



Application for Elderly/Disabled Housing
Montville Housing Authority

Type of Apartment Needed:

- 1- Studio Unit
- 1-Bedroom Unit
- Handicap Accessible Unit

Are you a:

- Smoker
- Non-Smoker

For Office Use Only	
Date Received:	_____
Time Received:	_____
Received By:	_____
<input type="checkbox"/> Elderly	
<input type="checkbox"/> Disabled	

Our rents are based on 30% of your income (gross income minus allowable out of pocket medical expenses), whichever is greater. In addition to your rent you are responsible for your own electric bill, we have electric heat. All tenants also pay a fee for cable TV service, currently this fee is \$30 per month.

As of July 1, 2022, we do not allow smoking of tobacco products inside of our units.

A person is eligible based on age, certified disability under social security, income and the demonstrated ability to pay rent. The Tenant’s gross annual income may not exceed the maximum income limits **(\$62,600/ one person, \$71550/ two people)** as adjusted for family size, as published annually and determined by the Department of Housing and Urban Development at the time of initial occupancy.

A person who has supportive services should indicate this on the application. The management is on site during normal business hours; 24/7 coverage is not provided. **You may not be eligible if you or a family member pose a danger to other residents, have a history of criminal behavior, record of conviction, have been evicted, abuse drugs, alcohol, fail the background check or have given false information.**

If you have any questions, please do not hesitate to call the office at (860) 848-1739. Please return the completed application (either in person or by mail) to:

Montville Housing Authority
41 Milefski Dr
Uncasville, CT 06382

Along with your completed application, please provide the following:

- _____ Copy of state-issued photo ID – example- Driver’s License
- _____ Copy of social security card or other appropriate identifying documents
- _____ Copy of all sources of income
- _____ Copy of Birth Certificate

APPLICANT/HEAD OF HOUSEHOLD INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

CURRENT ADDRESS

CITY STATE ZIP CODE PHONE NUMBER (WITH AREA CODE)

EMAIL ADDRESS

SOCIAL SECURITY NUMBER DATE OF BIRTH SEX/GENDER

EMERGENCY CONTACT

NAME

RELATIONSHIP

PHONE NUMBER

HOUSEHOLD HISTORY

Has anyone in your household been evicted? Yes No

Has any household member been convicted of a felony? Yes No

Has any household member ever committed fraud or been requested to repay money for misrepresentation of information? Yes No

HOUSEHOLD INFORMATION

Please list below all information for each additional household member who will also occupy the unit. If applicant is to be the only occupant, please enter NONE.

Full Name	Relationship to Head	Social Security Number	Date of Birth	Sex/Gender

Does anyone live with you now who is not listed on this application? Yes No

Do you anticipate a change in household composition during the next 12 months? Yes No

Will any other person live in the apartment on a less than full-time basis? Yes No

Do you have a request for a special accommodation? Yes No

If you answered "Yes" to any of the above questions, please explain:

Please provide your residential history for the past five (5) years. If more space is needed, please attach a separate page.

With regards to your **PRESENT** housing, do you

<input type="checkbox"/> Rent	Monthly Rent \$ _____
<input type="checkbox"/> Own	Monthly Mortgage Payment \$ _____
<input type="checkbox"/> Live with Family	Monthly Costs \$ _____
<input type="checkbox"/> Other	Explain: _____

Are you currently receiving rental subsidy (Section 8) for your housing: Yes No

Current Landlords Name: _____
Current Landlords Address: _____
Current Landlords Phone Number (include area code): _____
How long at this address: From (Month/Year) _____ To (Month/Year) _____

With regards to your **PREVIOUS** housing, did you

<input type="checkbox"/> Rent	Monthly Rent \$ _____
<input type="checkbox"/> Own	Monthly Mortgage Payment \$ _____
<input type="checkbox"/> Live with Family	Monthly Costs \$ _____
<input type="checkbox"/> Other	Explain: _____

Previous Landlords Name: _____
Previous Landlords Address: _____
Previous Landlords Phone Number (include area code): _____
How long at this address: From (Month/Year) _____ To (Month/Year) _____

EMPLOYMENT INFORMATION

Is any member of your household who will be residing in the unit, including yourself, currently employed?

Yes No

Is any member of your household who will be residing in the unit, including yourself, a seasonal employee?

Yes No

If you answered "Yes" to either of the above questions, you must complete the following:

Head of Household Employer Information:

Name and Address of Present Employer

Name of Immediate Supervisor

Phone Number

Salary: () Hourly () Weekly () Monthly () Yearly \$ _____

Spouse or Other Family Member Employer Information:

Name and Address of Present Employer

Name of Immediate Supervisor

Phone Number

Salary: () Hourly () Weekly () Monthly () Yearly \$ _____

OTHER INCOME

Do you or any other member of the household receive recurring or periodic income from any of the following sources?

Income Type	Received Yes or No	Amount	Frequency
Self-Owned Business		\$	
Rental Property income		\$	
Gifts or Recurring Cash Contributions		\$	
Worker's Compensation		\$	
Unemployment Benefits		\$	
Severance Pay		\$	
Payment from Insurance Policies		\$	
Alimony		\$	
Periodic Lottery Payments		\$	
Other		\$	

INCOME & BENEFITS

Please list the total benefit income of all members of the household.

HEAD OF HOUSEHOLD			
Benefit Type	Received Yes or No	Amount	Frequency
Social Security Income		\$	
Social Security Disability Income/ Supplemental Security Income		\$	
Pension Benefits		\$	
Retirement Benefits		\$	

Veterans Benefits		\$	
Death Benefits		\$	
Public Assistance		\$	
Other Benefit Income		\$	
OTHER HOUSEHOLD MEMBER			
Benefit Type	Received Yes or No	Amount	Frequency
Social Security Income		\$	
Social Security Disability Income/ Supplemental Security Income		\$	
Pension Benefits		\$	
Retirement Benefits		\$	
Veterans Benefits		\$	
Death Benefits		\$	
Public Assistance		\$	
Other Benefit Income		\$	

ASSET INFORMATION

Has any member of the household disposed of any assets for less than fair market value during the past two (2) years?

____ Yes ____ No

If yes, please describe the asset, its value, and the date of disposition: _____

Type of Asset	Current Balance or Cash Value	Bank/Institution Name	Household Member
Checking Account	\$		
Checking Account	\$		
Savings Account	\$		
Savings Account	\$		
Money Market Account	\$		
Money Market Account	\$		

Certificate of Deposit (CD)	\$		
Certificate of Deposit (CD)	\$		
Stocks/Bonds	\$		
Treasury Bills	\$		
Rental Property	\$		
Real Estate (Including, but not limited to a house, land, mobile home, etc.)	\$		
Deeds or Trusts	\$		
Annuities	\$		
IRA, 401-K, or Keogh Account	\$		
Mutual Funds	\$		
Other (Please Specify)	\$		
Other (Please Specify)	\$		

PET INFORMATION

Limitations on pets at The Montville Housing Authority properties are as follows: Two indoor cats per household; two birds per household; fish tanks limited to 10-gallon capacity; no dogs allowed. \$100 Pet fee (Non-Refundable)

- Do you own a pet? Yes No
 If yes, please describe your pet:
 Cat Breed Weight Height
 Fish Tank Size (in Gallons)
 Bird Type of Bird Number of Birds
- Has your pet been spayed or neutered? Yes No
- Can you provide proof of required state/local licensing and shot records for pet? Yes No

VEHICLE INFORMATION

There is a one (1) car limit for each tenant at The Montville Housing Authority properties. Please complete this information if you have a vehicle.

Name on Driver's License Driver's License Number

State Issued Date Issued Expires

License Plate Number	Year of Vehicle	
Make	Model	Color of Vehicle

Do you currently have insurance on the vehicle? _____ Yes _____ No

DEMOGRAPHIC DATA – VOLUNTARY INFORMATION

The information regarding race, national origin, sex, and disability solicited on this application is requested in order to assure government agencies that law prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. This information will not be used in evaluating your application or to discriminate against you in any way.

Race of Head of Household. Check one.

- American Indian/Alaskan
- Asian/Pacific Islander
- Black
- White
- Decline

Ethnicity of Head of Household. Check one.

- Hispanic
- Non-Hispanic
- Decline

I certify that all the statements made in the application and my documentation submitted is true and complete to the best of my knowledge and belief. I understand that giving false statements or information regarding income or other factors considered in determining my eligibility may result in ineligibility of tenancy.

I understand that this application is not an offer of an apartment. I understand that it is my responsibility to inform Montville Housing Authority of any change in address, phone number, and household composition.

Applicant Signature

Date

Applicant Signature

Date

Authorization for the Release of Information

I, _____, the undersigned, hereby authorize the release, without liability, of information regarding my personal credit report, criminal background report, employment, income, and/or assets to Montville Housing Authority for the purposes of verifying information provided, as part of determining eligibility for housing. I understand that only information necessary for determining eligibility and continued participation as a Qualified Tenant can be requested.

Types of information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: personal identity; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability and/or worker’s compensation; welfare assistance; net income from the operation of a business; and alimony or child support payments, etc.

Organizations/Individuals that may be asked to provide written/oral verification are, but not limited to:

- | | |
|---------------------------------------|---|
| Present and Past Employers | Past and Present Landlords |
| Alimony/Child/Other Support Providers | Banks, Financial or Retirement Institutions |
| Social Security Administration | State Unemployment Agency |
| Veteran’s Administration | Other: _____ |
| Welfare Agency | Other: _____ |

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for two years and six months from the date signed. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant/ Household Member	Printed Name	Date
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Signature of Applicant/ Household Member	Printed Name	Date
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