



East Hartford Housing Authority
546 Burnside Avenue, East Hartford, CT 06108

Main Office
(860) 290-8301
Finance Dept Fax
(860) 290-8308

Maintenance \ 24 Hour Emergency
(860) 290-8300
Leasing Dept Fax
(860) 289-1688
www.ehhousing.org

TDD 1-800-545-1833 ext 216

APPLICATION PACKET

This application packet must be **completed, dated, signed** by all household members 18 years of age and older, and have attached **ALL REQUIRED DOCUMENTS** requested below. This application cannot be reproduced and cannot be faxed or emailed.

The completed packet must be returned to:
East Hartford Housing Authority, 546 Burnside Ave, East Hartford, CT 06108

All information and eligibility will be verified prior to being offered a unit.

Listed below is required documentation you must provide along with this packet. Any application missing any required documents will be deemed incomplete and returned to you.

1. Copy of long form of birth certificates for **ALL** family members to be housed. If you or a family member is not a U.S. Citizen, a copy of the immigration card is necessary.
2. Copy of Social Security Cards for **ALL** family members to be housed.
3. Copy of a photo identification card, such as a license or State ID card. If you are not a citizen of the U.S., you must provide a copy of your Alien Registration Card.

YOU MUST INCLUDE ALL THE ABOVE DOCUMENTATION OR YOUR APPLICATION CANNOT BE ACCEPTED. ALL members of the household who are 18 years of age and older MUST SIGN all forms, including application and authorization.

HUD regulations prevent admission for any household member who is a lifetime registered sex offender, has been convicted of manufacturing or producing methamphetamine in assisted housing, or is illegally using a controlled substance.

ROBERT N. KEATING
CHAIRMAN

PRESCILLE YAMAMOTO
VICE CHAIRMAN

HAZELANN B. COOK
COMMISSIONER

JOHN CARELLA
COMMISSIONER

JAMES PATTERSON
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DEBRA BOUCHARD
EXECUTIVE DIRECTOR

RALPH J. ALEXANDER
LEGAL COUNSEL

Equal Housing Opportunity



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PAQUETE DE APLICACION

Este paquete de solicitud debe ser llenado, fechado, firmado por todos los miembros del hogar de 18 años de edad y mayores, y se han unido todos los documentos requeridos se solicitan a continuación. **Esta aplicación no puede ser reproducida y no puede ser enviado por fax o por correo electrónico. Hay dos lados para algunas de las formas, asegúrese de que usted ha firmado y fechado todas las formas.**

El paquete completo debe ser devuelto a: East Hartford Housing Authority, 546 Burnside Avenue, East Hartford, CT 06108. Toda la información y elegibilidad serán verificadas antes de ser ofrecido una unidad.

Abajo esta la lista de documentación requerida para deberá proporcionar junto con este paquete y solicitud adjunta. Cualquier aplicación que faltan todos los documentos requeridos se considerara incompleta y se le devolverá.

1. Copias de la forma larga de certificados de nacimiento para todos los miembros de la familia para ser alojados. Si usted o un miembro de la familia no es un ciudadano de los Estados Unidos, es necesaria una copia de la tarjeta de inmigración.
2. Las copias de las tarjetas de la Seguridad Social para todos los miembros de la familia para ser alojados.
3. Copias de una tarjeta de identificación con fotografía para todos los miembros del hogar para adultos mayores de 18 años, como una tarjeta de identificación o licencia del Estado. Si usted no es un ciudadano de los Estados Unidos, usted debe proporcionar una copia de su Tarjeta de Registro de Extranjero.

USTED DEBE INCLUIR TODA LA DOCUMENTACION SOBRE SU SOLICITUD O NO PUEDE SER ACEPTADA. Todos los miembros del hogar que tengan 18 años de edad y mayores deben firmar todos los formularios, incluyendo la aplicación y las autorizaciones y proporcionar una identificación con foto.

Regulaciones de HUD previenen la admisión de cualquier miembro del hogar que es toda una vida de delincuente sexual registrado, ha sido declarado culpable de la fabricación o la producción de metanfetamina en la vivienda asistida, o está usando ilegalmente una sustancia controlada.

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ELMS VILLAGE – Designated Elderly

Elms Village Dr. – Garden-style & two-story buildings/one bedroom & efficiency units
No elevators

Heat/hot water included, pay own electricity (utility allowance provided)
Pets allowed in garden apartments with approval from Housing Authority

HIGHLANDS – Designated Elderly

1403 Main Street - High-rise/one bedroom & efficiency units (building has elevators)
All utilities included
No pets allowed

HERITAGE GARDENS – Mixed population (elderly & disabled)

163 School St. – two-story building/efficiency units (no elevator)
Single-occupancy only
All utilities included
No pets allowed

HUTT HEIGHTS - Mixed population (elderly & disabled)

70 Cannon Rd – Garden-style one-bedroom & efficiency units
All utilities included
Pets allowed with approval from Housing Authority

SHEA GARDENS – Mixed population (elderly & disabled)

Mill Rd & Holmes St. – Garden-style/two-story buildings
One bedroom & efficiency units (no elevators)
Heat/hot water included, pay own electricity (utility allowance provided)
Pets allowed with approval from Housing Authority

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Application

This is an application only and does not ensure eligibility.
 Eligibility will be determined after all information has been verified.

Ethnicity:

Race:

Name
 Phone Home Cell Work
 Address City State Zip

Family Composition: List all persons who will be living in the household.

| Name | Relation | SS # | Sex | Age | D.O.B | Place of Birth | Elderly or Handicapped? |
|------|----------|------|-----|-----|-------|----------------|-------------------------|
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Employment Information: List all full and/or part time employment for all members of the household. Include self employment.
 Give complete name and address of employer.

| Family Member | Employer Name & Address | Rate/Hr | Hrs/Wk | Tips |
|---------------|-------------------------|---------|--------|------|
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Other Income: List income from Welfare, Soc Sec, SSI, Pensions, Wrkrs Comp, Unemployment, Babysitting, Child Support, Rental Property, Military Pay, Earned Inc Tax Credits, Scholarships, Grants, Work Study, Alimony, Etc. Include Claim # & ID #.

| Family Member | Income Source & Address | ID / Claim | Amount | Select one |
|---------------|-------------------------|------------|--------|------------|
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Assets: List all bank accounts (sav & chk), stocks, bonds, securities, certificate of deposits, credit union shares, IRA, 401K or Keogh plans, or any possessions kept for investment purposes.

Include Any Asset Disposed of Within the Last Two (2) Years. Please include complete address and account numbers.

| Family Member | Name & Address of Bank, Broker, Etc | Account # | Balance/Value |
|---------------|-------------------------------------|-----------|---------------|
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General Information:

Are you and your household members citizens of the United States? _____
If no, please make sure the alien registration number is listed on the previous page for all applicable household members.

Do you have a pet? _____ If yes, please describe. _____

Have you or any household members ever lived in subsidized housing or received rental assistance? _____
If yes, list the name and address of the agency providing assistance:

Have you or any household members ever lived in another state? _____
If yes, list what state(s) and what dates (from – to):

Do you or any household members own or have an interest in any real estate, boat, and/or mobile home? _____
Have you or any household member sold any real estate in the last two years? _____
If yes, explain: _____

Have you disposed of any assets in the last two years for less than the market value? _____
If yes, explain: _____

Have you or any household member ever been convicted of, or have a history of drug-related criminal activity, or are illegally using a controlled substance? _____
If yes, explain: _____

Have you or any household member ever been convicted of, or have a history of violent crimes? _____
If yes, explain: _____

Are you or any household member subject to a lifetime registration requirement under a State sex offender registration program? _____

Have you or any household member been convicted of manufacturing or producing (speed) methamphetamine in a public housing development or in a Section 8 assisted property? _____

Have you ever committed any fraud in a Federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? _____
If yes, explain: _____

I do hereby swear and attest that all of the information above is true and correct. I also understand that **all changes** in the income of any member of the household as well as **any changes** in household members must be reported to the Housing Authority **IN WRITING IMMEDIATELY**. I further understand that should I change my address, failure to inform the Housing Authority in writing immediately could result in the removal of my application from the waiting list, should I be determined to be eligible and placed on the waiting list, without further notification.

Head of Household

Date

Spouse or Other Adult

Date

WARNING: Section 1001 of Title 18 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 or agency of the United States.



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Please select the apartment size that you are in need of. _____

Are you or anyone listed on the application in need of a wheelchair-accessible unit or any other accommodations? _____

What is necessary? _____

Pets are allowed in certain apartment complexes (WITH APPROVAL FROM EHHA ONLY.) Please specify if you own any pets and what type. _____

Please list a contact person that we may reach, if you are not available. _____

PRESENT ADDRESS INFORMATION

Please specify your current living arrangements. _____

If you are currently renting, please list the name, address, and phone number of your **PRESENT LANDLORD**.

Please list the month and year you started living at this address. _____

Please explain the reason you want and/or need to move from this address. _____

If less than 7 years at the above address, please list PREVIOUS ADDRESS #1

Please list the month & year you moved **in** and the month & year you moved **out**. _____

Former landlord's name and address _____

Reason for moving _____

PREVIOUS ADDRESS #2

Please list the month & year you moved **in** and the month & year you moved **out**. _____

Former landlord's name and address _____

Reason for moving _____

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PREVIOUS ADDRESS #3

Please list the month & year you moved **in** and the month & year you moved **out**. _____

Former landlord's name and address _____

Reason for moving _____

PREVIOUS ADDRESS #4

Please list the month & year you moved **in** and the month & year you moved **out**. _____

Former landlord's name and address _____

Reason for moving _____

PREVIOUS ADDRESS #5

Please list the month & year you moved **in** and the month & year you moved **out**. _____

Former landlord's name and address _____

Reason for moving _____

LIST ANY ADDITIONAL ADDRESSES ON A SEPARATE SHEET OF PAPER
The more complete information you provide us will help in processing your application

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Due to HUD regulations you are required to provide East Hartford Housing Authority a list of all states that you and any other family member(s) listed on your application have lived in throughout your lifetime. This information is required to obtain all of the required background checks. Failure to list all states you have lived in is cause for EHHA to deny your application for housing.

Please list all states that you and any other family members(s) on your application have lived in throughout your lifetime below:

| Name | State |
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I certify that the above information is true and accurate. I further understand that failing to list or omitting any state that I or any family members listed on my application have lived in throughout my/their life time will cause the denial of my application.

Signature of Head of Household

Date

Signature of Spouse or Other Adult Member

Date

ROBERT N. KEATING PRESCILLE YAMAMOTO HAZELANN B. COOK JOHN CARELLA JAMES PATTERSON DEBRA BOUCHARD RALPH J. ALEXANDER
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Disability Certification Form

If you consider yourself to be a disabled and/or handicapped individual, please fill out the first page of this form. By signing the first page of this form you will be giving your consent to an evaluator/diagnostician of your choice to verify your disability and/or handicap status. By filling out the back page of the form, the evaluator/diagnostician of your choice will be verifying your disability/handicap status and certifying that the information they are providing is true and correct. All information disclosed will be kept confidential in accordance with all current HIPAA requirements.

Name of Evaluator/Diagnostician: _____

Address of Evaluator/Diagnostician: _____

Name: _____ SSN: _____

Address: _____

The individual named above is an applicant/resident for housing assistance which is subsidized through the Department of Housing & Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program(s) they have applied for. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I _____ hereby authorize _____ to release the information requested.

Applicant/Tenant Signature: _____ Date: _____

EVALUATOR/DIAGNOSTICIAN PLEASE COMPLETE THE SECOND PAGE OF THIS FORM

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Disability Certification: HUD’s definition of disabled requires that the individual be “unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than 12 months.”

Based upon the above definition, it is my opinion that the individual indicated:

_____ is disabled _____ is not disabled.

Disability began about: _____

Other information: _____

Handicap Certification: HUD’s definition of handicapped requires that the physical or mental impairment “is expected to be of long or indefinite duration, substantially impedes his or her ability to live independently, and is of such a nature that the disability could be improved by more suitable housing conditions.”

Based upon the above definition, it is my opinion that the individual indicated:

_____ is handicapped _____ is not handicapped.

Handicap began about: _____

Other information: _____

What, if any, accommodations are necessary due to the individual’s disability and/or handicap? _____

Additional Comments: _____

I certify that the information provided above is true and correct.

Evaluator/Diagnostician’s Name

Title

Signature

Date

Name of Organization

Address

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

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Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

| | | | |
|--|-------|---------------------------------|-------|
| _____ | _____ | | |
| Head of Household | Date | | |
| _____ | | _____ | _____ |
| Social Security Number (if any) of Head of Household | | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Spouse | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |
| _____ | _____ | _____ | _____ |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



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Authorization for Release of Information

CONSENT TO RELEASE INFORMATION TO EAST HARTFORD HOUSING AUTHORITY ONLY

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and to verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing and or any other Federal, State, or local housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing & Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the public housing authority (PHA) to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records of my payment history and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | | |
|------------------------------|--------------------------------|----------------------------------|
| Identity and Marital Status | Employment Income and Assets | Medical or Child Care Allowances |
| Credit and Criminal Activity | Residences and Rental Activity | |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on requirements) include but are not limited to:

- | | | |
|-------------------------------------|--|-------------------------------------|
| Previous Landlords (including PHAs) | Past and Present Employers | Court and Post Offices |
| Welfare Agencies | Schools and Colleges | State Unemployment Agencies |
| Law Enforcement Agencies | U.S. Social Security Administration | Medical and Child Care Providers |
| Support and Alimony Providers | Retirement Systems | U.S. Dept. of Veterans Affairs |
| Utility Companies | Banks and Other Financial Institutions | Credit Providers and Credit Bureaus |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the PHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove/correct information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies, U.S. Dept. of Defense, U.S. Office of Personnel Management, U.S. Postal Service, U.S. Social Security Administration, and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will remain on file with the PHA. I understand I have a right to review my file and correct any information that I can prove is incorrect. This authorization is valid for eighteen (18) months after signature date.

SIGNATURES

| | | |
|-------------------------------|------------|------|
| Head of Household signature | Print Name | Date |
| Spouse/Adult Member signature | Print Name | Date |
| Adult Member signature | Print Name | Date |

ROBERT N. KEATING
CHAIRMAN

PRESCILLE YAMAMOTO
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RALPH J. ALEXANDER
LEGAL COUNSEL

Equal Housing Opportunity



Equal Opportunity Employer

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |
| | |

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.