

**LOTTERY PRE-APPLICATION FOR TENANT-BASED HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM  
PLEASE PRINT CLEARLY – COMPLETE THE ENTIRE FORM – DON'T FORGET TO SIGN THE FORM**

The Housing Authority of the City of Hartford will use a lottery to select 700 pre-applications for its tenant-based Housing Choice Voucher (Section 8) Program waiting list. This form may be reproduced. Section 8 is a federally-funded program to subsidize decent, safe, and sanitary housing for very low-income individuals and families.

PRE-APPLICATIONS MUST BE IN AN ENVELOPE POSTMARKED  
**NO EARLIER THAN THURSDAY, NOVEMBER 1, 2018, AND NO LATER THAN MIDNIGHT TUESDAY, NOVEMBER 6, 2018**  
**OR HAND DELIVERED TO THE HOUSING AUTHORITY BETWEEN NOVEMBER 1, 2018, AND NOVEMBER 6, 2018.**  
Envelopes postmarked before November 1, 2018, and after November 6, 2018 will be rejected.

Please print clearly and completely fill in all lines that apply to you:

**1. HEAD OF HOUSEHOLD (HOH) INFORMATION:**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**2. HOUSEHOLD MEMBERS (You must include yourself):**

FIRST NAME	LAST NAME	RELATION TO THE HEAD	AGE	SOCIAL SECURITY NUMBER or ALIEN REG. NUMBER	CIVIL STATUS *Use code below	DIS- ABLED (Y/N)	US CITIZEN (Y/N)	SEX (M/F)	DATE OF BIRTH (MM/DD/YY)	[Optional] RACE **Use code below	[Optional] ETHNICITY ***Use code below
		HEAD									

\* Civil Status: Married – M ; Single – S ; Divorced – D ; Legally Separated – LS ; Widow/Widower – W

\*\* Race: White – W ; Black/African American – B ; American Indian/Alaska Native – AA ; Asian/Pacific Islander – N ; Other – O

\*\*\* Ethnicity: Hispanic – H ; Non-Hispanic – NH

3. HOUSEHOLD'S TOTAL ANNUAL GROSS INCOME (before taxes): \$ \_\_\_\_\_

4. I certify that the above information is accurate and complete. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Choice Voucher (Section 8) program and is punishable under federal law.

\_\_\_\_\_  
Head of Household's Signature

\_\_\_\_\_  
Date Signed

The current income limits for admission into the Housing Choice Voucher (Section 8) program are as follows:

Household Size:	1	2	3	4	5	6	7	8
Income Limit:	\$33,900	\$38,750	\$43,600	\$48,400	\$52,300	\$56,150	\$60,050	\$63,900

**MAIL completed Pre-Application to: (address must appear exactly as below)**

Section 8 Wait List  
 Housing Authority of the City of Hartford  
 P. O. Box 261797  
 Hartford, CT 06126

OR

**HAND DELIVER completed Pre-Application to:**

Section 8 Wait List  
 Housing Authority of the City of Hartford  
 180 John D. Wardlaw Way  
 Hartford, CT 06106

Those interested in applying may acquire a pre-application by:

- Downloading it from [www.cthcvp.org](http://www.cthcvp.org) or [www.hartfordhousing.org](http://www.hartfordhousing.org),
- Picking up a copy at the Housing Authority of the City of Hartford, 180 John D. Wardlaw Way, Hartford, CT 06106, during business hours (M, T, TH, FR: 8:30 – 4:30).

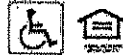
These are the pre-application rules restrictions:

- **ONLY ONE PRE-APPLICATION PER ENVELOPE.**
- **ONLY PRE-APPLICATIONS POSTMARKED BETWEEN NOVEMBER 1, 2018 AND NOVEMBER 6, 2018 WILL BE ACCEPTED.**
- **PRE-APPLICATIONS WILL BE ACCEPTED IN PERSON AT THE HOUSING AUTHORITY OF THE CITY OF HARTFORD, FROM NOVEMBER 1, 2018 AT 8:30 AM THROUGH NOVEMBER 6, 2018 AT 4:30 PM, DURING NORMAL BUSINESS HOURS (M, T, TH, FR: 8:30 – 4:30, closed WEDNESDAYS).**
- Only *one* pre-application may be submitted per family – any family submitting more than one pre-application will be disqualified.
- An individual may only appear on a single application in a single household – any individual appearing in more than one household will be disqualified.
- The pre-application must be completed with all information and must be written in a legible fashion. Any pre-application that is not legible will be disqualified.
- All information will be verified, and eligibility will be determined prior to issuance of voucher.
- Questions may be directed to (860) 723-8409

**700 PRE-APPLICATIONS WILL BE DRAWN AT RANDOM.** If you do not receive acknowledgement by February 28, 2019, your name was not drawn and you will not be placed on the waiting list and your eligibility will not be reviewed.

The Housing authority of the City of Hartford does not discriminate. Any eligible individual with a disability will be served. If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please contact the housing authority.

Equal Opportunity Housing Provider



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 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.