



**PRE-APPLICATION - LOW INCOME PUBLIC HOUSING**  
**Admissions and Occupancy Department**  
**Housing Authority of the City of Hartford**  
**180 John D. Wardlaw Way**  
**Hartford, CT 06106**



The Housing Authority of the City of Hartford will open the zero (0) bedroom (studio/efficiency) and one (1) bedroom waiting lists for the Low-Income Public Housing Program. Low Income Public Housing is a federally-funded program to provide decent, safe, and sanitary housing for very low-income individuals and families in Housing Authority-owned units. **THIS IS NOT A PRE-APPLICATION FOR SECTION 8.**

**PRE-APPLICATIONS WILL BE ACCEPTED IF:**

- **MAILED TO THE ADDRESS ABOVE AND POSTMARKED NO EARLIER THAN THURSDAY, OCTOBER 31, 2019, AND NO LATER THAN TUESDAY, NOVEMBER 5, 2019; OR**
- **HAND DELIVERED TO THE HOUSING AUTHORITY BETWEEN OCTOBER 31, 2019, AND NOVEMBER 5, 2019, DURING BUSINESS HOURS.**

Those interested in applying may acquire a pre-application form 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's office at the address above during business hours (8:30 a.m. - 4:30 p.m.)
  - ***The Housing Authority's main office is closed on Wednesdays!***
- Making a copy of this form

These are the pre-application rules and restrictions:

- Pre-applications must be:
  - Mailed to the address above and postmarked on October 31, 2019, through November 5, 2019, and received by November 22, 2019
  - Hand delivered to the Housing Authority of the City of Hartford, Main Office, from October 31, 2019, through November 5, 2019, during normal business hours
- A family may submit only *one* pre-application. If a family submits multiple pre-applications, all the family's pre-applications will be rejected.
- The pre-application must be complete, signed and must be written clearly and legibly. Any pre-application that is not complete or legible will be rejected.
- All information will be verified, and eligibility will be determined prior to assistance.

Applicants will be placed on the waiting list according to HACH preference(s) and the date and time their complete application is received by the Housing Authority. The Housing Authority will assign families on the waiting list according to the bedroom size for which a family qualifies as established in its occupancy standards. Placement on the waiting list does not indicate that the family is eligible for admission. When the family is selected from the waiting list, the Housing Authority will verify any preference(s) claimed and determine eligibility and suitability for admission to the public housing program.

If you do not receive acknowledgement by January 31, 2020, your application was rejected and you were not placed on the waiting list.

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 at (860) 723-8400 (TRS 711 or 1-800-842-9710).

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

**PLEASE PRINT CLEARLY – COMPLETE THE ENTIRE FORM – DON'T FORGET TO SIGN THE FORM**

**APPLICANT:**

Head of Household: \_\_\_\_\_  
First Name Middle Name Last Name(s)

Address (No P.O. Box): \_\_\_\_\_  
Street Apt.# City State Zip Code

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

I will live in (all that apply): [ ] a Zero (0) Bedroom (One person) apartment [ ] a One (1) Bedroom (one or two people) apartment

**HOUSEHOLD MEMBERS**

Please print all answers, using the full legal name of each household member as it appears on their Social Security card.

First Name	Last Name(s)	Relation To Head	Age	Disabled (Y/N)	US Citizen (Y/N)	Sex (M/F)	Date of Birth (MM/DD/YY)	Soc. Security # Or Alien Reg. #	Civil Status Code (1)	Optional Race Code (2)	Optional Ethnicity Code (3)
		<b>HEAD</b>									

- CIVIL STATUS CODES: Married - **M** Single - **S** Divorced - **D** Legally Separated - **LS** Widow/Widower - **W**
- RACE CODES: White - **W** Black/African American - **B** American Indian/Alaskan Native - **AA** Asian - **A** Native Hawaiian/Other Pacific Islander - **N**
- ETHNICITY CODES: Hispanic or Latino - **H** Not Hispanic or Latino - **NH**

**HOUSEHOLD INCOME**

Household's total annual gross income (before taxes): \$ \_\_\_\_\_

Source(s) of income (employment, SSA/SSI, unemployment, Child Support, etc.) \_\_\_\_\_

**ADDITIONAL INFORMATION**

Do you or someone in your household need a wheelchair accessible unit (ADA)? Yes \_\_\_\_\_ No \_\_\_\_\_

**CERTIFICATE OF THE APPLICANT (please initial each line and sign at the bottom)**

- \_\_\_\_\_ I understand that I must notify the Housing Authority *in writing* of any permitted changes to the household members, including births, adoptions, court-awarded custody, marriage, or divorce.
- \_\_\_\_\_ I understand that I must notify the Housing Authority *in writing* when my address change while my name is on the waiting list.
- \_\_\_\_\_ I understand that, once my name reaches the top of the waiting list, I must complete a *Personal Declaration* and provide original supporting documentation for all household member, such as birth certificates, Social Security cards, valid photo identification, etc.

***I hereby certify that all information I have provided on this pre-application is true and complete. I understand that attempts to obtain housing assistance by making false statements, impersonation, or failing to disclose or intentionally concealing information is a crime.***

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Spouse or Co-Head (if any)

\_\_\_\_\_  
Date