

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)  
HousingWorks  
P.O. Box 231104  
Boston, MA 02123  
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: \_\_\_\_\_
- Name of Waitlist Administrator *optional* \_\_\_\_\_
- Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

**Date Time Received.** Application will be stamped to show when it was received:

**DO NOT LEAVE ANY QUESTION UNANSWERED!**

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER  
Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |   |  |  |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit      | <input type="radio"/> Blind Accessible Unit            | <input type="radio"/> Need an Interpreter      |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit             | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only                 | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant  |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: \_\_\_\_\_

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- \_\_\_\_\_ ← # Adults \_\_\_\_\_ ← # Children \_\_\_\_\_ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_

**HOUSING AUTHORITY OF THE TOWN OF WINDSOR**

**156 BLOOMFIELD AVE. WINDSOR, CT 06095**

**860.285.8090 PH. 860.688.7131 FX**

**Windsorha.org**

**To: Potential Resident of Elderly/Disabled Housing**

Thank you for applying to the Housing Authority of the Town of Windsor **for Potential Resident of Elderly/Disabled Housing- Shad Run Terrace & Shad Run Terrace Handicapped unit – 40 HENRY ST. WINDSOR CT. or Millbrook Terrace-35 Mack Street, Windsor, CT 06095**

There are two waiting lists which cover Shad Run Terrace. \*If you are in need of an ADA handicapped accessible unit you may apply for the SRT handicapped waiting list.

**Maximum Household Gross Income 04/2018-03/2019\***

| Person's | Maximum  |
|----------|----------|
| 1        | \$50,350 |
| 2        | \$57,550 |

**\*Subject to CHFA/DOH income limits**

**All new move in's will be subject to new changes and program guidelines. More information will be forthcoming as the project progresses.**

**Millbrook Village is impending a major rehabilitation project and changes in its rental structures in 2018/2019.**

**All utilities are electric and paid for by the resident. A utility allowance is deducted from the resident's gross income when determining rental payments.**

**Please fill out the application completely with all verifications. If application is not filled out completely or is missing information it will be mailed back to you and will not continue to be reviewed for eligibility.**

**If you have any questions please contact the Housing Coordinator at 860.285.8090 option #4.**

## GROUNDS FOR DENIAL

The Housing Authority of the Town of Windsor is not required or obliged to admit applicants who do not meet one or more of the eligibility criteria;

- A. Do not supply information of documentation required by the application process;
- B. Have failed to respond to a written request for information or a request to declare their continued interest in the program;
- C. Have a history of not meeting financial obligations, including rent;
- D. Do not have the ability to maintain (with assistance) their housing in a decent and safe condition where such habits would adversely affect the health, safety, or welfare of other residents of the property;
- E. Have a history of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity, that would adversely affect the health, safety, or well-being of other residents or staff or cause damage to the property;
- F. Have a documented history of disturbing neighbors or destruction of property;
- G. Currently owes rent or other amounts to any housing authority or landlord.
- H. Have committed fraud, bribery or any other corruption in connection with any Federal or State housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from;
- I. Were evicted because of drug-related criminal activity involving the personal use or possession for personal use;  
  
Were evicted from assisted housing within five years of the projected date of admission because drug-related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802;
- J. If any family member has been convicted of manufacturing or producing methamphetamine (speed) in a federal or state housing development or in a Section 8 assisted property;
- K. Are illegally using a controlled substance or are abusing alcohol in a way that interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents. The Housing Authority of the Town of Windsor may waive this requirement if:
  - a. The person demonstrated to HATW's satisfaction that the person is no longer engaging in drug-related criminal activity or abuse of alcohol;
  - b. Has successfully completed a supervised drug or alcohol rehabilitation program;
  - c. Has otherwise been rehabilitated successfully;

- L. Have engaged in or threatened abusive or violent behavior towards any HATW staff, Board member or resident;
- M. Have a household member who has ever been evicted from public or assisted housing;
- N. If any family member has been convicted of manufacturing or producing methamphetamine;
- O. Has a registration requirement under a State Sex Offender Registration Program;
- P. Income fails to meet income guidelines based on area median;
- Q. Failure to demonstrate ability to pay the required rent. Required rent is determined by size and location of the unit. For the year beginning January 1st.
- R. Fails to demonstrate the ability to obtain utility accounts in their name (for properties where the residents pay utilities);
- S. The Housing Authority of the Town of Windsor will not discriminate based on lawful source of income. The base rent plus the utility allowance for the appropriate sized unit should not exceed 30%-32% of the household income. Applicants who require an exception to this standard must submit a written request to the Executive Director at the time of screening.

### **APPEAL PROCEDURE**

Applicants deemed ineligible, for whatever reason(s), shall be notified in writing, before the final selection, of the reason(s) for rejection.

Applicants who choose to appeal the denial must submit a written request within ten days (10) of the denial letter to the Executive Director. The request must include an explanation of the exception they seek and present any information, documentation and supporting statements for the request. A hearing will be scheduled within ten (10) days of the completed request

The Executive Director or The Commissioners for the Housing Authority of the Town of Windsor will hear the matter. The Commissioners will issue a written opinion within 5 days of the hearing. The decision of the Commissioners is final.

The Housing Authority of the Town of Windsor shall keep the following materials on file for at least three years: (1) application; (2) initial denial notice; (3) any applicant reply; (4) the Housing Authority's final response; and (5) all interview and verified information on which the rejection was based.

**Shad Run Terrace - Shad Run Extension or Millbrook Terrace Elderly and Disabled Housing**  
**PRELIMINARY APPLICATION**  
**PLEASE PRINT CLEARLY- RETURN ENTIRE FORM**

Please check desired property

Shad Run Terrace/Extension

Millbrook Terrace

NAME (HEAD OF HOUSEHOLD): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

Phone # \_\_\_\_\_

**TOTAL NUMBER OF MEMBERS IN HOUSEHOLD: Please include yourself:**

ADULTS: Male: \_\_\_\_\_ Female: \_\_\_\_\_ ELDERLY: \_\_\_\_\_ DISABLED: \_\_\_\_\_

Do you currently live in subsidized housing? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you need a handicapped modified unit? YES \_\_\_\_\_ NO \_\_\_\_\_

Race of Head of Household (optional - for State Statistical Purposes only):

\_\_\_\_\_ White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Native Hawaiian/Pacific Islander

Ethnicity of Head of Household (optional-for State Statistical Purposes only):

\_\_\_\_\_ Hispanic \_\_\_\_\_ Non- Hispanic

I certify that the above information is accurate and complete. I understand the submission of false information or any misrepresentation may result in loss of eligibility in the Housing Choice Voucher Program and is punishable under Federal Law.

\_\_\_\_\_  
Head of House<sup>h</sup>

\_\_\_\_\_  
Date Signed

I understand that this is not a contract and does not bind either party. The above information is all true and complete to the best of my knowledge. I have no objection to inquires being made for the purpose of verifying the statements made herein. Signed under the pains and penalties of perjury.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL Completed Pre-Application to:**  
**Town of Windsor Housing Authority**  
**156 Bloomfield Ave.**  
**Windsor, CT 06095**