



**THE TOWN OF GROTON HOUSING AUTHORITY  
770 POQUONNOCK RD. GROTON CT 06340  
PHONE: (860) 445-1596 FAX: (860) 448-0051**

## **Team Members**

The Groton Housing Authority is currently managed by Imagineers LLC.

Sheila DiCicco, Director of the Rental Division  
is serving as the Acting Executor Director.

Wanda Purcell serves as the Property Manager  
overseeing day-to-day property operations.

Sharon D’Onofrio serves as the Resident Service Coordinator  
and is a direct employee of the GHA

## **Groton Housing Authority Application Instructions**

The Groton Housing Authority of the Town of Groton (“GHA”) owns and oversees affordable and assisted housing units under both state and federal housing programs. GHA has contracted with Imagineers LLC to manage these units and ensure compliance with all applicable requirements, including the U.S. Department of Housing and Urban Development (HUD) regulations, the Connecticut Department of Housing, the Fair Housing Act, the Connecticut Fair Housing Regulations, and other relevant state and federal laws.

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### **Waiting List Placement & Eligibility Determination**

Applicants will be placed on all applicable waiting lists for which they may be eligible.

Final eligibility is determined when an applicant reaches the top five (5) positions on the relevant waiting list. At that point, GHA will begin the formal process of verifying eligibility, since circumstances (such as income, assets, and household composition) may change over time.

If you do not wish to be considered for a particular property, you may submit a written request identifying the property or properties you wish to decline.

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### **Application Instructions**

When completing your application, please follow these requirements:

- Answer all questions with “Yes,” “No,” or “N/A” (Not Applicable).
- If you are uncertain, provide your best estimate; staff will review all responses.
- Do not use white-out. To correct an error, draw a single line through the error, initial the change, and write the correct information clearly.
- Complete the application in full.
- All adult household members (age 18 or older) must sign the application and provide required documentation.

## Submitting Your Application

Once your application is **complete**, contact the management office to schedule an in-person intake appointment with the **Resident Service Coordinator at (860) 448-9070**. If prompted, leave a voicemail, and staff will return your call the next business day. Please keep in mind that the RSC office is open for administrative needs on **Tuesday & Friday only**.

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## Eligibility Criteria

To qualify for elderly or disabled housing under current GHA policy, applicants must meet one of the following:

- Be 62 years of age or older, **or**
- Certified as totally and permanently disabled under the Federal Social Security Act or another recognized disability standard.

At this time, GHA does not have approval to admit individuals aged 55–61 unless they meet disability criteria. Should this policy change, GHA will provide public notice in accordance with applicable regulations and the Tenant Selection Plan.

All applications are reviewed without regard to race, color, national origin, religion, sex (including sexual orientation and gender identity), familial status, disability, age, source of income, veteran status, or any other characteristic protected by federal or state law.

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## Pet and Assistance Animal Policy

- **Pets:** Pets are not permitted in GHA housing developments.
- **Assistance Animals:** In accordance with the Fair Housing Act, Section 504 of the Rehabilitation Act, and HUD guidance, service animals and emotional support animals are **not considered pets** and are allowed as reasonable accommodations for individuals with disabilities.

Requests for assistance animals are reviewed on a case-by-case basis. Documentation may be required to verify disability-related needs, consistent with HUD requirements. Residents must comply with local licensing, vaccination, and animal control laws.

## Application Fee

- A **\$35 non-refundable processing fee** is required with a completed application.
- Payment must be made by cashier's check or money order **payable to Groton Housing Authority. Cash is not accepted.**
- *Applicants who believe they would qualify for financial hardship may request a waiver; requests will be reviewed for eligibility.*

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## Rent Calculation

Monthly rent is determined in accordance with HUD guidelines 4350.3, Connecticut Department of Housing and/or Connecticut Housing Finance Authority regulations:

1. Start with total household **gross** annual income.
2. Subtract unreimbursed medical expenses exceeding 3% of gross income (for eligible households).
3. Divide adjusted income by 12 and multiply by 31%.
4. Compare this figure to the base rent; the greater amount is the household rent.

## Base Rent:

- Efficiency Unit: \$525/month *(or 31% of your annual income)*
- One-Bedroom Unit: \$630/month *(or 31% of your annual income)*
- One-Bedroom Double Unit: \$680/month *(or 31% of your annual income)*
- Buildings 31 & 35 only: One-Bedroom unit: \$1260/monthly *(or 31% of your annual income)*

## Utility Allowance:

- \$45/month for Efficiency Units
- \$50/month for One-Bedroom Units

Residents are responsible for electricity, phone, and cable services. Property assumes financial responsibility for water, sewer, trash removal, snow removal, landscaping, common area pest control and laundry facilities. Each unit is equipped with stove, refrigerator and its own hot water tank.

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## Screening Process

All applicants will be screened in accordance with federal, state, and local laws and the SOHUD issued change on November 25, 2025, as well as the GHA Tenant Selection Plan. Screening may include:

- Credit history review
- Criminal background check (conducted in accordance with HUD's guidance on individualized assessments and consistent with fair housing requirements) referencing SOHUD issued 11/25/2025.
- Rental history and landlord references

Applicants who are denied will receive written notice stating the reason(s) and instructions on how to appeal in writing within **10 calendar days**.

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## Income Limits (effective April 1, 2025):

- One-person household: \$63,700
- Two-person household: \$72,800

Income limits are set annually by HUD and may change.

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## Citizenship & Immigration Status

For federally funded programs, applicants must be U.S. citizens or have eligible immigration status (24 CFR Part 5). All household members must declare citizenship or eligible immigration status; documentation may be required.

- Households with a mix of eligible and ineligible members may still qualify, but assistance will be prorated.
- Individuals without eligible immigration status cannot receive rental subsidies but may live in the unit as part of a mixed-status household.

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**Required Documentation** *(all documentation must be submitted with application)*

Applicants must provide original documents for each household member: *(no phone screenshots, or photos will be accepted. All documentation must be readable.)*

- Government-issued photo ID
- Social Security card or acceptable verification of SSN (24 CFR § 5.216)
- Proof of age (e.g., birth certificate)
- Social Security benefit award letter (dated within 12 months)
- Documentation of being totally and permanently disabled under the Federal Social Security Act or another recognized form of disability standard. IF under 62 years of age
- Verification of all income sources: employment (last 6 consecutive paystubs), pensions, annuities, unemployment, etc.
- Past 3 month OR the last quarter (if applicable) statement for all financial accounts (checking, savings, CDs, IRAs, etc.)
- Applicants that are divorced or separated, please provide applicable documentation detailing alimony and/or the distribution of assets.

**If claiming medical deductions (elderly or disabled households only):**

Provide proof of actual out-of-pocket expenses from the **past 12 months**, such as:

- Co-pay receipts or statements (medical, dental, vision)
- Prescription printout (past 12-month period)
- Health insurance or supplemental insurance premiums
- Receipts for prescribed over-the-counter medications or supplies (with medical provider confirmation of necessity)

All documentation will be verified according to HUD's verification hierarchy and third-party verification rules (HUD Handbook 4350.3).

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**Language & Disability Accommodations**

If you require language assistance, reasonable accommodation for a disability, or auxiliary aids to complete your application or participate in any part of the process, please notify the management office in advance. GHA will provide accommodations in compliance with HUD, Section 504, the ADA, and all other applicable laws.



**HOUSEHOLD MEMBERS** – list the legal names of all household members below. Start with the Head of Household, then Spouse/Co-Head of Household, then any other adult household members.

Name of Household Member	Relationship to HOH	Social Security Number	Sex	Age	Date of Birth
1)					
2)					
3)					
4)					
5)					

**EMPLOYMENT INCOME**

Does anyone in your household have any income from employment? \_\_\_\_ Yes \_\_\_\_ No

If yes, complete the following information:

If employed provide most recent paystubs: past 6 pay stubs

**DID YOU FILE A FEDERAL INCOME TAX RETURN FOR THE MOST RECENT YEAR? \_\_\_\_ Yes \_\_\_\_ No**  
**IF SO; BE SURE TO PROVIDE A COPY WITH YOUR DOCUMENTS.**

Name of Member	Name of Employer	Weekly Gross	Yearly
1)			
2)			
3)			

**IDENTIFY AND PROVIDE ALL SOURCES OF INCOME for each household member**

<i>Identify each source of income currently received or anticipated to be received in the next 12 months.</i>	Circle Yes or No for each item listed		Monthly Gross Income (Enter N/A if none)
1. Disability/Worker's Compensation/Severance Pay	Yes	No	\$
2. Lottery Winnings Paid Periodically	Yes	No	\$

GROTON HOUSING AUTHORITY APPLICATION  
 770 POQUONNOCK RD. GROTON CT 06340  
 PH: 860-445-1596 / FAX: 860-448-0051

3. Military Pay	Yes	No	\$
4. Pension / Annuity	Yes	No	\$
5. Educational Financial Assistance	Yes	No	\$
6. Alimony/Family Financial Assistance/Child Support	Yes	No	\$
7. Rental Income	Yes	No	\$
8. Self-Employment	Yes	No	\$
9. Not Employed	Yes	No	\$
10. Zero Income (NO INCOME OF ANYKIND FROM ANY SOURCE)	Yes	No	\$
11. Social Security (SSI / SSDI)	Yes	No	\$
12. Income from a Trust Account	Yes	No	\$
13. Unemployment Compensation	Yes	No	\$
14. Veterans Benefits (VA)	Yes	No	\$
15. Public Assistance (AFDC/TANF/W-2/SNAP)	Yes	No	\$
<b>16. ANY OTHER INCOME NOT LISTED ABOVE</b>	Yes	No	\$

**LIST ALL ASSETS for each household member:**

TYPE OF ASSET / ACCOUNT	NAME OF FINANCIAL INSTITUTION(S)	(last 5 digits) ACOUNT NUMBER(S)	ESTIMATED BALANCE
CHECKING			
SAVINGS			
ANNUITY / PENSION			
401 K / RETIREMENT			
REAL ESTATE / HOUSE			
LAND CONTRACT / DEED OF TRUST			
BONDS			
CD / MONEY MARKET			
TREASURY BILL			
PERSONAL PROPERTY HELD AS AN INVESTMENT			
STOCKS / MUTUAL FUNDS			

In the past two (2) years, have you sold or given away any assets for LESS than fair market value: \_\_Yes \_\_No

IF YES, please complete the following:

What type of Asset was Disposed: \_\_\_\_\_

Date and Amount: \_\_\_\_\_

**RESIDENTIAL HISTORY**

Have you ever been evicted: \_\_\_Yes \_\_\_No / Are you currently under eviction: \_\_\_Yes \_\_\_No

**Please provide five (5) years of housing history or the last three (3) years, IF you have been at your current address for more than five (5) years.**

**CURRENT ADDRESS:** \_\_\_\_\_

Landlord/Management Co. Name: \_\_\_\_\_

Contact Name and Number: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Reasons for Moving Out: \_\_\_\_\_

**2) PREVIOUS ADDRESS:** \_\_\_\_\_

Landlord/Management Co. Name: \_\_\_\_\_

Contact Name and Number: \_\_\_\_\_

Move Out Date: \_\_\_\_\_ Reasons for Moving Out: \_\_\_\_\_

**3) PREVIOUS ADDRESS:** \_\_\_\_\_

Landlord/Management Co. Name: \_\_\_\_\_

Contact Name and Number: \_\_\_\_\_

Move Out Date: \_\_\_\_\_ Reasons for Moving Out: \_\_\_\_\_

**4) PREVIOUS ADDRESS:** \_\_\_\_\_

Landlord/Management Co. Name: \_\_\_\_\_

Contact Name and Number: \_\_\_\_\_

Move Out Date: \_\_\_\_\_ Reasons for Moving Out: \_\_\_\_\_

**5) PREVIOUS ADDRESS:** \_\_\_\_\_

Landlord/Management Co. Name: \_\_\_\_\_

Contact Name and Number: \_\_\_\_\_

Move Out Date: \_\_\_\_\_ Reasons for Moving Out: \_\_\_\_\_

**PROGRAM INTEGRITY INFORMATION**

Do you anticipate any changes in household/family size? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES: please provide details (wedding/birth etc.)

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Do you or anyone listed on this application that requires Reasonable Accommodation:

\_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES: please let us know what that accommodation is.

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Would you consider yourself homeless: \_\_\_\_\_ Yes \_\_\_\_\_ No

HUD defines homelessness under four categories: (1) people who are literally homeless, meaning they lack a fixed, regular, and adequate nighttime residence (such as living in shelters, transitional housing, or places not meant for habitation); (2) those at imminent risk of homelessness, who will lose their housing within 14 days and lack resources or support; (3) certain families with children and unaccompanied youth who meet homelessness definitions under other federal statutes and face instability or barriers to housing; and (4) individuals or families fleeing or attempting to flee domestic violence, sexual assault, or other dangerous conditions without another safe place to stay or resources to secure housing.

Have you previously, at any time lived in rent assisted or subsidized housing before: \_\_\_\_ Yes \_\_\_\_ No

IF YES: where: \_\_\_\_\_

Who was the Head of Household: \_\_\_\_\_

Have you ever used a name other than the one you have listed on this application: \_\_\_\_ Yes \_\_\_\_ No

IF YES: what was that name: \_\_\_\_\_

Is anyone in your household currently or previously engaged in the use, sale, manufacture, or distribution of a controlled substance: \_\_\_\_ Yes \_\_\_\_ No.

IF YES: which household member: \_\_\_\_\_

Is any member listed on the application required to register as a Registered Sex Offender? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime: \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES, Explain: \_\_\_\_\_

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Have you ever been evicted from Public or Rent Assisted Housing: \_\_\_ Yes \_\_\_ No  
Do you owe any money to a Public Housing Agency? \_\_\_ Yes \_\_\_ No

**HOUSEHOLD VEHICLE INFORMATION**

Does any member of your household own or operate a vehicle?  Yes  No

If you answered YES to owning / operating a vehicle, you are to provide the information below for each vehicle.

- Number of Vehicles: \_\_\_\_\_
- Year/Make/Model: \_\_\_\_\_
- License Plate Number(s): \_\_\_\_\_
- Year/Make/Model: \_\_\_\_\_
- License Plate Number(s): \_\_\_\_\_

**Note:** All vehicles must be registered in the State of Connecticut under the name of the household member who owns the vehicle. Each approved and licensed household member is permitted **one (1)** properly registered and insured vehicle in accordance with state regulations. **Parking is limited and subject to availability.**

**FAMILY CONTACT / RELEASE INFORMATION (if applicable)**

I grant permission for the Groton Housing Authority and/or its recognized management representative(s) to discuss all aspects of my application, including the information provided, eligibility or the status of my application with the contact's name I have provided below:

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**General Authorization for the Release of Information.**

Name (s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I, the above-named individual, has authorized IMAGINEERS LLC c/o THE GROTON HOUSING AUTHORITY to verify the accuracy of the information provided to them. This information will be used to determine eligibility for the housing programs as required by Department of Economic and Community Development (DECD), Housing & Urban Development (HUD) and DSS/CHFA Annual Recertification, the Low-Income housing tax credit (LIHTC) verifications i.e., ASSETS, ALL Income, LANDLORD verification, YEAR to date taxes, AND Criminal/Credit Records.

I hereby give you my permission to release this information upon request to IMAGINEERS LLC c/o THE GROTON HOUSING AUTHORITY with the understanding that it is to be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to IMAGINEERS LLC c/o THE GROTON HOUSING AUTHORITY. within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.**

**CURRENT MONTHLY RENT \$** \_\_\_\_\_

Do you currently have a HOUSING CHOICE VOUCHER (rental assistance)? \_\_\_\_\_

Voucher Administrator: (name & number) \_\_\_\_\_

**CURRENT BEDROOM SIZE** \_\_\_\_\_

PREFERRED BEDROOM SIZE:

STUDIO \_\_\_\_\_ 1 BEDROOM \_\_\_\_\_ FIRST AVAILABLE \_\_\_\_\_

PREFERRED PROPERTY:

PEQUOT VILLAGE \_\_\_\_\_ GRASSO GARDENS \_\_\_\_\_ FIRST AVAILABLE \_\_\_\_\_

ANY SPECIFIC FEATURES NEEDED: (such as wheelchair accessibility, visual aid, ramp, close parking, etc)

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## Applicate's Receipt

Receipt of this application does not guarantee approval or create a landlord-tenant relationship. The application will be reviewed in accordance with our policies and all applicable housing laws.

### Acknowledgment of Receipt of Application

This is to confirm The Groton Housing Authority has received a *completed rental application* from

\_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
*Name of Applicant* *Date* *Time*

Received by: \_\_\_\_\_

Date/Time: \_\_\_\_\_