



Town of Glastonbury

25 RISLEY ROAD

GLASTONBURY, CONNECTICUT 06033

(860) 652-7568
FAX (860) 652-7582

HOUSING AUTHORITY

APPLICATION INSTRUCTIONS

The Housing Authority of the Town of Glastonbury ("GHA") owns and manages assisted housing under both state and federal housing programs. GHA will place you on all waiting lists for which you are eligible. If there are specific properties that you do not wish to apply for, then please provide a written statement identifying the property(ies) you do not want to be considered for.

When completing this application:

- All questions must be answered either YES, NO, or if a question does not apply, write N/A;
- If uncertain, use the best available information
- Use of "White Out" is prohibited; if information is changed, line through and initial the change.

Please complete the entire application; fill in all parts of the form. Be sure that all adults (i.e., persons age 18 or older) sign the application and supplemental forms. Return this application, in person on any business day between 9:00 AM and 3:00 PM. GHA **does not** accept applications on the following dates during each month: the 9th, 10th, 11th and 12th.

Review this application and the attached checklist to make sure that you bring all required supporting documentation. **An application will not be accepted if (i) it is incomplete, (ii) the form is copied or printed in a manner that makes any part of the application illegible, or (iii) the handwriting is not legible.**

Please return all forms/documents specified on the checklist with this completed application. The applicant should retain the remaining documents included in this application packet for their records.

Once your application is accepted by GHA, **if (i) you have a change of address, (ii) a change in family composition, (iii) new telephone number, or (iv) your income changes, then you must report the change to GHA within 10 business days and it must be made in writing. Failure to update your change in address may result in your application being removed from all GHA waiting lists.**

Effective 5/15/2023

Maximum Income Limits: Welles Village, Congregate, & Village Green/Knox Lane Properties

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$66,150	\$75,600	\$85,050	\$94,500	\$102,100	\$109,650	\$117,200	\$124,750

Maximum Income: Center Village & Herbert T. Clark Assisted Living

1 Person	2 Persons
\$49,620	\$56,700

Minimum Income Village Green/Knox Lane (without subsidy source, ex: RAP, HCV)

\$13,500

REQUIRED DOCUMENT CHECKLIST

PLEASE NOTE: When you submit your application, it will be checked by GHA for completeness. If GHA determines that it is not complete, then **it will NOT be accepted until ALL the required information is provided and accepted by GHA.** Below is a checklist for the required actions and documents; please use this list when completing this application.

- Application is COMPLETELY filled out- with all questions answered:
 - ALL income information for ALL household members is included (including child support, social security for any family member, etc.);
 - Previous addresses and landlord information is COMPLETE with the name, address, and zip codes for the past five years OR for the past three residences, whichever is LONGER. This information must be provided for ALL adult members of the household;
 - Head of household initialed acknowledging receipt of required forms by initialing next to each form identified on page 8; and
 - Application is signed by all adults in household. (any member over age of 18);
- Both release forms are signed by all adult members of the household (HUD-9886 and Authorization for Release of Information);
- All Section 214 forms, complete one for EACH family member, with original signatures (note special instructions on form for minors);
- Verification of legal identify provided. Example: **ORIGINAL** long-form birth certificate for all minors or short form for head & spouse;
- **ORIGINAL** Social Security Card for ALL household members;
- **ORIGINAL** Photo ID with proof of current address (e.g., driver's license, Connecticut ID card, etc.) for all adult members;
- Proof of current address, if not on photo ID (e.g., copy of current lease, or two bills mailed to current address);
- Documentation of all sources of income for ALL household members (examples as applicable):
 - Pay stubs for last ten weeks;
 - Most recent Form W-2 and 1099s;
 - Most recent federal and state tax returns;
 - Notification of assistance from public agency (e.g., VA Benefits, TANF, etc.)
 - Alimony and child support (separation agreement or child support order or original notarized statement indicating the amount being paid and how often, i.e. weekly, monthly etc.);
 - Pension documentation;
 - Social Security or SSI award letter; and
 - Other income sources: document(s) indicating gross benefit and frequency of payment (weekly, monthly, etc.);
- Divorce or legal separation paperwork if applicable;
- Asset Documentation - if the total value of all assets is greater than \$5,000, then please provide a statement that is not older than 90 days for each account/asset:
 - For real estate provide a current appraisal (i.e., tax assessment showing appraised value).

GHA will make photocopies of required documentation for the applicant.

Housing Authority of the Town of Glastonbury

25 Risley Road

Glastonbury, CT 06033

(860) 652-7568



APPLICANT DETAILS

For office use only:

___ Welles Village ___ Congregate
___ Village Green ___ Assisted Liv.
___ Center Village ___ RA Request
___ Affordable ___ HCA features

Bedroom size:

___ 1 BR ___ 2 BR ___ 3BR ___ 4BR

LAST NAME _____

FIRST NAME _____

SPOUSE LAST NAME _____

SPOUSE 1ST NAME _____

MARITAL STATUS _____

SPOUSE MAIDEN NAME _____

ADDRESS _____

MAILING ADDRESS _____

HOME PHONE # _____

CELL PHONE # _____

EMAIL ADDRESS: _____

HOUSEHOLD MEMBERS

List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), then any other adults.

Name of Family Member	Relation To Head	Social Security Number	Sex	Age	Date of Birth	Student Yes or No	If Yes to Student Part Time= PT or Full Time= FT
1.	HEAD						
2.							
3.							
4.							
5.							
6.							
7.							

*A household member should be considered a full-time (FT) or part-time (PT) student if he/she has attended school in the current calendar year, is currently attending, OR plans to attend school in the next 12 months. Please include all school-age children, even if home-schooled as FT students.

If you are divorced or separated, please provide date effective: _____
(If divorced, please provide a full copy of divorce decree)

Are any household members under the age of 18 claiming emancipation (head included)? Yes or No
(If yes provide documentation to verify emancipation.)

Will you have 50% or more physical custody of all minor members in household? Yes or No
If no please explain: _____

COMPLETE THE FOLLOWING SECTION ONLY IF ALL HOUSEHOLD MEMEMBERS ARE FULL TIME STUDENTS: (applicable to low-income housing tax credit properties only)

- a. Is at least one student receiving assistance under Title IV of the Social Security Act? (AFDC/TANF) Yes or No
- b. Does at least one student participate in a program receiving assistance under the Training Act, Workforce Investment Act, or under other similar federal, state, or local laws? Yes or No
- c. Are the full-time students married and entitled to file a joint tax return? Yes or No
- d. Is the household comprised entirely of a single parent with child(ren) and the parent is not a dependent of another individual and the child(ren) are not dependents of someone other than a parent? Yes or No
- e. Was at least one student previously under the care and placement responsibility of the State agency responsible for administering foster care? Yes or No

EMPLOYMENT INCOME

Does anyone in your household have any income from employment? ____ Yes ____ No
If yes, complete the following information: Please provide prior year W2 or 1099s and 10 weeks of pay stubs

Name of Person	Employer Name	Gross Weekly Pay	Annualized Income	Date of Hire
		\$	\$	
		\$	\$	
		\$	\$	

Did you file a federal income tax return for the most recent year? Yes No If yes please provide a copy

OTHER INCOME

Identify each source of income currently received or anticipated to be received in the next 12 months.	Circle Yes or No for each item listed	Monthly Gross Income (Enter N/A if none)
1. Adoption Assistance (Form #2)	Yes or No	\$
2. Disability/Worker's Compensation/Severance Pay (Form #8)	Yes or No	\$
3. Lottery Winnings Paid Periodically (Form #15)	Yes or No	\$
4. Military Pay (Form #16)	Yes or No	\$
5. Pension/Annuity (Form #19)	Yes or No	\$
Pension & annuity continued		\$
6. Educational Financial Assistance (Form #30 or #9)	Yes or No	\$
7. Recurring Gift/Contribution (Form #24)	Yes or No	\$
8. Child Support/Alimony/Family Maintenance (Form #28)	Yes or No	\$
Child support/alimony continued		\$
9. Rental Income (Form #33)	Yes or No	\$

10. Self-Employment (Form #34 or #38)	Yes or No	\$
11. Not Employed (Form #35)	Yes or No	\$
12. Zero Income (No income from any source) (Form #40)	Yes or No	\$
13. Social Security/SSI Benefits (Disability) (Form #41)	Yes or No	\$
Social Security/SSI continued		\$
14. Trust Income (Form #45)	Yes or No	\$
15. Unemployment Compensation (Form #47)	Yes or No	\$
16. VA Benefits (Form #49)	Yes or No	\$
17. Public Assistance (AFDC/TANF/W-2) / Welfare (Form #52)	Yes or No	\$
18. Any other income not listed above (Form #17)	Yes or No	\$

ASSETS

List all assets for every household member.

Name of Financial Institution(s)		Circle One	Amount
1. 401K (Form #1)		Yes or No	\$
			\$
2. Bonds (Form #4)		Yes or No	\$
			\$
3. CD/Money Markets (Form #5)		Yes or No	\$
			\$
4. Treasury Bill (Form #5)		Yes or No	\$
			\$
5. Checking (Form #6)		Yes or No	\$
			\$
6. Savings (Form #6)		Yes or No	\$
			\$
7. IRA/KEOGH (Form #12)		Yes or No	\$
			\$
8. Land Contract/Deed of Trust (Form #13)		Yes or No	\$
			\$
9. Lottery Winnings (Lump Sum) (Form #15)		Yes or No	\$
			\$
10. Pension/Annuity (Form #18)		Yes or No	\$
			\$

11. <u>Real Estate</u> (Form #22) <u>Real Estate cont.</u>		Yes or No	\$
			\$
12. <u>Cash on Hand</u> (Form #27)		Yes or No	\$
			\$
13. <u>Safety Deposit Box</u> (Form # 27)		Yes or No	\$
			\$
14. <u>Personal Property Held as an Investment</u> (Form #36)		Yes or No	\$
			\$
15. <u>Stocks/Mutual Funds</u> (Form #41)		Yes or No	\$
			\$
16. <u>Trusts</u> (Form #45)		Yes or No	\$
			\$
17. <u>Universal Life Insurance</u> (Form #51)		Yes or No	\$
			\$
18. <u>Whole Life Insurance</u> (Form #51)		Yes or No	\$
			\$
19. <u>Other Assets not listed above</u>		Yes or No	\$
			\$

- Do all combined assets of the entire household exceed \$5,000? Yes or No
- In the past two (2) years, have you sold or given away any assets listed in the chart above, for more than \$1,000 less than Fair Market Value? Yes or No

If yes, please complete the following:

Asset Disposed: _____

Date Disposed: _____

Amount Disposed: _____

- Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Yes or No

If yes, please complete the following:

Gifted To: _____

Date Gifted: _____

Amount Gifted: _____

RESIDENTIAL HISTORY

Have you ever been evicted? Yes or No

Are you currently under eviction? Yes or No *If YES to either one, explain circumstances?*

Please provide five years of housing history or the last three addresses if you have been at your current address for five years or longer.

Current Address: _____

Landlord/Mortgage Co. name: _____ Date Moved in: _____

Phone number: _____ Current Rent/Mortgage: _____

Reason for leaving: _____

Previous Address: _____

Landlord/Mortgage Co. name: _____ Date Moved in: _____

Phone number: _____ Rent/Mortgage: _____

Reason for leaving: _____

Previous Address: _____

Landlord/Mortgage Co. name: _____ Date Moved in: _____

Phone number: _____ Rent/Mortgage: _____

Reason for leaving: _____

PROGRAM INTEGRITY INFORMATION

Have you ever lived in assisted housing before? Yes or No

If yes:

When? _____ Where? _____

Who was Head of Household? _____

Have you ever used a name other than the one you are using now? Yes or No

If yes:

What name? _____

Is anyone in your household currently or previously been engaged in the use, sale, manufacture, or distribution of controlled substances? Yes or No

If yes Which household member(s) _____ When: _____

Explain: _____

Is any member listed on the application subject to a lifetime registered sex offender registration requirement? Yes or No

If yes, in what state? _____

Have you ever been evicted from public or assisted housing? Yes or No

If yes, where and when:

What for? _____

Have you ever violated a family obligation in a HUD-assisted program?	Yes or No
Do you owe any money to a Public Housing Agency?	Yes or No
Have you or any other family member ever been convicted of any crime other than traffic violations? Yes or No If YES, please explain _____ _____ _____ _____	

Are you expecting any change(s) to your family? (e.g., divorce, marriage, pregnancy, adoption, guardianship, etc.) Yes or No
 If YES, please give details (e.g., wedding date, date baby expected, etc.)

Does anyone in your household need a reasonable accommodation for a disability? Yes or No
 If YES, give details of what type of accommodation you are requesting:

Are you currently homeless? ☐ Yes ☐ No
 Homeless is defined as an individual or family who lacks a fixed, regular, and adequate nighttime residence.

FAMILY CONTACT:

I grant permission for GHA to discuss all aspects of my application including the information provided, eligibility, or the status of my application with the contact named below:

Initial yes or no: ☐ Yes ☐ No

If yes provide contact information:

Full Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Relationship: _____

Acknowledge receipt of the following documents by initialing next to each one:

- Is Fraud Worth it [HUD -1141-OIG] _____
- What you Should Know about EIV _____
- VAWA Exhibit 16.1 _____
- HUD-50066-Certificate of Domestic Violence _____
- HUD-52675 Debts Owed to PHAs _____

RACE/ETHNICITY (Please circle the appropriate items.)

Race: White Black Indian/Alaskan Asian/Pacific
Ethnicity: Hispanic Non-Hispanic

PRIVACY ACT STATEMENT

The information on this form is being collected by the U.S. Department of Housing and Urban Development (HUD) to determine the applicant's eligibility, the recommended size and the amount of the tenant's contribution. HUD uses the information for budget development, program evaluation and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and rent to verify the accuracy and completeness of the income information. Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State, or local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal, or regulatory matters. The Privacy Act restricts HUD's and the Housing Authority of the Town of Glastonbury's (GHA) disclosure of information on individuals and families. There may also be State and local laws or regulations that govern disclosure by a public housing agency. HUD and GHA use Social Security numbers as identifiers in computer matching to check the eligibility and rent determinations made by GHA. Failure to provide information may result in eviction or the withdrawal of housing assistance. HUD is authorized to ask for this information under the U.S. Housing Act of 1937, as amended, 42 U.S.C., 1437 et. seq., the Housing and Community Development Amendments of 1981, P.L. 97-35, 85 Stat., 348, 408.

WAITING LIST POLICY

Applicants for assistance are required to maintain an address where they can be contacted. GHA purges its waiting lists at least once a year. Additionally, GHA may periodically mail items to applicants. *If, during the course of purging the waiting lists or periodic mailings, items are sent to the applicant and returned to the GHA by the post office as "return to sender", then **THE APPLICANT WILL BE REMOVED FROM THE WAITING LIST(s)**.* Any applicant so removed may reapply if the waiting list is open.

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and complete to the best of knowledge and understand that this information will be used to verify income eligibility for all programs under which I/We applied. I/We understand that any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing. Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/We understand that I/We may be subject to eviction or punishable by law. I/We authorize GHA to verify all information provided in this application and to contact previous or current landlords or other sources for criminal, credit and verification information including, but not limited to, credit bureaus, local, state and federal agencies.

I/We understand that Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement or misrepresentations to any Department or Agency of the U.S. or HUD.

I/We hereby certify that the above information is the full truth. I/We understand that, in accordance with Connecticut State Law, Section 116(a)(4), any person who makes a false statement concerning their income on said application may be fined not more than \$500.00 or imprisoned not more than six months, or both.

Applicant's Signature _____ Date _____

Spouse's Signature _____ Date _____

Other adult Signature _____ Date _____

(if more adults need to sign beyond the lines provided please sign and date below)