



**Supplemental Application for
Congregate (Shared Living) State-Aided
Elderly/Handicapped Public Housing**

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier free:	_____
First Floor:	_____
Elderly/ Handicapped:	_____
Race and/or Ethnicity:	_____
Priority /Preference Category:	_____
Language:	_____

Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page. If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand deliver to the local housing authority at which you have applied.

- 1. Income Before Deductions:** Estimate the Gross Income anticipated for EACH household member who may be living in the shared congregate unit with you from all sources for the next 12 months. Specify all sources.

Household Member Name	Income Type* (Please choose from list below)	Name & Address of Employer or Source of Income	Gross Income for Next 12 Months
			\$
			\$
			\$
			\$
			\$

Total Gross Income: \$ _____

*Income Type: Wages/Salary, Net Income from Business or Profession, Disability, Social Security, TAFDC or Public Assistance, VA Disability, Unemployment, Pension, Alimony or Child Support, proceeds from the sale of an investment (stocks, bonds, etc.), Income from an investment (dividends or interest from stocks, checking/savings accounts, etc.) Annuity Income, Trust Income or Other.



2. Expenses:

Un-reimbursed Medical Expenses:	\$
Alimony of Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

3. Assets: Do you own any real estate? yes no

If yes, please provide the address: _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		

4. Have you sold, transferred or given away any real property or assets in the last three (3) years? yes no

If yes: Date of sale / transfer: Month _____ Day _____ Year _____
 Amount of the sale / transfer: _____
 Value of the sale / transfer: _____

5. References: List two references. These should not be relatives or household members.

(1) Name _____ Telephone No. _____
 Address: _____ City _____ State _____ Zip _____

(2) Name _____ Telephone No. _____
 Address: _____ City _____ State _____ Zip _____



6. List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)

(1) Name of Primary Leaseholder: _____

Address: _____ Apt # _____ Date From: _____ To: _____

City _____ State _____ Zip _____

Landlord Name _____ Telephone No. _____

Landlord Address: _____ City _____ State _____ Zip _____

Did this landlord bring any court action against the leaseholder or you? (check one) yes no

Did this landlord return your security deposit? (check one) yes no n/a

(2) Name of Primary Leaseholder: _____

Address: _____ Apt # _____ Date From: _____ To: _____

City _____ State _____ Zip _____

Landlord Name _____ Telephone No. _____

Landlord Address: _____ City _____ State _____ Zip _____

Did this landlord bring any court action against the leaseholder or you? (check one) yes no

Did this landlord return your security deposit? (check one) yes no n/a

(3) Name of Primary Leaseholder: _____

Address: _____ Apt # _____ Date From: _____ To: _____

City _____ State _____ Zip _____

Landlord Name _____ Telephone No. _____

Landlord Address: _____ City _____ State _____ Zip _____

Did this landlord bring any court action against the leaseholder or you? (check one) yes no

Did this landlord return your security deposit? (check one) yes no n/a



7. Have you, or any member of your household ever received housing or housing assistance from this or any other housing agency? (check one) yes no

If yes, Name of Head of Household at that time: _____

Relation to Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

When you moved out, were you in compliance with the lease and other program requirements?
(check one) yes no

If No, Please Explain: _____

8. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority? yes no If so, this will not necessarily disqualify your application.

If Yes, Please

Explain: _____

9. Do you have any pets? yes no If so, how many?

Please describe:

10. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a crime?*

yes no

If Yes, Please Explain:

11. Do you or any member of your household who will live in the unit have any criminal matters pending?

yes no

If Yes, Please Explain:



*APPLICANTS WITH SEALED RECORDS PLEASE READ BELOW. Applicants with sealed records: You are not required to list convictions that are included in a record that has been sealed. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment, housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests or criminal court appearances

APPLICANT’S CERTIFICATION FOR CONGREGATE HOUSING APPLICATION:

I understand that this Application For Congregate Housing is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate Congregate Housing unit. If I do not accept that offer, my application will be removed from the Congregate waiting list; and, if I reapply, my Application for Congregate Housing will not receive any priority or preference that was granted on my prior Application for Congregate Housing for a three (3) year period.

Based on this Application for Congregate Housing I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** for Congregate Housing from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application for Congregate Housing. I certify that the information I have given in this Application for Congregate Housing is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application for Congregate Housing. **I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and check the Sex Offender Registry and landlord references for all applicants.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this Application for Congregate Housing and a photocopy of this signature is as valid as the original.

Applicant’s Signature: _____

Date: _____

Reviewer’s Signature: _____

Date: _____

