

HOUSING AUTHORITY OF THE CITY OF BRIDGEPORT (HACB)

PRE-APPLICATION (Low Income Public Housing)

SELECT ANY [UP TO 3] OF YOUR SITE PREFERENCE(S) THAT YOU WOULD LIKE TO BE OFFERED:

- Trumbull Gardens (*)
 Charles F. Greene Homes (*)
 P.T. Barnum Complex (*)
 Scattered Sites
 Marina Village
 First Available Unit at Any Site

Forest Green reserved for elderly only. **Fireside and Harborview Towers** (*) are covered by Consent Decree. See "Notice Regarding Senior/Disabled Housing" Page # 5.

(*) DOGS NOT ALLOWED AT THIS SITE!

Does your Household Include: Elderly Member Disabled Member Wheelchair User Veteran

Dog
 Are you Homeless (no permanent residence and need the assistance of an organization/person): Yes
 [If Homeless box is checked, please fill out the "Agency Providing Assistance" Page # 2]

Do you require "Congregate Housing" (See Qualification for Admission Page # 1): Yes

Assistance required: Hearing Sight Mobility Impaired Fully Accessible Unit

Are you currently a participant on the Section 8 Program? Yes No

Have you previously applied for housing? Yes No Language spoken: _____

Have been or are you currently on the Low Income Public Housing Waiting list? Yes No

Have you ever been a Public Housing Resident? Yes No

If yes, please list Name of Complex/ last Year of Residency: _____

PRINT CLEARLY!

1. Name of Head of Household Applying: _____

2. Social Security Number of Head of Household: _____ - _____ - _____

3. Present Address, Street, Apt #: _____

• Present City, State Zip Code: _____

• Home Phone #: (____) _____ Cell Phone #: (____) _____

• Email Address: _____

• Monthly Rent Amount paying at present address: \$ _____

4. Marital Status: Single Married Divorced Legally Separated

Widow/Widower

Pregnant: Yes No If yes, expected date of delivery: _____

5. Is the applicant family displaced by a natural disaster (flood, fire, hurricane, etc.?) Yes No

6. Is the applicant family displaced by government action through no fault of their own? Yes No

For Statistical Purposes Only:

7. Ethnicity of Head: Non-Hispanic Hispanic /Latino
 Caucasian/White African American / Black American Indian/Alaska Native
 Asian Native Hawaiian/other Pacific Islander

8. Family Information: List all persons who will live in the public housing unit including foster children, live-in aides (if needed for the care of a family member), etc.

	First Name, Last Name	Date of Birth	Sex	Social Security #	Relation to Head of Household	Disabled	City, State of Birth
H	Applicant's Information			XXXXXXXXXX	HEAD	<input type="checkbox"/>	
2						<input type="checkbox"/>	
3						<input type="checkbox"/>	
4						<input type="checkbox"/>	
5						<input type="checkbox"/>	
6						<input type="checkbox"/>	
7						<input type="checkbox"/>	
8						<input type="checkbox"/>	

9. **Family Income Information:** Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits from AFDC / TANF, VA, Social Security, SSI, SSID, Unemployment, Work's Compensation, Child Support, etc.

Please indicate how amount is received by checking one of the categories *

Family Member Name	Income Source	Amount \$	*Week	*Month	*Year

Do you have a checking and/or savings account or own any Certificates of Deposit, stocks, bonds, etc?
 Yes No If yes, describe the type of asset(s):

Do you own any real estate or did you own any in the past 2 years? Yes No If yes, what is the address:

NOTICE FOR SENIOR AND DISABLED PARTICIPANTS:

Please read the attached Notice Regarding Senior/Disabled Housing. Sign where indicated and return it to the Resident Selection Office with this form.

BHA will be contacting all former Landlords or support services providers for a period of three (3) years from the date of the application. I/We certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/We authorize the release of all information to the Bridgeport Housing Authority by my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/We understand that any false statements made on this application will cause me/us to be disqualified for admission.

A receipt letter with an application number will be sent to you within 30 days after receipt of your application. It is important that this Pre-application is filled out neatly and completely, and your Site Preference(s) selected.

IT IS YOUR RESPONSIBILITY TO NOTIFY US IN WRITING OF ANY OF THE FOLLOWING CHANGES:

- CHANGE OF ADDRESS (LETTER OF CONFIRMATION FOR CHANGE OF ADDRESS WILL BE MAILED)
- INCOME CHANGES, NEW TELEPHONE NUMBER, EMAIL ADDRESS
- CHANGE IN FAMILY STATUS: INCREASE OR DECREASE IN MEMBERS
- SITE PREFERENCE(S)
- CHANGE IN DISABILITY STATUS (ANY FAMILY MEMBER)

MAIL THE CHANGE OF INFORMATION TO:
RESIDENT SELECTION DEPARTMENT
505 TRUMBULL AVENUE
BRIDGEPORT, CT 06606

BHA will be contacting all former Landlords for at least the past 3 years from the date of application.

I (We) hereby certify that the information given to the Housing Authority and/or management agent on this application is true to the best of my (our) knowledge and belief and understand that it will be verified.

I (We) authorize the release of all information to the Bridgeport Housing Authority and/or management agent by my (our) employer (s), the Department of Public Assistance, the Social Security Administration, and / or other business or government agencies.

I (We) understand that any false statements made on this application will cause me (us) to be disqualified for admission.

_____	_____
Applicant Signature	Date
_____	_____
Co-Applicant Signature	Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of the department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Office Use Only

Visual Home App _____ COS _____ Date _____



HOUSING AUTHORITY OF THE CITY OF BRIDGEPORT

Nicholas Calace, Executive Director
150 Highland Avenue
Bridgeport, CT 06604
TDD#: 1-800-545-1833 Ext. 226
www.bridgeporthousing.org



NOTICE REGARDING SENIOR/DISABLED HOUSING

The Housing Authority of the City of Bridgeport (BHA) operates two sites for Disabled and Senior Families, the Harborview Towers, located at 376 East Washington Ave. and the Fireside Apartments, located at 75 Stewart Street, 655 Palisades Ave., and 730 Palisades Ave. Disabled Families and Senior Families are entitled to a preference for these units. The BHA maintains a separate waiting list for Senior/Disabled housing units. All Senior Families (families whose head of household is 62 years of age or older) and Disabled Families who complete an Application for a one-bedroom unit of public housing will be placed on the Senior/Disabled Housing Waiting List, in addition to the General Population Waiting List.

Applicants and residents who are under the age of 62 years and claim to be disabled must provide proof of disability by either:

- 1) Providing proof that he or she receives either Social Security or SSI disability benefits; or
- 2) Having a qualified medical professional with knowledge of the applicant or resident's disability (not necessarily a physician) complete a Disability Verification form provided by the BHA. The applicant or resident will be required to authorize in writing the release of information regarding disability status from the qualified medical professional.

You are not required to reveal the fact that you have a disability; however, if you do not, you may not necessarily receive any of the benefits that such status confers. The BHA is not permitted to ask you about the nature or extent of your disability, your diagnosis or the details of your treatment.

The Department of Housing and Urban Development defines a disabled person in 3 ways:

- (1) A disabled person is one with an inability to engage in any work activity that is both substantial and gainful because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities compared to those in which the person was previously engaged with some regularity and over a substantial period.
- (2) A developmentally disabled person is one with a severe chronic disability that:
 - (a) is attributable to a mental and/or physical impairment;
 - (b) as manifested before age 22;
 - (c) is likely to continue indefinitely;
 - (d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
 - (e) requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
- (3) A disabled person is also one who has a physical, emotional or mental impairment that:
 - (a) is expected to be of long-continued or indefinite duration;
 - (b) substantially impedes the person's ability to live independently;
 - (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

THIS IS TO CERTIFY THAT I HAVE RECEIVED A COPY OF THIS FORM.

DATE: _____

Please return this signed form to the HACB Resident Selection Department)



PRE-APPLICATION