

2024

# PERCIVAL HEIGHTS

**TOWN OF BERLIN HOUSING AUTHORITY**

## **PRE-APPLICATION:**

**Percival Heights is a non-subsidized Elderly/Disabled affordable housing development with 30 apartments, located at 31 Colonial Dr. in Kensington CT. Efficiency and one-bedroom apartments offered. See attached application for current income limits. Section 8 vouchers are welcome.**



**OFFICE INFO:**

Date Rec. \_\_\_\_\_ Time: \_\_\_\_\_ Control #: \_\_\_\_\_

# **PRE - APPLICATION FOR PERCIVAL HEIGHTS**

## **Application:**

Please complete the attached application form and sign the releases. Answer all questions even if the answer is zero. Incomplete applications will not be processed. Return all forms.

**Applications are currently being accepted**

## **Identification:**

We require (2) forms of identification. Please do not send originals.

**Adults** – require a picture ID and your Social Security card. Picture ID must have date of birth on it.

## **Income Verifications:**

All sources must be verified.

- 1) Please attach copies of paycheck stubs (4 most recent), budget sheets for state assistance, social security, workman's compensation, pension, alimony, etc...
- 2) Sign all releases so information can be verified
- 3) Copy of all assets. You must have 6 months of your checking accounts and a most recent copy of all other assets.

## **Income Limits:**

### **Maximum Income Limits as of 07/01/2024. Income limits per the size of Household**

	<b>1 person</b>	<b>2 person</b>
	<b>Minimum \$18,320</b>	<b>Minimum \$20,400</b>
	<b>Up to \$68,250</b>	<b>Up to \$78,000</b>

All applications that meet the prescreening will be entered into a lottery to be put on the waitlist.

## **Rental History:**

Please have your landlord complete the "Landlord Verification Form" and return it to us. Residency must be established for the past 12 months.

### **\*\*\*APPLICATIONS MAY BE DENIED IF ANY OF THE FOLLOWING APPLY:**

Unfavorable credit report, unfavorable landlord reference (pervious eviction, late payments), reasonable doubt as to ability to pay rent or an arrest and or conviction history.

## **PETS ARE ALLOWED SUBJECT TO THE PET POLICY**

## **Pet Deposit Required:**

A pet deposit is required for a pet.

I have read and understand the application instructions:

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Applicant's signature

Date

(Please make copies of all the application for your records)

## HOUSEHOLD INFORMATION

Applicant Name (A) \_\_\_\_\_

Co-Applicant Name (B) \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

# of BR's in current unit: \_\_\_\_\_ Do you ☐ RENT or ☐ OWN

If owned, do you receive monthly rental income from property? ☐ YES ☐ NO

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

How long at current address \_\_\_\_\_ Do you rent or own \_\_\_\_\_

List all states you have ever lived in:

_____	_____
_____	_____
_____	_____

Circle utilities paid by you: ☐ HEAT ☐ ELECTRICITY ☐ GAS ☐ OTHER \_\_\_\_\_

Approximate monthly cost of utilities paid by you, excluding phone and cable TV and internet):  
\$ \_\_\_\_\_

<b>Bedroom size requested:</b>	<b>Zero</b> <input type="checkbox"/>	<b>One</b> <input type="checkbox"/>	<b>Accessible</b> <input type="checkbox"/>
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Are you aware that all Berlin Housing Authority properties are smoke free  
as of 2018? ☐ Yes ☐ No

**HOUSEHOLD COMPOSITON:**

	NAME	RELATIONSHIP TO HEAD	<u>Marital Status</u> M-married D-divorced S – single L-legal separation E-estranged	Birth Date	Age	Student Y/N	Social Security Number
Head							
Co- Head							

Do you anticipate any additions to the household in the next twelve month? ☐ YES ☐ NO

If yes explain: \_\_\_\_\_

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ YES ☐ NO

**If yes, answer the following questions:**

Are any full-time student(s) married and filling joint tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**INCOME INFORMATION:**

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$

Household Member Name	Source of Income	Gross Monthly Amount
	SSI Benefits	\$
	SSI Benefits	\$

	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$

	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$

	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$

Household Member Name	Source of Income	Gross Monthly Amount
	Full-time Student Income (18 & over)	\$

	Full-time Student Income (18 & over)	\$
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	Interest Income (list source)	\$
	Interest Income (list source)	\$
	Interest Income (list source)	\$
	Interest Income (list source)	\$
	Interest Income (list source)	\$
	Veteran's Benefits Other income	\$

Household Member Name	Source of Income	Gross Monthly Amount
	<b>Employment</b> Employer: _____ Position Held: _____ How long employed: _____	\$
	<b>Employment</b> Employer: _____ Position Held: _____ How long employed: _____	\$
	<b>Employment</b> Employer: _____ Position Held: _____ How long employed: _____	\$

Household Member Name	<b>Alimony</b> Are you entitled to or do you receive alimony?  <b>Yes    No</b>	Gross Monthly Amount
		\$

	<b>Child Support</b> Are you entitled to or do you receive alimony? Yes    No	\$
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	Other income	\$
	Other income	\$
	Other income	\$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$

DO YOU ANTICIPATE ANY CHANGES IN THIS INCOME IN THE NEXT 12 MONTHS?  
☐ YES    ☐ NO

If yes, explain:

Assets: If your assets are too numerous to list here; please make additional copies of this page.  
 If a section doesn't apply, write 0.00 or write N/A

	Account Number	Bank or financial institute	Balance
Checking Accounts			\$
			\$
			\$
			\$
Savings Accounts			\$
			\$
			\$
			\$
Certificates			\$
			\$
			\$
			\$
Credit Union			\$
			\$
Savings Bonds			\$
			\$
			\$

Stocks			\$
			\$
			\$
			\$
	Number of shares	Name	Value
Mutual Funds			\$
			\$
			\$
			\$
Bonds			\$
			\$
			\$
			\$
	Policy Number	Policy holder and company	Cash value
Life Insurance Policies			\$
			\$
			\$
			\$

Investment Property		Appraised Value \$
Do you own any property? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of property:	
Location of property:	Appraised Market Value \$	
Mortgage/outstanding loans balance due: \$	Amount of annual insurance premium: \$	
Amount of most recent tax bill \$		

Do you file Federal Income Tax Returns? \_\_\_\_\_ if so, please enclose a copy.

Do you have any assets not listed above? \_\_\_\_\_

Have you disposed of any assets in the last two years? (Given away money to relatives, sold property for less than the market value, set up irrevocable trusts)? \_\_\_\_\_

If yes describe: \_\_\_\_\_

Date of transaction: \_\_\_\_\_

Are you in the military (retired, active, reserves)? \_\_\_\_\_

How did you hear about the Percival Heights Apartments? \_\_\_\_\_



## REFERENCES

Current Landlord Name \_\_\_\_\_

Landlord Address \_\_\_\_\_

Occupancy Address \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

Previous Landlord Name \_\_\_\_\_

Landlord Address \_\_\_\_\_

Occupancy Address \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

Credit Reference #1 \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Credit Reference #2 \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Credit Reference #3 \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Personal Reference #1 \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Personal Reference #2 \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Personal Reference #3 \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### **VEHICLE INFORMATION**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Color \_\_\_\_\_ License Plate # \_\_\_\_\_

### **PET INFORMATION**

Do you own any pets or service animal?

\_\_\_\_\_

If yes, describe \_\_\_\_\_

### **ADDITIONAL INFORMATION**

Are you currently using an illegal substance? ☐ Yes ☐ No

Are you required to register as a sex offender? ☐ Yes ☐ No

Have you ever been arrested? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been evicted from any housing? ☐ Yes ☐ No

Have you ever filed bankruptcy? ☐ Yes ☐ No

Do you need a handicapped accessible unit? ☐ Yes ☐ No

Do you currently have housing assistance? ☐ Yes ☐ No

Will you take an apartment when one is available? ☐ Yes ☐ No

You will be notified when your application is at the top of the waiting list. If you do not wish to take the apartment at that time, your name will be removed from the waiting list. You will not be eligible to reapply until the next open application period.

### **CERTIFICATION**

I/We hereby certify that I/We will not maintain a separate subsidized unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to the cancellation of this application or termination of tenancy after occupancy. All adult applicants must sign application. I/We authorize Berlin Housing Authority or it's agent to obtain such credit, criminal and eviction records necessary to evaluate my application for housing.

Applicant Signature \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

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## **GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

### **APPLICANT #1**

<b>Name:</b>
_____
<b>Address:</b>
_____
<b>Social Security #:</b>
_____

**I, the above named individual, have authorized the Berlin Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources that cannot go beyond the needs for required Housing & Urban Development (HUD) and DSS/DOH/CHFA annual recertification, the Low Income Housing Tax Credit (LIHTC) verifications i.e., assets, all income, landlord verification, year to date taxes, and criminal/credit records.**

**I hereby give you my permission to release this information to the Berlin Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.**

**I understand that a photocopy of this authorization is as valid as the original.**

**Thank you for your cooperation in this matter.**

_____	_____
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**(Signature)**

**Date Signed**

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.**

## **GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

**APPLICANT #2**

<b>Name:</b> _____
<b>Address:</b> _____
<b>Social Security #:</b> _____

**I, the above named individual, have authorized the Berlin Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources that cannot go beyond the needs for required Housing & Urban Development (HUD) and DSS/DOH/CHFA annual recertification, the Low Income Housing Tax Credit (LIHTC) verifications i.e., assets, all income, landlord verification, year to date taxes, and criminal/credit records.**

**I hereby give you my permission to release this information to the Berlin Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.**

**I understand that a photocopy of this authorization is as valid as the original.**

**Thank you for your cooperation in this matter.**

_____	_____
-------	-------

**(Signature)**

**Date Signed**

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.**

**Race and Ethnic Data  
Reporting Form**

**APPLICANT #1**

---

Name of Property

Project

Address of Property

---

Name of Owner/Managing Agent

Type of Assistance or Program Title:

---

Name of Head of Household

Name of Household Member

---

Date (mm/dd/yyyy): \_\_\_\_\_

<i>Ethnic Categories*</i>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<i>Racial Categories*</i>	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the next page.**

**There is no penalty for persons who do not complete the form.**

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Signature

---

Date

# Race and Ethnic Data Reporting Form

## APPLICANT #2

---

Name of Property

Project

Address of Property

---

Name of Owner/Managing Agent

Type of Assistance or Program Title:

---

Name of Head of Household

Name of Household Member

---

Date (mm/dd/yyyy): \_\_\_\_\_

<i>Ethnic Categories*</i>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<i>Racial Categories*</i>	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the next page.**

**There is no penalty for persons who do not complete the form.**

---

Signature

---

Date

## Instructions for the Race and Ethnic Data Reporting

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
3. The five racial categories to choose from are defined below: You may mark one or more:
  4. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  5. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  6. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  7. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  8. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



# CITIZENSHIP DECLARATION

**INSTRUCTIONS:** Complete this Declaration for each member of the household listed on the Family Summary Sheet

## APPLICANT #1

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3

### **PENALTIES FOR MISUSING THIS FORM**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

## **DECLARATION**

I, \_\_\_\_\_ hereby declare, under  
penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
    - (a) United States (U.S.) Passport
  - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
    - (a) U.S. Birth Certificate
    - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
    - (c) U.S. Citizen ID card issued by USCIS
    - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
    - (e) Certificate of Citizenship issued by USCIS
    - (f) American Indian card issued by USCIS for the Kickapoo tribe
    - (g) Final Adoption Decree
    - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
    - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
    - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
    - (k) Extract of U.S. hospital birth record established at the time of birth
  - (3) Proof of Identity includes
    - (a) Driver's License
    - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
    - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
    - (d) Day care or nursery record (minors only)
    - (e) School record or report card (under 16 only)
    - (f) School ID with picture
    - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ Check here if adult signed for a child,

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

**AND**

- c. One of the following documents:
  1. Form I-551, Permanent Resident Card.
  2. Form I-94, Arrival-Departure Record annotated with one of the following:
    - a. "Admitted as a Refugee Pursuant to Section 207";
    - b. "Section 208" or "Asylum";
    - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
    - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
  3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
    - a. A final court decision granting asylum (but only if no appeal is taken);
    - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
    - c. A court decision granting withholding of deportation; or
    - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
  4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
  5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ Check here if adult signed for a child.

**EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ Check here if adult signed for a child.

# CITIZENSHIP DECLARATION

**INSTRUCTIONS:** Complete this Declaration for each member of the household

**listed on the Family Summary Sheet**

**APPLICANT #2**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3

**PENALTIES FOR MISUSING THIS FORM**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**DECLARATION**

I, \_\_\_\_\_ hereby declare, under  
penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- b. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
    - (a) United States (U.S.) Passport
  - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
    - (a) U.S. Birth Certificate
    - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
    - (c) U.S. Citizen ID card issued by USCIS
    - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
    - (e) Certificate of Citizenship issued by USCIS
    - (f) American Indian card issued by USCIS for the Kickapoo tribe
    - (g) Final Adoption Decree
    - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
    - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
    - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
    - (k) Extract of U.S. hospital birth record established at the time of birth
  - (3) Proof of Identity includes
    - (a) Driver's License
    - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
    - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
    - (d) Day care or nursery record (minors only)
    - (e) School record or report card (under 16 only)
    - (f) School ID with picture
    - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ Check here if adult signed for a child,

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- c. This signed declaration of eligible immigration status and
- d. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- d. This signed declaration of eligible immigration status and
- e. Verification Consent Form

AND

- f. One of the following documents:

- 6. Form I-551, Permanent Resident Card.
- 7. Form I-94, Arrival-Departure Record annotated with one of the following:
  - a. "Admitted as a Refugee Pursuant to Section 207";
  - b. "Section 208" or "Asylum";
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
- 8. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- 9. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- 10. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

---

Signature

---

Date

☐ Check here if adult signed for a child.

## **EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ Check here if adult signed for a child.

**Emergency Contact Information:**



<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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

--

**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.

<b>Applicant Name</b>	
-----------------------	--

<b>Head-of-Household Name (if different)</b>		
<b>Current Address</b>		
<b>Address Line 2</b>		
<b>City, State, Zip</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>Email address</b>		
<b>Work Phone</b>		
May we contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***This form must be completed for each adult applicant. Choose one of the options below, sign the document and return it with the application package.***

I understand that my application to move to **Percival Heights** with the rest of my household members has met preliminary eligibility requirements.

I have indicated, on the application, that:

1. ☐ I am not currently receiving HUD assistance in another unit
2. ☐ I am currently receiving HUD assistance in another unit.

According to the current HUD lease, if I am living in a community and receiving HUD project-based assistance, I must provide a 30-day notice to the agent managing the property where assistance is currently provided.

*If the owner/agent discovers that any household member failed to move out of a HUD assisted residence before moving to **Percival Heights**, no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete. Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.*

3. ☐ I am the recipient of a housing voucher.

#### PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

By signing this notice, I certify that the information provided is accurate. I understand the penalties for attempting to receive assistance in multiple residences, and I have been given an opportunity to ask questions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*(The Berlin Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

Name: Sherri Garner

Address: 117 Murphy Road

City: Hartford

State: CT

Zip: 06114

Telephone – Voice 860-951-9411

Telephone – TTY 711

cc: Applicant/Resident File

# LANDLORD VERIFICATION FORM

Date: \_\_\_\_\_

Property Name:	Berlin Housing Authority	Telephone:	860-828-4500
Address:	250 Kensington Rd	Fax:	860-828-7574
Address 2:	Kensington, CT 06037	TTD/TTY:	711 National Voice Relay
Property Web Site	N/A	Email	mary@berlinhousing.org

(Please return this form to the above address)

**TO:**

Name:	
Address:	
City, State, Zip	

Re: Resident / Applicant

Name	
SSN	

## HOUSEHOLD MEMBER RELEASE

TO THE HOUSEHOLD MEMBER: YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROPERTY NAME OR THE VERIFYER IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dear Property Management Professional:

The above named resident/applicant has applied for residency at **Berlin Housing Authority**. Anyone who wishes to live on the property must be screened prior to moving in. Screening is performed in compliance with HUD and fair housing requirements.

The applicant has indicated that he/she has rented a home from you within the last three years. We would sincerely appreciate it if you could complete the attached Rental History Questionnaire to assist us in the applicant screening process.

If you have any questions, please feel free to contact me at the numbers provided above. Thank you in advance for your response.

Sincerely,

Housing Authority Manager

**To be completed by property manager or owner/agent**

Are you willing or able to complete this form? ☐ Yes ☐ No

- If no, please sign this form and return it via fax. Thank you for your time.
- If yes, please complete the questions below.

Did the applicant ever lease a unit from you? ☐ Yes ☐ No

- If no, please sign this form and return it via fax. Thank you for your time.
- If yes, please complete the questions below

1. Are you related, in any way, to the applicant named above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Lease Obligations</b>	
2. Move-in Date	
3. Expected Move-out Date	<input type="checkbox"/> Do not know <input type="checkbox"/> N/A
4. Has the applicant fulfilled their lease term?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
5. Has the applicant provided you with the required notice to vacate the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
6. Did the applicant violate their lease in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
7. If this property receives federal assistance, did the applicant and his/her family fully and accurately disclose employment, income and changes in family composition as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
8. If this property receives federal assistance, has the applicant been asked to enter in to a repayment agreement to return assistance paid in error to the Department of Housing & Urban Development?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
9. Is the applicant currently under notice of eviction for lease violations or is an eviction for lease violations pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
<b>Payment History</b>	
10. What is the current monthly rent amount owed by the resident?	
11. Has the resident paid rent late twice or more in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
12. Has the resident given you two or more checks that have been returned for non-sufficient funds in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
13. Has the applicant paid all outstanding rent, damage or other charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
14. Are there any pending or outstanding judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
<b>Unit Care</b>	
15. Was the unit always maintained in a decent, safe and sanitary manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
16. Has the applicant, their guests, or their family ever damaged the apartment or the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
17. Is there any history of bed-bugs, lice, fleas or other parasitic infestations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
18. Does the applicant have a pet or other animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A

19. If yes, did the applicant abide by any pet rules or requirements?

☐ Yes ☐ No ☐ Do not know  
☐ N/A

### PENALTIES FOR MISUSING THIS VERIFICATION FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

By signing this form, I certify that the information I have provided is true and correct.

Name and position of verifier (Please print)

\_\_\_\_\_

Signature of Verifier: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_



"We are pledged to the letter and spirit of United States Government policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtain housing because of race, color, religion, sex, handicap, familia status, marital status, or national origin."

**PRIVACY PROTECTION POLICY OF  
BERLIN HOUSING AUTHORITY  
TO COMPLY WITH P.A. 08-167**

IT IS THE POLICY OF BERLIN HOUSING AUTHORITY TO PROTECT THE PRIVACY OF OUR APPLICANTS AND RESIDENTS. WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFORMATION ABOUT YOU TO ANYONE FOR ANY PURPOSE THAT IS NOT SPECIFICALLY PERMITTED BY LAW.

We make reasonable efforts to restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We make reasonable efforts to train those employees to protect the privacy of our applicants and residents. We maintain physical, electronic and procedural safeguards that comply with federal and state law to guard your nonpublic personal information.

It is the policy of The Berlin Housing Authority to:

- Protect the confidentiality of Social Security numbers and nonpublic personal information;
- Prohibit the unlawful disclosure of Social Security numbers and nonpublic personal information; and
- Limit access to Social Security numbers and nonpublic personal information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date

## EMPLOYMENT VERIFICATION

Date: \_\_\_\_\_

To: (EMPLOYER)


Phone number:	
Fax number:	
E-mail:	

From: Berlin Housing Authority  
250 Kensington Rd  
Kensington, CT 06037  
Voice: (860) 828-4500 Fax: (860) 828-7574

### RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

Subject: Verification of Information Supplied by a resident for Housing.

NAME:	
SSN:	
ADDRESS:	

This person has applied for housing under a program of the State of Connecticut Affordable Housing Program. The State of CT requires the housing owner to verify all information that is used in determining this person's eligibility.

We ask your cooperation in providing the following information and returning it to the Berlin Housing Authority listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below

### INFORMATION BEING REQUESTED

1. Employed since \_\_\_\_\_ Occupation \_\_\_\_\_ Salary: \$ \_\_\_\_\_

2. GROSS BASE PAY RATE (check one)

Per Hour \_\_\_\_\_ OR Per Week \_\_\_\_\_ OR Per Month \_\_\_\_\_

Date present rate effective \_\_\_\_\_

Average Hours per Week at Base Pay Rate: Weeks \_\_\_\_\_ or Months \_\_\_\_\_ worked per year.



3. OVERTIME PAY RATE

PER Hour \_\_\_\_\_

Expected average number of hours to be worked per week during next twelve months \_\_\_\_\_

4. OTHER COMPENSATION NOT INCLUDED ABOVE (Specify for  
commissions, bonuses, tips, etc.) FOR \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

5. Total Anticipated Base Pay Earnings  
for the Next 12 calendar months: \$ \_\_\_\_\_

Total Anticipated Overtime Earnings  
for the Next 12 calendar months: \$ \_\_\_\_\_

6. Medical Insurance Premium Deducted: \$ \_\_\_\_\_

7. Has Employment been terminated? \_\_\_\_\_  
If Yes, Is Individual Eligible for Unemployment Benefits? \_\_\_\_\_

\_\_\_\_\_  
NAME AND TITLE OF PERSON      FIRM/ORGANIZATION  
SUPPLYING THE INFORMATION (PRINT)

\_\_\_\_\_  
SIGNATURE      PHONE      DATE

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR  
THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
SIGNATURE      DATE

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8). Berlin Housing Authority does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities

## **For Office Use Only**

	<b>Applicant 1</b>	<b>Applicant 2</b>
<b>All pages completed and signed (1-11)</b>		
<b>Race and Ethnic Data (pg. 15) for each applicant</b>		
<b>Citizenship Declaration (pg. 18-25) for each applicant</b>		
<b>Supplement to Application (pg. 26) for each applicant</b>		
<b>Privacy Protection Policy (pg. 32) signed by each applicant</b>		
<b>Release of information (pg. 12) signed by each applicant</b>		
<b>Employment Verification (pg.33) signed by all employed applicants</b>		
<b>Social Security Benefit Statement</b>		
<b>Copy of 4 pay stubs (for all applicants that are employed)</b>		
<b>Copy of Pension</b>		
<b>Copy of any other income</b>		
<b>Copy of all assets</b>		
<b>Copy of Life insurance cash value and % rate</b>		
<b>Copy of Social Security Card for each household member</b>		
<b>Copy of Birth Certificate for each household member</b>		
<b>Copy of Picture ID for each household member</b>		

	<b>Applicant 1</b>	<b>Applicant 2</b>
Annual income from Social Security		
Annual income from Employment		
Annual income from Pension		
Annual other income		
Annual income from assets		
Annual income from Life insurance		
Total:		

Check Appropriate Income Limit

50% -		60% -		Other	
-------	--	-------	--	-------	--