

Rocky Hill Housing Authority
36 Willow Road
Rocky Hill, Connecticut 06067
Phone (860) 563-7868
Email: smoores@rockyhillhousing.org

Name: _____

Address: _____ Telephone Number: _____

Date of Birth: _____

Race (Demographics) : Caucasian: Black /African American: Asian Hispanic Other _____

Next of Kin: _____

Address: _____ Telephone Number: _____

Please Check: **Base Rents: \$350.00 () \$450.00 () \$550.00() = 32 % of income**

Single/One Person: _____

Double/Two Persons: _____

Single/Disabled: _____

Double/Disabled: _____

INCOME

A. Social Security/Per Month: _____

B. Pension/Retirement/Per Month: _____

C. S.S.I/State Supplement/D.S.S. Benefits/Per Month: _____

D. Wages/Per Month: _____

E. Interest/Dividends/Per Year: _____

F. Other Income/If Applicable/Per Year (Including Monetary Gifts): _____

Total Income/Yearly: _____

ASSETS:

A. Checking Account/Cash: _____

B. Savings Accounts/Money Markets/CD'S/IRA'S: _____

C. Stock/Bond Value: _____

D. Home Value/Real Estate: _____

E. Other: _____

LIABILITIES: Present Balance

A. Credit Card: _____

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Continued:

B. Personal Loan/Mortgage Loan: _____

1. Have you ever been evicted from a rental unit or committed any fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for any such housing programs?

List all previous residences within the last 10 years. Please include address, dates of residency, if owned or rented and name and address of landlord:

2. Have you ever been arrested/convicted for any felonious crime or violent criminal activity that has one of the elements of the use, attempted use or threatened use of physical force against a person or property of another? Have you ever been arrested/convicted of any drug related criminal activity, fraud or subjected to a lifetime registration requirement under a state sexual offender registration program:

A. Date of Charge: _____

B. Nature of Charge: _____

C. Disposition/Result: _____

D. Non-Applicable: _____

3. Name at least three personal references whom are not family members. Please include name, address and relationship:

1. _____

2. _____

3. _____

Warning: Title 18, Section 1001 of the United States 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. I (we) hereby certify that the above information is complete and accurate. I (we) hereby authorize The Rocky Hill Housing Authority to verify any information regarding rental history, criminal activity which includes obtaining any consumer or investigative reports. I (we) declare under penalty of perjury under the laws of the United States of America and the State of Connecticut that the information contained in this statement of facts is true, accurate and completed.

Applicant(s): _____

Witness: _____

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INFORMATION: Home Ownership/Rental

A. Mortgage/Rent Per Month: _____ Number of Rooms: _____

B. Annual Taxes: _____ Do You Live with a Family Member: _____

C. Monthly Rental Amount if heat/hot water included: _____

STATEMENT OF HEALTH (Please include written statements from doctors if pertinent): Do you need any type of service/accommodation/live in aid:

COMMENTS (You wish to make supporting your application): _____

MISCELLANEOUS:

A. Do you own a car/motorcycle/truck/vehicle that you would continue to use at The Rocky Hill Housing Authority (one vehicle per tenant): _____

B. Have you applied/resided at other housing authority's in other towns/states: _____

C. Do you have a pet/emotional support/service animal: _____

REQUIREMENTS: Base Rents: \$350.00/\$450.00/\$550.00=32% of Income (Circle Applicable Affordability)

A. Written authorization for background and credit checks (please provide most recent credit report)

B. Names/addresses of previous landlords

Please be advised that any applicant will be deemed incomplete until all required information and/or documents are received by the Executive Director's office and will not be processed until received.

Signature of Applicant(S): _____ / _____ Date: _____

