

Seymour Housing Authority
28 Smith Street, Seymour CT, 06483 **Phone:** (203) 888-4579 **Fax:** (203) 888-2096

Moderate Rental Housing Application Packet

**** 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 bed-room low to moderate income State Public Housing. Our units have base rents, which average \$500 or 30% of income, whichever is higher. **Applicants must demonstrate the ability to pay the base rent or 30% 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. **Background Investigation Information and Consent:** Please complete and sign one form for each household member age 18 and over.
3. **Authorization and Release:** Please complete one form for the entire household have each household member age 18 and over sign this form.
4. **Copies of Birth Certificate & Social Security Cards:** Please provide us with copies of all household members documents.
5. **Proof of Income & Assets:** Please provide copies of income & assets for each household member age 18 and over.
6. **Bank Verification:** Please only fill out the name, address, social security number and sign/date the 2nd page. Do NOT fill out the account information.
7. **Copy of Photo ID** for all members age 18 and over.

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.

MODERATE RENTAL

Seymour Housing Authority
28 Smith Street
Seymour, CT 06483

For Office Use Only

Date Received: _____

Staff Initials: _____

Pre-Application

ALL INFORMATION MUST BE COMPLETED. **PLEASE PRINT NEATLY.**

Name(s): _____

Address: _____
Street Apt. # City State ZIP

Email 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

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

List all persons, beginning with the head of household, who will live in the rental unit
if you are selected for occupancy

	Name	Relationship to Head	Birth Date	Place of Birth	Sex	Social Security Number
1.		Self				
2.						
3.						
4.						
5.						
6.						
7.						
8.						

List all sources of income for ALL ADULTS (age 18 and over) of your household. Use GROSS income (the amount before any deductions) **ATTACH PROOF OF INCOME**

Household Member Name	Source of Income	Gross Monthly Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

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

Household Member Name	Type of Account	Bank/Institution	Account #	Balance
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

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

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: _____

Please provide your current landlord and past landlord information for the past 5 years:

Current Landlord Name: _____

Address: _____

Phone: _____

Best Time to call: _____

Dates of Residency: _____

Previous Landlord Name: _____

Address: _____

Phone: _____

Best Time to call: _____

Dates of Residency: _____

Previous Landlord Name: _____

Address: _____

Phone: _____

Best Time to call: _____

Dates of Residency: _____

Previous Landlord Name: _____

Address: _____

Phone: _____

Best Time to call: _____

Dates of Residency: _____

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

HOUSING AUTHORITY OF THE TOWN OF SEYMOUR

28 SMITH STREET
SEYMOUR, CONNECTICUT - 06483



TELEPHONE (203) 888-4579
FAX (203) 888-2096
E-MAIL admin@seymourhousing.org
TTY 711

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 state above.

Date: _____

Signature: Head of Household

Signature: Other Adult Household Member

Signature: Other Adult Household Member

Brenda A. White - *Chairperson/Tenant Commissioner*
Dominick Bellucci - *Vice Chairperson/Tenant Commissioner*
Rebecca Golebieski - *Treasurer*
Isolina Ortiz - *Assistant Treasurer/Tenant Commissioner*
Tamisha Davenport - *Tenant 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: _____

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Authorization Signature of Applicant: _____ Date: _____

BANK ACCOUNT(S) or OTHER ASSET(S) VERIFICATION
Required Information – Please return this form within 5 days

DATE: _____

TO: _____

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

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

(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 U.S. Department of Housing and Urban Development (HUD) or the State of Connecticut. HUD and the State of Connecticut require 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 address 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 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 verify all single and/or joint accounts held with the bank.
 Please do not leave any blank areas. If any item does not apply, please mark it "N/A".

Checking Accounts:

Account No.	Current Balance	Average 6 Month Balance	Interest Rate (N/A if no interest)
#	\$	\$	%
#	\$	\$	%
#	\$	\$	%

Savings Accounts:

Account No.	Current Balance	Interest Rate (N/A if no interest)
#	\$	%
#	\$	%
#	\$	%

Certificates of Deposit:

Account No.	Amount	Interest Rate	Date of Maturity	Early Withdrawal Penalty
#	\$	%		
#	\$	%		
#	\$	%		

CONTINUED ON THE REVERSE SIDE

Bonds/Money Market Funds/Other Securities:

Type of Asset	Account No.	Current Cash Value*	Interest Rate or Dividend	Projected Income for the next 12 months	Previous Year's Income:
	#	\$		\$	\$
	#	\$		\$	\$
	#	\$		\$	\$

Keogh/401k/IRA:

Type of Account	Account No.	Current Cash Value*	Interest Rate:
	#	\$	%
	#	\$	%
	#	\$	%

*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.

=====

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 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).**

Sec. 8-46. of the Connecticut General Statutes states that any person who makes a false statement concerning any of the eligibility requirements for a public housing project, as defined in subsection (b) of section 21a-278a, in an application for admission to or continued occupancy of such public housing may be fined not more than five hundred dollars or imprisoned not more than six months or both.

BANK ACCOUNT(S) or OTHER ASSET(S) VERIFICATION
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DATE: _____

TO: _____

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

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#	\$	\$	%

Savings Accounts:

Account No.	Current Balance	Interest Rate (N/A if no interest)
#	\$	%
#	\$	%
#	\$	%

Certificates of Deposit:

Account No.	Amount	Interest Rate	Date of Maturity	Early Withdrawal Penalty
#	\$	%		
#	\$	%		
#	\$	%		

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Fax Number

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Date

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LANDLORD REFERENCE FORM

Landlord: _____
 Phone # _____
 Attn: _____

Applicant/Tenant: _____ Unit # _____
 Property Name: _____

This section for personal reference to fill out. Please mark N/A if questions do not apply. Thank you!

How long have you known the applicant? _____

	Yes	No
Was rent paid on time?	<input type="checkbox"/>	<input type="checkbox"/>
Was unit maintained in a safe and sanitary manner? (Including proper trash removal)	<input type="checkbox"/>	<input type="checkbox"/>
Were housekeeping habits acceptable?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any problems with neighbors?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any tenant caused damages?	<input type="checkbox"/>	<input type="checkbox"/>
Were children properly supervised? (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Has applicant had people living in the apt other than those listed as residents on the lease?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any prior eviction proceedings against this household?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, why?		
Any additional information you may care to provide would be helpful.		

Reference Name (print): _____ Telephone: _____
 Authorized Signature: _____ Date: _____

RETURN TO: _____
Seymour Housing Authority

--OFFICE USE ONLY--

Date Sent: _____
 Date Received: _____
 Comments: _____

SEYMOUR HOUSING AUTHORITY
PET POLICY

Dear Applicant,

The Seymour Housing Authority has adopted a Pet Policy in effect as of September 6, 1993, for all tenants and future tenants.

This pet policy includes a security deposit of \$200.00 that is required for all tenants if they own a pet, along with the following stipulations.

1. Only one animal, OR one cage, OR one fish tank.
2. Non- aggressive breeds only.
3. A current Rabies Certificate for your cat or dog, and a Certificate of Licensing for dogs only from the Town of Seymour, CT. Also required is a verification of the pet being spayed or neutered. Proof of these items must be submitted to the Housing Authority 90 days prior to occupancy.
4. A Comprehensive Personal Liability Insurance Policy in the amount of \$300,000, or an Owners, Landlords, and Tenants Insurance Policy (the policy must be free of pet exclusions), in the amount of \$100,000/\$300,00, is required and filed with the Housing Authority annually.
5. A signed statement from next of kin stating that the pet will be removed from the apartment in the event that the Tenant is absent from the apartment or upon his/her demise.
6. Exclusions apply to Special Purpose Animals. See Pet Policy.

Sincerely,
David J. Keyser, PHM
Executive Director

Do you own a pet? _____ YES _____ NO

By signing below, I acknowledge receipt of the Pet Policy.

Signature

Date

Signature

Date

Signature

Date

RE: Military Status

Date: _____

Dear Tenant,

This form is to verify Military Status for yourself, or any household members listed on your lease. Please fill out and sign in the spaces provided.

This is to attest that I, (name) _____ the lessee, currently residing at property (address) _____, hereby understand and state that:

(Please check the appropriate box)

No, there are no members of this household listed on my lease, over the age of 18 years old, currently serving in any branch of the military.

I am currently in the military.

Name: _____

YES - I have household member(s) listed on my lease that currently serve in the military.

Name: _____

Name: _____

Name: _____

Acknowledgement:

I hereby attest that the facts listed above are true to the best of my knowledge.

PRINT: _____

SIGNATURE: _____

DATE: _____

HOUSING AUTHORITY OF THE TOWN OF SEYMOUR

28 SMITH STREET
SEYMOUR, CONNECTICUT - 06483



TELEPHONE (203) 888-4579
FAX (203) 888-2096
E-MAIL admin@seymourhousing.org
TTY 711

Mission Statement Please Keep

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.

Brenda A. White - *Chairperson/Tenant Commissioner*
Dominick Bellucci - *Vice Chairperson/Tenant Commissioner*
Rebecca Golebieski - *Treasurer*
Isolina Ortiz - *Assistant Treasurer/Tenant Commissioner*
Tamisha Davenport - *Tenant Commissioner*

David J. Keyser, PHM
*Executive Director
and Secretary*



An Equal Opportunity Employer

