of Homelessness is required**

Households that lack a fixed, regular and adequate nighttime habitation OR the primary nighttime dwelling is one of the following:

A supervised public or private shelter designed to provide temporary living accommodations (includes welfare hotels, congregate shelters and transitional housing); or a public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

Persons living with existing HACD residents or living with residents either as authorized or unauthorized members of the household or living with residents in private housing DO NOT qualify as homeless.

- _____ Living in housing that is condemned or has verified serious housing code violations.
- _____ Living in a shelter or transitional housing facility.
- _____ Living in temporary housing with others because of conditions beyond control such as condemnation, foreclosure, fire, loss of job, etc.

IF YOU CHECKED OFF A HOMELESS PREFERENCE, YOU MUST PROVIDE PROOF. PROOF MAY INCLUDE: A certificate of homelessness from a private or public facility that provides shelter to homeless individuals. A condemnation or housing code violation letter.

Are you a Veteran? ____ yes ____ no **Are you a victim of Domestic Violence?** ____ yes ____ no

HEAD OF HOUSEHOLD MUST READ AND SIGN BELOW

I do hereby swear and attest that all of the information above is true and correct. I also understand that any preferences checked off as applicable may be verified by the Housing Authority.

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Printed Name of Head of Household

Social Security #

Signature of Head of Household

Date