

**HOUSING AUTHORITY OF THE CITY OF DANBURY  
PRELIMINARY APPLICATION**

**Glen Apartments  
STATE ELDERLY HOUSING PROGRAM  
38 Rocky Glen Road - 25 Memorial Drive**  
Elderly Housing, one person must be 62 years and older or disabled per Sec. 8-113a of the CT General Statutes.  
**(Efficiency ADA and Efficiency (0 Bedroom) Units**

**HEAD OF HOUSEHOLD INFORMATION (USE LEGAL NAMES ONLY):**

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

Soc. Security Number:		Date of Birth:	
Are you disabled?	Yes    No	Place of Birth:	
Is your spouse/other occupant disabled?	Yes    No	Age:	
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.		<b>HEAD</b>				
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:

All units are ground level. Do you require the additional features of an ADA Unit?  Yes  No  
Brief explanation of needs:

**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.)? \_\_\_\_\_

**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 application may be returned in person or 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 Notes:



## 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.

Living in overcrowded conditions. If yes, list number of persons in the unit: \_\_\_\_\_ and the number of rooms: \_\_\_\_\_.

*(This only applies to displaced families. Verification will be required.)*



***IF YOU CHECKED OFF A 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 lease showing the number of bedrooms and number of individuals residing in the unit. 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.

***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.

\_\_\_\_\_  
Printed Name of Head of Household

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date



Supplemental and Optional 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.

<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"/> 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	
<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.

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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.

Información de contacto opcional y complementaria para solicitantes de asistencia de vivienda del HUD

**COMPLEMENTO PARA SOLICITUD DE VIVIENDA CON ASISTENCIA FEDERAL**

Este formulario será proporcionado a cada solicitante de vivienda con asistencia federal

**Instrucciones: Persona u organización de contacto opcional:** Tiene derecho por ley de incluir, como parte de su solicitud de vivienda, el nombre, la dirección, el número de teléfono y otra información relevante de un familiar, amigo u organización social, médica, de defensa o de otra índole. Esta información de contacto se recopila con el objeto de identificar a una persona u organización que puede ayudar a resolver cualquier problema que podría surgir durante su alquiler o que puede ayudar a proporcionar cualquier servicio o atención especial que usted pudiera requerir. **Podrá actualizar, quitar o cambiar la información que proporcionó en este formulario en cualquier momento. No se le exigirá que brinde la información de este contacto, pero si escoge hacerlo, incluya la información relevante en este formulario.**

<b>Nombre del solicitante:</b>	
<b>Dirección postal:</b>	
<b>N.º de teléfono:</b>	<b>N.º de teléfono celular:</b>
<b>Nombre de la persona u organización de contacto adicional:</b>	
<b>Dirección:</b>	
<b>N.º de teléfono:</b>	<b>N.º de teléfono celular:</b>
<b>Dirección de correo electrónico (si corresponde):</b>	
<b>Relación con el solicitante:</b>	
<b>Motivo del contacto: (Marcar todo lo que corresponda)</b>	
<input type="checkbox"/> Emergencia	<input type="checkbox"/> Ayuda con el proceso de recertificación
<input type="checkbox"/> No es posible comunicarse con usted	<input type="checkbox"/> Cambio en los términos del arrendamiento
<input type="checkbox"/> Rescisión de la asistencia de alquiler	<input type="checkbox"/> Cambio en las reglas de la casa
<input type="checkbox"/> Desalojo de la unidad	<input type="checkbox"/> Otro: _____
<input type="checkbox"/> Pago atrasado de la renta	
<b>Compromiso del propietario o de la autoridad de la vivienda:</b> Si es aprobado para la vivienda, esta información será conservada como parte de su archivo de locatario. Si surgen problemas durante su alquiler o si requiere de algún servicio o atención especial, es posible que nos comuniquemos con la persona u organización que incluyó para que lo ayude a resolver los problemas o le proporcione algún servicio o atención especial.	
<b>Declaración de confidencialidad:</b> La información proporcionada en este formulario es confidencial y no será divulgada a nadie salvo según lo permitido por el solicitante o la ley vigente.	
<b>Notificación legal:</b> La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Ley Pública 102-550, aprobada el 28 de octubre de 1992) exige que a cada solicitante de vivienda con asistencia federal se le ofrezca la opción de proporcionar información relacionada con una persona u organización de contacto adicional. Al aceptar la solicitud del solicitante, el proveedor de vivienda acuerda cumplir con los requisitos de igualdad de oportunidades y no discriminación de 24 CFR sección 5.105, que incluye las prohibiciones sobre discriminación en la admisión o participación en programas de viviendas con asistencia federal debido a la raza, el color de la piel, la religión, el origen nacional, el sexo, la discapacidad y el estado familiar según la Ley de Vivienda Justa, y la prohibición sobre discriminación debido a la edad según la Ley contra la Discriminación por la Edad de 1975.	

Marque esta casilla si escoge no proporcionar la información de contacto.

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Se eliminó el cuadro de la firma

Los requisitos de recopilación de información contenidos en este formulario fueron enviados a la Oficina de Administración y Presupuesto (*Office of Management and Budget, OMB*) según la Ley de Reducción del Papeleo de 1995 (Título 44, secciones 3501-3520 del Código de los EE. UU.). Se calcula que la carga de declaración pública es de 15 minutos por respuesta e incluye el tiempo para revisar las instrucciones, buscar fuentes de datos existentes, recopilar y conservar los datos necesarios, y completar y revisar la recopilación de la información. La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Título 42, sección 13604 del Código de los EE. UU.) impuso al HUD la obligación de solicitar a los proveedores de viviendas que participan en programas de viviendas con asistencia del HUD que proporcionen a todas las personas o familias que soliciten la ocupación de una vivienda con asistencia del HUD la opción de incluir en la solicitud el nombre, la dirección, el número de teléfono y demás información relevante de un familiar, amigo o una persona relacionada con una organización social, médica, de defensa o similar. El objeto de proporcionar tal información es facilitar el contacto por parte del proveedor de viviendas con la persona u organización identificada por el locatario para que ayude a brindar todo servicio o atención especial al locatario y ayudarlo a resolver cualquier problema de alquiler que surgiere durante el alquiler por parte de dicho locatario. Esta información de solicitud complementaria será conservada por el proveedor de vivienda y en carácter de confidencial. Proporcionar la información es básico para las operaciones del Programa de Vivienda con Asistencia del HUD y es un acto voluntario. Respalda los requisitos reglamentarios y los controles de administración y del programa para prevenir el fraude, el derroche y la mala administración. De conformidad con la Ley de Reducción del Papeleo, una agencia no podrá conducir ni patrocinar, y no se le solicitará a una persona que responda a una recopilación de información, salvo que en la recopilación de información aparezca un número de control de OMB válido en la actualidad.

**Declaración de privacidad:** La Ley Pública 102-550 autoriza al Departamento de Vivienda y Desarrollo Urbano de los EE. UU. (HUD) a que recopile toda la información (salvo el número de seguro social [SSN]), la cual será usada por el HUD para proteger los datos de desembolso de acciones fraudulentas.

HOH Name: \_\_\_\_\_

## HOUSING AUTHORITY OF THE CITY OF DANBURY

### Residency Declaration

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

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 completed by Housing Authority 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:

#### 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

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

\* **NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (\* Exhibit 3-6 \*).

**AND**

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) 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.
- (7) Form I-151 Alien Registration Receipt Card.

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 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR 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 if adult signed for a child: \_\_\_\_\_

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

If you checked this block, no further information is required, and 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: \_\_\_\_\_

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**HOUSING AUTHORITY OF THE CITY OF DANBURY**

**Verification Consent Form (Exhibit 3-6)**

**INSTRUCTIONS:** Complete this format for each noncitizen family member who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT**

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The Department of Homeland Security (DHS) for purposes of verification of the immigration status of the individual.

**NOTIFICATION TO FAMILY:**

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_