

PRE-APPLICATION/APPLICATION FORM

Pre-Application

Date: _____

Application

Elderly Family Disabled Family Wheelchair User

Resident Selection Office
505 Trumbull Ave.
Bridgeport, CT 06606
Phone: (203) 337-8911 / Fax: (203) 374-4535

1. Name of head of household: _____
 2. Name of adult co-head of household: _____
 3. Current address, Street, Apt. #: _____
 Current City, State and Zip Code: _____
 Current Area Code and Phone #: _____

Language Spoken: _____ Written: _____

Assistance required: Hearing Impaired Sight Impaired Mobility Impaired

For Statistical Purposes Only

4. Race of Head: African American/Black Asian or Pacific Islander
 Native American/Alaskan Native Caucasian/White

5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Latino

Family Information

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security #	Relation to Head of Household	Disabled Person?	Birthplace: Country	Full-time Student
H						<input type="checkbox"/>		<input type="checkbox"/>
2						<input type="checkbox"/>		<input type="checkbox"/>
3						<input type="checkbox"/>		<input type="checkbox"/>
4						<input type="checkbox"/>		<input type="checkbox"/>
5						<input type="checkbox"/>		<input type="checkbox"/>
6						<input type="checkbox"/>		<input type="checkbox"/>

6. Is the applicant family displaced by a disaster, such as a flood, fire, hurricane, earthquake, tornado, etc.?
 Yes No
7. Is the applicant family displaced by government action through no fault of their own?
 Yes No

8. Is any adult family member employed?
Yes No
9. Is any adult family member enrolled in a job training program, including one required under the welfare program?
Yes No
10. Is any adult family member enrolled in an education program full-time?
Yes No
11. **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 received from AFDC / TANF, VA, Social Security, SSI, SSID, Unemployment, Workers' Compensation, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency Per:		
			Week?	Month?	Year?

12. Current Landlord's name and phone #: _____
Date Family moved into this location: _____
13. Most recent former address, Street, Apt. #: _____
Most recent former City, State, Zip Code: _____
14. Most recent prior Landlord's name, phone #: _____
Date Family moved to this location. _____

NOTICE FOR DISABLED AND ELDERLY APPLICANTS:

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

BHA will be contacting all former Landlords for the period of three years from the date of 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 statement 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.

Equal Housing Opportunity Provider