

Housing Authority and Redevelopment Agency
Town of Groton
770 Poquonnock Road
Groton, Connecticut 06340
860-445-1596
www.grotonhousingauthority.org

Dear Applicant,

Thank you for applying with the Groton Housing Authority. State law determines eligibility as follows:

A person must be 62 years of age or older, or be 18 years and certified as totally disabled under the Federal Social Security act.

No pets allowed (cats or dogs). There is a \$40 non-refundable application fee due upon return of application payable by cashier's check or money order to GHA (no cash).

Rental amount is calculated as follows:

- Gross Income
- Less non-reimbursed medical expenses in excess of 3% of your gross income.
- Your adjusted income is then divided into 12 months then multiplied by 31%. Or Base Rent (whichever is higher).
 - Base Rent Structure:
 - Efficiency base rent \$500
 - One Bedrooms start at \$600
- You are given a utility allowance of \$45 for an efficiency unit and \$50 for a one bedroom unit.

The above listed will determine your monthly rental amount.

All residents are responsible to pay for their own electric, telephone, and cable.

We screen all applicants with complete credit and criminal checks. An applicant who passes the screening criteria will be given a control number and placed on our waiting list. An applicant who does not meet the screening criteria will be denied housing and will receive a written notice at which time the applicant will be given an opportunity to request, in writing, an appeal. This request must be within (10) days of the denial letter.

Sincerely,
Groton Housing Authority

Enc.

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Income Limits: One person \$50,470.00
 Two people \$57,680.00

Please call 860-445-1596 to set up an appointment to review your application and bring the following information with you to your appointment:

- Birth Certificate
- Social Security Card
- Valid Photo ID
- Current Social Security income print out
- Employment or verification of any income you are receiving
- Pension information
- Current Checking and Saving Account Statements, CDs or Money Market, Investment Statements
- Any medical expenses that you pay on a regular basis:
 - Doctor's co-payments
 - Dental co-payments
 - Eye exams and eye glasses
 - Pharmacy – copy from your pharmacy for what you spend on prescriptions for the last 12 months
- Verification if you pay a medical supplement (Blue Cross/AARP, etc.)

APPLICATION FOR ELDERLY HOUSING



Groton Housing Authority
 770 Poquonnock Road
 Groton, CT 06340
 (860) 445-1596

Have you applied for/lived in assisted housing? Yes _____ No _____
 If yes, when did you apply for vacate? ___/___/___ Who was the landlord/HA? _____
 Have you ever applied for or participated in Section 8 program? Yes _____ No _____
 If yes, when did you apply or leave the program? ___/___/___ Who was the HA? _____

Today's Date ___/___/___ Application Date ___/___/___

Unit Applying For (mark one)

One Person Apartment

Two Person Apartment

Note: Once you are housed, your name will be withdrawn from the waiting lists; if offered housing and you do not accept it, you will be removed from the waiting list of that program.

APPLICANT DETAILS

Last Name _____ First Name _____

Spouse Last Name _____ Spouse First Name _____

Marital Status _____ Spouse Maiden Name _____

Address _____ Mailing Address _____

Home Phone # _____ Work Phone # _____

Nearest Kin – Friend Name _____

Address _____

Home Phone # _____ Cell # _____ Relationship _____

HOUSEHOLD MEMBERS

Name of Family Member	Relation	Alien Registration or Social Security Number	Sex	Age	Date of Birth	Place of Birth
1.	Head					
2.						

APPLICATION FOR ELDERLY HOUSING



Are you expecting any changes to your family? (e.g. marriage, adoption, guardianship, etc...)

Yes No

Does anyone in your household need special accommodation? Yes No
If yes, give details:

EMPLOYMENT INCOME

Does anyone in your household have any income from employment? Yes No
If yes, complete the following information:

Family Member	Name of Employer	Gross Weekly Pay	Annualized Income	Length of Time Working
		\$	\$	
		\$	\$	

Did you file a federal income tax return for the most recent year? Yes No

Does anyone outside of your household pay any of your bills or expenses? Yes No

If yes, explain:

BENEFITS / WELFARE ASSISTANCE

Do you or does anyone in your household receive any benefits, pensions or welfare assistance? Yes No
If yes, please give details below

Family Member	Source of Income	Amount and Frequency
	Social Security	

ASSETS INFORMATION

Do you or any members of your household have any assets? Yes No
 Checking or Savings Accounts Yes No
 Stocks, Bonds, Mutual Funds, Trusts, Other Assets Yes No
 Car, Home or Real Estate Yes No
 Has anyone recent disposed of assets at less than market value? Yes No

If yes, list the assets and when you disposed of them _____

APPLICATION FOR ELDERLY HOUSING



List any assets you have below:

Family Member Name	Name & Address of Source (e.g. bank, broker, etc...)	Account Number	Balance/Value	Annual Income or Disposal Date
			\$	
			\$	
			\$	
			\$	

EXPENSES

Do you have Medicare/Medicaid? Yes No
 If yes, what is the premium, if any? _____
 Do you have any other type of medical insurance? Yes No
 If yes, premium amount is \$ _____ per _____
 Do you have any outstanding medical bills? Yes No
 If yes, how much? \$ _____
 Are you expecting any medical expenses over the next 12 months? Yes No
 If yes, how much? \$ _____
 Do you have a lease? Yes No
 What is the expiration date on your lease? (attach copy) _____

TENANT SUITABILITY SCREENING

Have you recently (in the last 6 months) been put out of your home or are about to be put out of your home?
 Yes No If yes, why? _____

 Have you ever been evicted? Yes No
 Are you currently under eviction? Yes No
 If yes to either one, what happened? _____

Please give us your current:
 Landlord's Name: _____
 Landlord's Address: _____
 Phone #: _____ Length of Tenancy: _____

APPLICATION FOR ELDERLY HOUSING



Please give us your previous address and landlord references for the past five years:

Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone #: _____ Length of Stay: _____

Address of unit you rented: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone #: _____ Length of Stay: _____

Address of unit you rented: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone #: _____ Length of Stay: _____

Address of unit you rented: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone #: _____ Length of Stay: _____

Address of unit you rented: _____

USE ADDITIONAL SHEET, IF NECESSARY, TO LIST ALL PREVIOUS ADDRESSES AND LANDLORD INFORMATION OVER THE PAST FIVE (5) YEARS. FAILURE TO PROPERLY COMPLETE THIS SECTION WILL RESULT IN REJECTION OF YOUR APPLICATION!!

Vehicles: *How many vehicles does the family own?*

Owner	Make	Model	Year	Color	Tag #	State

RACE/ETHNICITY

Completion of this section is optional – please circle the appropriate number

Race: White 1 Black 2 Indian/Alaskan 3 Asian/Pacific 4

Ethnicity: Hispanic 1 Non-Hispanic 2

APPLICATION FOR ELDERLY HOUSING



PROGRAM INTEGRITY INFORMATION

Do you expect anyone to move in or out of your household within the next 12 months? Does anyone live with you who is not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Have you ever lived in assisted housing before? When? _____ Where? _____ Under what name? _____ Who was Head of Household? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever used a name other than the one you are using now? If yes, what name? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone in your household been engaged in the use, sale, manufacture, or distribution of controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Who? _____ When? _____ What? _____		
Have you ever used a social security number other than the one you listed above? If yes, what number? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you even been evicted from public or assisted housing? If yes, why? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever violated a family obligation in a HUD-assisted program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe any money to a Public Housing Agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any other family member ever been arrested or convicted of any crime other than traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____ _____		

Signature

Date

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AUTHORIZATION TO OBTAIN PERSONAL CREDIT & CRIMINAL INFORMATION

Applicant Name and Address:

I, the undersigned, authorize the Groton Housing Authority to obtain my personal credit and criminal background report in connection with my signing for an apartment rental at either Pequot Village or Grasso Gardens. To facilitate this request, I am providing the following information that is required to access the various credit and criminal information repositories.

NAME: _____
Last Name First Name M.I.

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ **Spouse:** _____

DATE OF BIRTH: ____/____/____ **Spouse DATE OF BIRTH:** ____/____/____

I certify that the information provided above reflects my accurate identification information and authorize the above named business to access my credit background information stored in the various information repositories.

Signature

Date

Signature

Date

The information on the form is being collected to determine the applicant's eligibility, the recommended size and the amount of the tenant's contribution. This information is also used to monitor compliance with State and local requirements on eligibility and rent to verify the accuracy and completeness of the income.