



Housing Authority

CITY OF SHELTON

187 Meadow Street

Shelton CT 06484

Phone: 203-924-2736

Fair Housing
And
Your Rights



Equal opportunity

APPLICATION FOR ELDERLY HOUSING

Name(s): (1) _____ (2) _____

Address: _____

_____ Telephone: _____

Alternate contact: Name: _____ Telephone: _____

Applying for: Single occupancy: _____ Double occupancy: _____

You must enter a value for each item that applies to you & a "0" for each category of income & assets for which you receive or have no dollars.	Applicant		House hold member	
	monthly	yearly	monthly	yearly
Date of Birth				
Social Security number				
Income (including, but not limited to, that listed below)				
Social security (ssa form 1099-box 5)				
Pensions, annuities (including veteran's pensions)				
Interest, dividends				
Wages				
Other income (e.g. alimony, rental income, govt. allotment, survivor's ins., veteran's benefits)				
total				
Combined total (applicant & h/h member)				
Assets (including, but not limited to, that listed below)	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////	////////////////////////////////////
Checking accounts & cash				
Savings accounts & certificates of deposit (CD'S)				
Securities (e.g. stocks, bonds, mutual funds, reits, trusts, etc.) – CV*				
IRA, Keogh, 401 &/or other like accounts – CV*				
Real property (e.g. home, rental property etc.) – CV*				
Personal property – CV*				
Other				
total				
Combined total				

*CV= cash value (i.e. cash value is the market value of the asset minus reasonable costs incurred in converting the asset to cash.)

LIVING SITUATION

1. Do you rent your home or apartment? YES__ NO__ (if yes complete parts 1,3,&4) (if no complete parts 2, 3 &4)

Landlord's Name: _____
Address: _____
Telephone #: _____

- a) Monthly Rent _____
- b) Number of rooms (exclude bathroom) _____
- c) Number of occupants _____
- d) Total average monthly bill for electricity, gas, and heating fuel if not included in rent _____

2. Do you own your home check here? YES__ NO__ (if yes complete parts 2,3 &4) (if no complete parts 3 & 4)

- a. Taxes – monthly average _____
- b. Mortgage payment per month _____
- c. Insurance – monthly average _____
- d. Electric Bill – monthly average _____
- e. Heating Fuel – monthly average _____
- f. Gas Bill – monthly average _____

3. Living Arrangements (check items that apply to you)

- a. With another family _____
- b. Living alone _____
- c. Living in redevelopment area _____
- d. To be displaced by government action _____
- e. Being evicted _____
- f. Living in substandard housing _____
- g. Other (explain) _____

4. Available Facilities in present housing (check each available item)

- a. Toilet & Bath in unit _____
- b. Hot & cold water in unit _____
- c. Stove & refrigerator in unit _____
- d. Furnace, oil or gas _____
- e. Space heater or other _____

REFERENCE: (do not list relatives)

Name: _____
Address: _____
Telephone #: _____

Name: _____
Address: _____
Telephone #: _____

Name: _____
Address: _____
Telephone #: _____

Name: _____
Address: _____
Telephone #: _____

PREVIOUS ADDRESS(S) & DATES (LAST 5 YEARS):

(dates)	(address)	(landlord's name)	(address)	(phone)
(dates)	(address)	(landlord's name)	(address)	(phone)
(dates)	(address)	(landlord's name)	(address)	(phone)
(dates)	(address)	(landlord's name)	(address)	(phone)
(dates)	(address)	(landlord's name)	(address)	(phone)

VOLUNTARY

a.) In order to meet State reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.

1. Sex: Female _____ Male _____
2. Race/Ethnic Data: Black _____ Hispanic _____ White _____
- American Indian or Alaskan Native _____
- Asian or Pacific Islander _____

b.) Please tell us if you have any special housing needs. _____

Notice: any person who makes a false statement concerning the income of the elderly person for whom application for admission to this project is made may be fined not more than five hundred dollars or imprisoned not more than six months, or both.

The applicant understands and agrees that an incomplete application form is cause for disqualification of the applicant. The SHA shall allow each applicant ten (10) working days from the date of a certified mail notification to respond to omissions on an application and/or questions raised by the application as submitted. Failure of the applicant to respond and resolve application issues in the time allocated will automatically disqualify the applicant. Individuals who have been disqualified may apply again in future marketing events.

SIGNATURE OF APPLICANT 1

SIGNATURE OF APPLICANT 2

OFFICE USE ONLY

DATE & TIME RECEIVED: _____

RECEIVED BY: _____

RECEIPT NUMBER: _____

FILE NUMBER: _____



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APPEAL PROCEDURE

1. Applicant deemed ineligible shall be notified, in writing, before final selection.
2. Applicant who receives notice of ineligibility must appeal within Ten (10) days of notice of rejection.
3. All appeals shall be heard within five (5) days of request.
4. The SHA shall appoint an impartial hearing officer to render a written opinion within five (5) days of a hearing.
5. Applicants who, after the decision of the hearing officer, are still aggrieved may appeal to:

Department of Economic and Community Development
Attention: Affirmative Action Office
505 Hudson Street
Hartford CT 06106

Such an appeal must be made in writing, and be brought within ten (10) days of the adverse decision of the hearing officer.

HOUSING AUTHORITY CITY OF SHELTON APPLICANT REFUSAL POLICY

Applicants who have been selected to become tenants through the Shelton Housing Authority

(“SHA”) selection procedure and refuse the vacancy offered them shall:

1. Forfeit their position on the current Eligibility List and be placed in the last most position on the Eligibility List. Their name shall remain on the Eligibility List, in the newly established position, until a second offer for tenancy is made. The applicants name shall be removed from the Eligibility List at the time they refuse the second offer, or
2. the applicant may remain on the current Eligibility List until the conditions set forth in paragraph 1 above are satisfied or a new Eligibility List is created, whichever comes first.

However, once any additions are made to the Eligibility List, then all requirements of the SHA selection procedure shall apply.



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**HOUSING AUTHORITY
CITY OF SHELTON**

**AUTHORIZATION FOR RELEASE OF INFORMATION TO THE
HOUSING AUTHORITY**

DATE: _____

APPLICANT'S NAME: (1) _____

(2) _____

ADDRESS: _____

SOCIAL SECURITY #: (1) _____ (2) _____

[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 applicants 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: (1) _____
(applicant's signature)

(2) _____
(applicant's signature)