** IT IS IMPERATIVE THAT YOU READ THE INSTRUCTIONS AND COMPLETE THE APPLICATION IN FULL **

INCOMPLETE applications will not be processed and will be returned to the applicant.

This application **IS NOT** for a Section 8 subsidized housing or voucher program.

This application is for our two and three bedroom low to moderate income State Public Housing. Our units have base rents, which average $490 or 29% of income, whichever is higher. Applicants must demonstrate the ability to pay the base rent or 29% of income plus utilities including oil, electricity, and water.

To apply for our community, please complete and return the following documents:

1. **Pre-Application**: Please complete the form in its entirety. Do not leave any blanks. If a question does not apply to you, please write “N/A”. Please remember to sign and date the application.

2. **Authorization and Release**: Please complete one form for the entire household have each household member age 18 and over sign this form.

3. **Background Investigation Information and Consent**: Please complete and sign one form for each household member age 18 and over.

4. **Copies of Birth Certificate & Social Security Cards**: Please provide us with copies of these documents for all household members.

5. **Proof of Income & Assets**: Please provide documentation from all income sources and copies of recent statements for all asset accounts.

You may keep the following document for your records:

Mission Statement

Please return the completed application packet to:

Seymour Housing Authority
28 Smith Street
Seymour, CT 06483

===============================================================================

Once we have received the signed completed pre-application packet, the information you have submitted will be verified to determine your eligibility. Applicants will be notified by mail of their status. Waiting lists will be posted in the main lobby and on the website at www.seymourhousing.org

If you have any questions, or need assistance completing these forms, please contact our office at the phone number shown above.
Pre-Application

ALL INFORMATION MUST BE COMPLETED. PLEASE PRINT NEATLY.

Name(s): ____________________________________________________________

Address: ____________________________________________________________________________

Daytime Phone: ___________________________ Evening Phone: ____________________________

Household Status (check all that apply):
The head of household/spouse is:
☐ Age 62 or over  ☐ Handicapped  ☐ Disabled  ☐ None of these

Can anyone in the household document that he/she requires the features of a dwelling unit accessible for wheelchairs?
☐ Yes  ☐ No

Number of adults (age 18 and over) in the household: __________

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Head</th>
<th>Birth Date</th>
<th>Place of Birth</th>
<th>Sex</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
List all sources of income for ALL ADULTS (age 18 and over) of your household. Use GROSS income (the amount before any deductions)

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Source of Income</th>
<th>Gross Monthly Amount</th>
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</tbody>
</table>

List all assets for ALL ADULTS (age 18 and over) of your household. (Checking accounts, savings accounts, stocks, bonds, life insurance, etc.)

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Type of Account</th>
<th>Bank/Institution</th>
<th>Account #</th>
<th>Balance</th>
</tr>
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Do you own any real estate?  □ Yes  □ No
If yes, please indicate address: ___________________________________________________
If yes, please indicate current market value: $______________________________________

For statistical purposes only (please check all that apply):
□ White  □ Black/African American  □ American Indian/Alaska Native
□ Asian  □ Native Hawaiian/Other Pacific Islander  □ Other

For statistical purposes only (please check one):
□ Hispanic  □ Non-Hispanic

Citizen of the United States?  □ Yes  □ No
 □ Eligible Immigration Status

List household members: ______________________________________

Are you currently in the military?  □ Yes  □ No
Are you a veteran?  □ Yes  □ No
Were you or any household member ever arrested and/or convicted for any drug related offense or for any criminal activity?  

☐ Yes  ☐ No  

If yes, please explain: __________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Are you or any household members registered sex offenders?  

☐ Yes  ☐ No  

If yes, please explain: __________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Were you or any household members ever evicted from Section 8 or other public housing?  

☐ Yes  ☐ No  

If yes, please explain: __________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I/We certify that the information given to the Seymour Housing Authority on household composition, income, assets, allowances, and other items on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for disqualifying this application. I/We also acknowledge that any misrepresentations are in violation of state and federal law.

Signature of Head of Household Date

Signature of Co-Head Date

Signature of Other Household Member Age 18 and Over Date

For Office Use Only:

Program:  ☐ Elderly/Disabled  ☐ Moderate Rental/Family

Application #:  ______________

Bedroom Requirements:  ______________

Date Received:  ______________

Time Received:  ______________

SHA Staff:  

☐ Occupancy Specialist  ☐ Applications Clerk
AUTHORIZATION & RELEASE FOR ADMISSION TO OR CONTINUED OCCUPANCY IN A STATE PROJECT

DATE: ____________________________

TO: ______________________________ 

RE: ______________________________ 

Applicant/Tenant Name

Address

City, State, Zip Code

Social Security Number

As condition of admission to, or continued occupancy of, a unit in the state assisted Seymour Housing project, you are hereby requested and authorized to disclose, make available, and furnish to the Seymour Housing Authority and the State of Connecticut Department of Housing information about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Medical Expenses
- Residence and Rental History

- Employment, Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Social Security

Any individual or organization, including any governmental organization, may be asked to release information including but not limited to the following:

Banks
Courts
Credit Bureaus
Landlords
Utility Companies
Schools and Colleges

Employers (past and present)
U.S. Dept. of Veterans Affairs
U.S. Social Security Administration
Law Enforcement Agencies
Welfare Agencies

Providers of:

- Alimony
- Child Support
- Handicapped Assistance
- Medical Care
- Credit
- Pensions/Annuities

Conditions:
I/We agree that photocopies of this authorization may be used for the purposes stated above.

Date: ____________________________

Signature: Head of Household

Signature: Other Adult Household Member

Signature: Other Adult Household Member

Brenda A. White - Chairperson/Tenant Commissioner
Susan Horelick - Vice Chairperson
Virginia Dota - Treasurer/Tenant Commissioner
Dominick Bellucci - Assistant Treasurer/Tenant Commissioner
Rebecca L. Golebieski - Commissioner

David J. Keyser, PHM 
Executive Director
and Secretary

An Equal Opportunity Employer
BACKGROUND INVESTIGATION INFORMATION AND CONSENT/AUTHORIZATION

Please complete one form for each household member age 18 and over.

As part of a background check, the Housing Authority of the Town of Seymour may obtain a report about you from your local police department as well as the state police department for the purpose of evaluating you as a housing authority resident.

Please provide the following information about yourself.

Applicant Name: __________________________________________________________________________

(First/Middle/Last)

Social Security #: _______________________       Date of Birth: ___________________________________

(For Identification Purposes Only)

Please list all addresses in the last 5 years. List current address first.

1. Current Address: ________________________________________________________________________

   How long at current address? __________________________________________________________

2. Former Address: ________________________________________________________________________

   How long at this address? _____________________________________________________________

3. Former Address: ________________________________________________________________________

   How long at this address? _____________________________________________________________

Have you been know by other names in the past five years? ____ YES ____NO

If yes, please list those names here:_____________________________________________________________

Have you ever been arrested or convicted of any offense? ___ YES ___NO

If yes, please provide details here:______________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

IF YOU WISH TO BE CONSIDERED FOR HOUSING, YOU MUST SIGN THIS AUTHORIZATION.    PLEASE READ THOROUGHLY.

I hereby consent and authorize the Housing Authority of the Town of Seymour and/or its agents to prepare and obtain reports including, but not limited to, information as to my criminal history. Public records may be used in obtaining this information, such as civil and court records.

By signing below, I certify that I have read this document carefully, understand it, and agree to it voluntarily and without duress.

I agree that withholding any of the information requested in this document or submitting false information in connection with this document constitutes valid grounds for rejecting the application.

Authorization Signature of Applicant: ______________________________________   Date:_______________

SHA Hard Drive/Forms/Background Consent.doc 05-22-12
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If yes, please list those names here:_____________________________________________________________

Have you ever been arrested or convicted of any offense?    ____ YES ____NO
If yes, please provide details here:______________________________________________________________
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   How long at current address? __________________________________________________________

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3. Former Address: ________________________________________________________________________
   How long at this address? _____________________________________________________________

Have you been known by other names in the past five years? ____ YES ____NO
If yes, please list those names here:_____________________________________________________________

Have you ever been arrested or convicted of any offense?    ____ YES ____NO
If yes, please provide details here:______________________________________________________________
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Authorization Signature of Applicant: ______________________________________   Date:_______________
DATE: ___________________________________

TO: ___________________________________ FROM: Seymour Housing Authority
___________________________________  28 Smith Street
___________________________________  Seymour, CT  06483
___________________________________  T. (203) 888-4579
___________________________________  F. (203) 888-2096

(Name and address of third party who is being requested to verify this information) (Name and address of housing project requesting the information)

RETURN THIS VERIFICATION TO THE “FROM” ADDRESS LISTED ABOVE

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

APPLICANT/TENANT NAME

APPLICANT/TENANT ADDRESS

APPLICANT/TENANT SOCIAL SECURITY NUMBER

This person has applied for housing assistance under a program of the State of Connecticut Elderly or Moderate Rental Program or the U.S. Department of Housing and Urban Development (HUD). The State of Connecticut and HUD requires the housing owner to verify all information that is used in determining this person’s eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown on the reverse or on the attached page.

Please do not leave any blank areas. If any item does not apply, please mark it “N/A”.

### Checking Accounts:

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Current Balance</th>
<th>Average 6 Month Balance</th>
<th>Interest Rate (N/A if no interest)</th>
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</thead>
<tbody>
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</table>

### Savings Accounts:

<table>
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<tr>
<th>Account No.</th>
<th>Current Balance</th>
<th>Interest Rate (N/A if no interest)</th>
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### Certificates of Deposit:

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Amount</th>
<th>Interest Rate</th>
<th>Date of Maturity</th>
<th>Early Withdrawal Penalty</th>
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### Bonds/Money Market Funds/Other Securities:

<table>
<thead>
<tr>
<th>Type of Asset</th>
<th>Account No.</th>
<th>Current Cash Value*</th>
<th>Interest Rate or Dividend</th>
<th>Projected Income for the next 12 months</th>
<th>Previous Year’s Income:</th>
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*Current cash value is the amount the holder would receive if converted to cash (minus any penalties).

### Keogh/401k/IRA:

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<thead>
<tr>
<th>Type of Account</th>
<th>Account No.</th>
<th>Current Cash Value*</th>
<th>Interest Rate:</th>
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</table>

Name and Title of Person Supplying this Information

Signature

Firm/Organization

Date

Telephone Number

Fax Number

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Tenant Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

---

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Anyone who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).***

Connecticut General Statutes Chapter 128 Section 8-72 Operation of projects. Rentals Tenant eligibility, Inspections. Semiannual statements. Penalty for False Statement. Any Person who makes a false statement concerning the income of the family for which application for admission to or continued occupancy of housing projects is made may be fined not more than five hundred dollars or imprisoned not more than six months or both.
DATE: ___________________________________

TO: ___________________________________  FROM: Seymour Housing Authority
___________________________________  28 Smith Street
___________________________________  Seymour, CT  06483
___________________________________  T. (203) 888-4579
___________________________________  F. (203) 888-2096

(Name and address of third party who is being requested to verify this information)

(Name and address of housing project requesting the information)

RETURN THIS VERIFICATION TO THE "FROM" ADDRESS LISTED ABOVE

SUBJECT: Verification of Information Supplied by an Applicant/Tenant for Housing Assistance

APPLICANT/TENANT NAME ________________________________________________
APPLICANT/TENANT ADDRESS ______________________________________________
APPLICANT/TENANT SOCIAL SECURITY NUMBER ________________________________

This person has applied for housing assistance under a program of the State of Connecticut Elderly or Moderate Rental Program or the U.S. Department of Housing and Urban Development (HUD). The State of Connecticut and HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown on the reverse or on the attached page.

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*Current cash value is the amount the holder would receive if converted to cash (minus any penalties). 

Name and Title of Person Supplying this Information

Signature

Firm/Organization

Date

Telephone Number

Fax Number

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Tenant Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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PENALTIES FOR MISUSING THIS CONSENT: *Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

Connecticut General Statutes Chapter 128 Section 8-72 Operation of projects. Rentals Tenant eligibility, Inspections. Semiannual statements. Penalty for False Statement. Any Person who makes a false statement concerning the income of the family for which application for admission to or continued occupancy of housing projects is made may be fined not more than five hundred dollars or imprisoned not more than six months or both.
Mission Statement

It is the mission and purpose of the Seymour Housing Authority to provide safe, decent, affordable housing to low and moderate income individuals. Our charge is to provide and maintain housing in accordance with certain state laws and regulations. We have been engaged in this practice since 1943.

The Authority’s Dwelling Lease is a result of Landlord Tenant Law, Housing Law, and the Authority’s Rules and regulations based on state regulations as issued by the State of Connecticut Department of Economic and Community Development. It is the Authority’s obligation to enforce these Dwelling Lease provisions.

It is not the responsibility of the Authority to negotiate disputes among tenants, nor does the Authority possess any power of arrest, nor is it the mission of the Authority to provide counseling to tenants.

If disputes occur between or among tenant and are brought to the attention of the Authority, the following will occur:

1. A Pre-Termination notice will be issued to the parties involved. This notice will advise the parties of the lease violation and give the parties 21 days to remedy the situation.

2. An informal tenant conference will be scheduled. The tenants will have the opportunity to meet at the office of the Seymour Housing Authority and explain how the matters and disputes will be settled.

3. If the issues are not resolved, the Authority will refer the tenants to mediation in accordance with the provisions of the Dwelling Lease.

4. If efforts to resolve the dispute are unsuccessful the Authority will issue a Notice to Quit Possession of the unit to all parties and will seek eviction as a final method to resolve the dispute.