

Office Use Only

Date Received: _____

Time Received: _____

Application # _____

Received by: _____

APPLICATION FOR SHELTON HOUSING AUTHORITY

Elderly: Applicant must be at least 62 years old at the time of applying. Young Disabled: Must be at least 18 years old and on SSI, SS, or SSDI at the time of applying.

SMOKING IS NOT ALLOWED IN THE APARTMENTS OR OUTSIDE.

Please print clearly. Incomplete Applications will be rejected. YOU MUST NOTIFY THE SHELTON HOUSING AUTHORITY IF YOUR CONTACT INFORMATION CHANGES.

APPLICANT INFORMATION: ARE YOU A VETERAN? YES NO

Full Legal Name for Head Household _____

Date of Birth: _____

Social Security Number: _____

Current Address: _____

City/State/Zip: _____

Cell Phone: _____ House Phone _____

Email: _____

ALTERNATE CONTACT:

Name: _____

Phone Number: _____

Email Address _____

APPLICANT INFORMATION for 2nd Member of Household, if applicable

Full Legal Name _____

Date of Birth: _____

Social Security Number: _____

Current Address: _____

City/State/Zip: _____

Cell Phone: _____ *House Phone* _____

Email: _____

ACCESSIBILITY / SPECIAL NEEDS

Mobility Accessible Unit Live-in Aide Other: _____

INCOME (GROSS – BEFORE DEDUCTIONS)

Source	Monthly Amount	Annual Amount
Social Security		
SSI		
Pension		
Employment		
Other		

ASSETS Checking Savings IRA/401k Stocks/Bonds Life Insurance Real Estate

Total Estimated Value _____

MEDICAL EXPENSES

- Insurance Premiums
- Prescription Costs
- Doctor Visits
- Home Care/Assistance

Estimated Annual Total: _____

HOUSING HISTORY

Current Landlord:

Name: _____

Phone: _____

Current Rent: _____

Length of Tenancy: _____

Reason for Moving: _____

Previous Landlord

Name: _____

Phone: _____

Current Rent: _____

Length of Tenancy: _____

Reason for Moving: _____

Previous Landlord

Name: _____

Phone: _____

Current Rent: _____

Length of Tenancy: _____

Reason for Moving: _____

REFERENCES:

MUST HAVE THREE REFERENCES (Do not list relatives)

Name: _____ Name: _____

Address: _____ Address _____

Telephone #: _____ Telephone #: _____

Name: _____

Address: _____

Telephone #: _____

THE FOLLOWING INFORMATION IS BEING REQUESTED TO COMPLY WITH EQUAL OPPORTUNITY REQUIREMENTS AND TO ASSURE THAT NO DISCRIMINATION OCCURS. YOUR ANSWER WILL NOT AFFECT (EITHER POSITIVE OR NEGATIVE) YOUR SELECTION FOR THE PROGRAM; HOWEVER, COMPLETION OF THIS SECTION IS OPTIONAL.

Race/Ethnicity: Please circle what applies to you.

Race: White Black Indian Alaskan Asian/Pacific Other

Ethnicity: Hispanic Non-Hispanic Other



CERTIFICATIONS & RELEASES

I/We certify the information provided is accurate and complete. I/We authorize Shelton Housing Authority/Management to verify all information including income, assets, and rental history.

I/We understand:

- False statements may result in denial or termination.
- Eligibility is subject to CHFA regulations.
- Placement on the waiting list does not guarantee housing.
- Smoke-Free Community

[I] [We], _____, do hereby authorize the Shelton Housing Authority, and its staff or agents, to contact any agencies, groups or individuals, to obtain any information or materials which are necessary to determine the applicant's eligibility to participate in any of their programs. This authorization shall also permit the release of third-party documentation required to complete annual and interim recertification.

SIGNED: _____ **SIGNED:** _____

DATE: _____ **DATE:** _____

**General Authorization for Release of Information
For
DeMarco Management Corporation**

Name: _____

Address: _____

I, the above-named individual, have authorized DeMarco Management Corporation, agent for Shelton Housing Authority, to verify the accuracy of the information I have provided to them. This information will be used to determine eligibility for the housing programs as required by Department of Economic and Community Development (DECD), Housing & Urban Development (HUD) and DSS/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 DeMarco Management Corporation, understanding that it is to be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to DeMarco Management Corporation within five (5) days of receipt of this request.

I have received a copy of the "Summary of your rights Under the Fair Credit Reporting Act."

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 use 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

Thank you for your assistance and cooperation in this matter.
I understand that a photocopy of this authorization is as valid as the original.

Signature

Date

Signature

Date

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

rev 10/01/2024.

