WALLINGFORD HOUSING AUTHORITY
WAITING LIST OPENING
State Elderly/Disabled

Effective Tuesday, October 14th , 2025 the Wallingford Housing Authority (WHA) will open the one (1) bedroom waitlist for its State Elderly/Disabled housing program.

The closing date for the Waiting List will be Tuesday, October 28th , 2025 at 3 p.m. Applicants may apply for the waiting list by completing the appropriate application. Following the closing date, each applicant's Waiting List position will be determined by a lottery selection as set forth in the WHA's Tenant Selection Plan. Copies of this plan can be obtained at the management office address listed below.

All applications must be complete with copies of all required documentation attached. Applications must be signed & dated by all adult members of the applicant household 18 years of age and older. All applications & documentation must be **postmarked or date-stamped** at the Wallingford Housing Authority on or before **October 28th, 2025, at 3:00 PM. FAXED, OR EMAILED APPLICATIONS WILL BE ACCEPTED. WHA WILL NOT MAKE COPIES OF REQUIRED DOCUMENTS.**

Applications can be obtained in person at 45 Tremper Drive, Wallingford, CT 06492 or by mail please call 203-269-5173. The fax number is (203) 269-5150 and the email address is info@wallingfordha.com.

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Efectivo el Martes 14 de Octubre 2025, La Autoridad de Vivienda de Wallingford (WHA) abrirá la lista de espera de un (1) dormitorio para el programa de vivienda de Estatal de Ancianos y Discapacitados.

La fecha de cierre de la lista de espera será Martes 28 de Octubre 2025 a las 3 p.m. Los solicitantes pueden solicitar la lista de espera completando la solicitud correspondiente. Después de la fecha de cierre, la posición de la lista de espera de cada solicitante se determinará mediante una selección de lotería tal como se establece en el Plan de selección de inquilinos de la WHA. Se pueden obtener copias de este plan en la dirección de la oficina de administración que se detalla a continuación.

Todas las aplicaciones deben estar completas con copias de toda la documentación necesario adjunta. Las solicitudes deben estar firmadas y fechadas por todos los miembros adultos del hogar solicitante de 18 años de edad en adelante. Todas las aplicaciones y documentación deben estar selladas con fecha en la Autoridad de Vivienda de Wallingford el 28 de Octubre 2025 o antes, a las 3:00 p.m. **SE ACEPTARÁN LAS APLICACIONES ENVIADAS POR CORREO, POR FAX, O POR CORREO ELECTRÓNICO. WHA NO HARÁ COPIAS DE LOS DOCUMENTOS REQUERIDOS.**

Las solicitudes se pueden obtener en persona en 45 Tremper Drive, Wallingford, CT 06492 o por correo, por favor llame al 203-269-5173. El número de fax es (203) 269-5150 y la dirección de correo electrónico es info@wallingfordha.com.

EQUAL HOUSING OPPORTUNITY

Date and Time Stamp

FOR OFFICE USE ONLY

Application Entered By: _____

Application Entered On: _____

Elderly/Disabled Housing: _____

Deadline: October 28th, 2025, 3pm

WALLINGFORD HOUSING AUTHORITY

PRE-APPLICATION
FOR STATE ELDERLY/DISABLED HOUSING

One Bedroom (1) Waitlist

PART A:

Applicant name: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

PART B: HOUSEHOLD INFORMATION

Who will live in the unit? Include all household members including the head of household listed above.

	Family Member Name	Social Security Number	Date of Birth	Sex	Age	US Citizen (Yes/No)	Race	Disabled (Yes/No)
Head								
Co-Head								
3								

PART C: INCOME

What is the total annual gross family income $ _____

In the table below, please list the amount of income for each household member from each income source.

FAMILY MEMBER(S)	Social Security	Pension	Public Assistance State Welfare, SSI	Wages	Assets, Interests, Dividends, Other

PART D: ASSETS

FAMILY MEMBER(S)	CHECKING ACCOUNT	SAVINGS ACCOUNT	STOCKS, BONDS,ETC.	IRA	Mortgages and Loans to Others
DO YOU OWN YOUR OWN HOME OR OTHER REAL ESTATE? YES NO Market Value= $					

PART E: EXPENSES

FAMILY MEMBER(S)	MEDICARE	BLUE CROSS/BLUE SHIELD	MEDICAL INSURANCE

PART F: INFORMATION

Are you currently residing in Public Housing/ Federally Assisted Housing?_____

If yes, are you currently receiving subsidy for Housing: Yes____No ____

If yes, reason for wanting to leave:_____

Have you ever resided in Public Housing?_____

If yes, where:_____

Reason for leaving:_____

Is head of household or spouse a person with disabilities? Yes _____ or No _____

Please Identify any special housing needs your household has.

_____

Prior Landlords:

Name:		
Address:		
Telephone:		

List all states where the applicant or members of the applicant's household have resided?

Name:	Address:

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**

Where were you living on January 31, 2010? Were you receiving HUD Assistance?

_____

_____

_____

PART G: CRIMINAL HISTORY

Have you or any household member engaged in drug related activity or violent criminal activity?

Yes ___ No _____If yes, please explain

_____

Have you or any household member subject to lifetime registration requirement under Sex Offender

Registration Program? Yes _____No ____ If yes, please explain:

_____

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Applicants are required to notify The Wallingford Housing Authority of any and all address, family size and phone number changes occurring subsequent to this application. Failure to comply will subject the applicant to automatic removal from the prospective waiting list. Also, if an applicant refuses an available apartment, that applicant is subject to removal from the waiting list and must file a new application to be considered for an apartment.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in the loss of eligibility to participate in the housing program and is in violation of State and Federal Law.

SIGNATURE: HEAD OF HOUSEHOLD _____ DATE _____

SIGNATURE: CO-HEAD OF HOUSEHOLD _____ DATE _____

HOW DID YOU HEAR ABOUT US?

The Record Journal ☐

211 ☐

A family member/friend ☐

The Senior Center ☐

Other: .....