

ONLY ACCEPTING APPLICATIONS FOR 2, 3, & 4 BEDROOM LOW RENT /1 BEDROOM ELDERLY DISABLED  
1, 2 & 3 BEDROOM STATE MODERATE RENTAL PROGRAM

**Housing Authority of the City of Hartford 180 Overlook Terrace ● Hartford, CT 06106**

Office (860) 723-8400 ● Fax (860) 723-8484

TDD # 711 (800) 842-9710

Name	Relation to Head	Sex	Soc Sec Number	Date of Birth & Place of Birth	U.S. Citizen Y/N RACE	Income Source & amount (Tanf, SS, SSI, Wages, unemployment benefits, child support, etc.)
HD						
CO						
3						
4						
5						
6						

If there are more members in your household, check here ( ) and list on back of this form.

Do you have any additional minor children not currently residing with you? Yes \_\_\_ No \_\_\_ If housed will they reside with you? Yes \_\_\_ No \_\_\_ Please list names of children: \_\_\_\_\_

Are you expecting a child: Yes  No

Number of bedrooms you are applying for: 1 bedroom  2 bedrooms  3 bedrooms  4 bedrooms

Current address: \_\_\_\_\_  
(please do not use a P.O. Box) street number and name apt.#

City \_\_\_\_\_ State \_\_\_\_\_ zip code \_\_\_\_\_

Your phone: \_\_\_\_\_ Phone of someone who could contact you: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Length of employment? \_\_\_\_\_ Do you own property? Yes \_\_\_ No \_\_\_. List family assets (such as savings, checking, Stocks, bonds, Certificates of Deposit)

Do you or any family member require special accommodations to enter a unit, or to utilize a kitchen or bathroom? Yes \_\_\_ No \_\_\_ Please indicate special accommodations required. \_\_\_\_\_

MARITAL STATUS: (PLEASE CHECK APPLICABLE) Single \_\_\_ Married \_\_\_ Divorced \_\_\_

If divorced please list married name if different than the above: \_\_\_\_\_

Check any of the following if applicable. A response of "YES" to any of the following statements does not automatically determine family ineligible.

- Do you live in Hartford and work in Hartford?
- Do you live in Hartford and work outside of Hartford?
- Do you live in Hartford?
- Do you work in Hartford or have a verifiable offer to do so?
- Have you been advised by the court or public agency that, if you find adequate housing, you may be reunited with your children?
- Have you graduated from a job readiness program within the past 18 months?
- Have you ever-lived in public or assisted housing?
- Have you or any member of your family that will be residing with you been evicted from public or assisted housing? State reason, date, & name of authority: \_\_\_\_\_
- Have you or any member of your family been convicted of a drug or alcohol related crime? \_\_\_ yes \_\_\_ no

Are you or any of your relatives employed by the HHA? Name of employee: \_\_\_\_\_

Landlord Information: (3 prior landlord references use reverse side of this form)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

- Incomplete applications will be shredded after 30 calendar days.
- Eligibility is contingent upon results from criminal records check.
- Eligibility is contingent upon a credit check to help determine your ability to pay the rent and utilities.
- You will undergo a screening process, which includes an interview by panel.
- You may receive a home visit as part of the screening process.

**KNOWING THE PENALTY OF LAW FOR MAKING FALSE STATEMENTS UNDER THE U.S. CRIMINAL CODE, I HEREBY CERTIFY THE ABOVE AS A TRUE AND FULL STATEMENT. I/WE ALSO GRANT THE HOUSING AUTHORITY OF THE CITY OF HARTFORD PERMISSION TO ATTAIN A COPY OF MY/OUR CREDIT/CRIMINALHISTORY REPORT (S).**

Signature (s): \_\_\_\_\_ Date \_\_\_\_\_

Signature (s): \_\_\_\_\_ Date \_\_\_\_\_

Receipt of pre-application does not constitute proper completion of pre-application or a determination of eligibility for any Federal or State Housing Program.