

| | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|
| Head | | | | | | | | | |
| Co-T | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

| | | |
|--|------------------------------|-----------------------------|
| Are any full-time student(s) married and filing a joint tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a TANF or a title IV recipient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Have there been any changes in your household income? _____

| C. INCOME | | |
|---|------------------|----------------------|
| List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA. | | |
| Household Member Name | Source of Income | Gross Monthly Amount |
| | Social Security | \$ |
| | Social Security | \$ |

| | | |
|------------------------------|--|-----------------------|
| | | |
| | SSI Benefits | \$ |
| | SSI Benefits | \$ |
| | | |
| | Pension (list source) | \$ |
| | Pension (list source) | \$ |
| | | |
| | Veteran's Benefits (list claim #) | \$ |
| | Veteran's Benefits (list claim #) | \$ |
| | | \$ |
| | Unemployment Compensation | \$ |
| | Unemployment Compensation | \$ |
| | | |
| | Title IV/TANF | \$ |
| | Title IV/TANF | \$ |
| | Contributions to the Household (monetary or not) | \$ |
| | | |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | Full-Time Student Income (18 & Over Only) | \$ |
| | | |
| | Interest Income (source) | \$ |
| | Interest Income (source) | \$ |
| | Long Term Medical Care Insurance Payments in excess of \$180/day | \$ |
| | | |
| Household Member Name | Source of Income | Monthly Amount |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | | |
| | Employment amount | \$ |
| | Employer: | |
| | Position Held | |
| | How long employed: | |
| | | |
| | Employment amount | \$ |

| | |
|--|--------------------|
| | Employer: |
| | Position Held |
| | How long employed: |

| | | |
|--|---|--|
| | Alimony | |
| | Are you <i>legally entitled</i> to receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive alimony? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list amount you receive. | \$ |

| | | |
|--|--|--|
| | Child Support | |
| | Are you <i>legally entitled</i> to receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes list the amount you are <i>entitled</i> to receive. | \$ |
| | Do you receive child support? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, list the amount you receive. | \$ |

| | | |
|--|----------------------------|----|
| | Child Care Expenses | \$ |
| | Other Income | \$ |

| | |
|---|----|
| TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12) | \$ |
|---|----|

| | |
|--|----|
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR | \$ |
|--|----|

| | | |
|---|------------------------------|-----------------------------|
| Do you anticipate any changes in this income in the next 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| Is any member of the household legally entitled to receive income assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|--|------------------------------|-----------------------------|
| Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

If yes to any of the above, explain:

| | | |
|-------------------------|------------------------------|-----------------------------|
| Is the income received? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------|------------------------------|-----------------------------|

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

| | | | |
|-------------------|---|------|------------|
| Checking Accounts | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | | | |
| Savings Accounts | # | Bank | Balance \$ |
| | # | Bank | Balance \$ |
| | | | |
| Trust Account | # | Bank | Balance \$ |
| | | | |

| | | | | |
|-----------------------|-------|---------------|-------------------------|--------------------|
| Certificates | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Credit Union | # | Bank | Balance \$ | |
| | # | Bank | Balance \$ | |
| | | | | |
| Savings Bonds | # | Maturity Date | Value \$ | |
| | # | Maturity Date | Value \$ | |
| | | | | |
| Life Insurance Policy | # | | Cash Value \$ | |
| Life Insurance Policy | # | | Cash Value \$ | |
| | | | | |
| Mutual Funds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | | | | |
| Stocks | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | Name: | #Shares: | Dividend Paid \$ | Value \$ |
| | | | | |
| Bonds | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | Name: | #Shares: | Interest or Dividend \$ | Value \$ |
| | | | | |
| Investment Property | | | | Appraised Value \$ |

| | |
|--|--|
| Real Estate Property: <i>Do you own any property?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes,</i> Type of property | |
| Location of property | |
| Appraised Market Value | \$ |
| Mortgage or outstanding loans balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |

| | |
|---|--|
| Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes,</i> describe: | |
| | |
| | |
| Do they have access to the asset(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| Have you sold/disposed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , Type of property: | |
| Market value when sold/disposed | \$ |
| Amount sold/disposed for | \$ |
| Date of transaction: | |

| | |
|--|--|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , describe the asset: | |
| Date of disposition: | |
| Amount disposed | \$ |

| | |
|--|--|
| Do you have any other assets not listed above (excluding personal property)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes</i> , please list: | |
| | |

| | | |
|--|------------------------------|-----------------------------|
| Are you or any member of your family currently using an illegal substance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you or any member of your family ever been convicted of a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes</i> , describe: | | |
| Is anyone in the household subject to state lifetime sex offender registration in any state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

□

Information from applicants who were 62 or older as of January 31, 2010, and do not have a SSN, if you were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the Authority to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN. I do not have an SSN

Signature

Name

| | | |
|---|------------------------------|-----------------------------|
| Have you or any member of your family ever been evicted from any housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | |
| | | |
| Have you ever filed for bankruptcy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>If yes, describe</i> | | |
| Will you take an apartment when one is available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <i>Briefly describe your reasons for applying:</i> | | |

| | |
|------------------------------|----------|
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |
| In case of emergency notify: | |
| Address: | |
| Relationship: | Phone #: |

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Head of Household)

Date

(Signature of Co-Head/Spouse)

Date

(Signature of Other Adult 18 years or older)

Date

(Signature of other Adult 18 years or older)

Date

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

SOCIAL SECURITY
NUMBER: _____

ADDRESS: _____

I, THE ABOVE NAMED INDIVIDUAL, HAVE AUTHORIZED WALLINGFORD HOUSING AUTHORITY TO VERIFY THE ACCURACY OF THE INFORMATION WHICH I HAVE PROVIDED TO THEM FROM THE FOLLOWING SOURCES THAT CANNOT GO BEYOND THE NEEDS FOR REQUIRED HOUSING PROGRAMS: LOW INCOME HOUSING TAX CREDIT (LIHTC), HUD, DECD, CHFA, AND DSS VERIFICATIONS I.E., ASSETS, ALL INCOME, LANDLORD VERIFICATION, INSURANCE POLICY, OUT OF POCKET MEDICAL PAYMENT RECEIPTS, YEAR TO DATE TAXES, AND CRIMINAL/CREDIT RECORDS.

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO WALLINGFORD HOUSING AUTHORITY SUBJECT TO THE CONDITION THAT IT BE KEPT CONFIDENTIAL.

I WOULD APPRECIATE YOUR PROMPT ATTENTION IN SUPPLYING THE INFORMATION REQUESTED TO WALLINGFORD HOUSING AUTHORITY WITHIN FIVE (5) DAYS OF RECEIPT OF THIS REQUEST.

I UNDERSTAND THAT A PHOTOCOPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL.

THANK YOU FOR YOUR ASSISTANCE AND COOPERATION IN THIS MATTER.

SIGNATURE

DATE

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM
THE DATE NOTED ABOVE.**