

HOUSING AUTHORITY OF THE TOWN OF ENFIELD

110 South Road, Enfield, CT 06082
(860) 749-2017 Fax (860) 763-5517
TDD/TTY 800-545-1833 Ext. 849

www.enfieldha.org



Dear Mark Twain Congregate Applicant:

The Mark Twain Congregate Living Housing Program will be transitioning over to a new system of processing applications. Applications will receive points ranging from 0-75 based on your documented and verified circumstances.

Preference points will be given for persons living in the following situations:

- condemned or verified serious housing code violations
- inadequate heating, plumbing, or cooking facilities
- living in a documented physically or emotionally abusive situation
- living in a shelter or transitional housing
- living in temporary housing with others because of conditions beyond applicant's control (condemnation, foreclosure, fire, loss of job, etc.)
- living in overcrowded conditions in own housing unit
- currently paying more than 31% of income towards rent/housing

Preference points will only be given in situations where the circumstances have been documented and verified.

Should you have any questions in regards to this change please contact Marquea Smith, Congregate Coordinator at (860) 749-2017 ext. 203.

The Enfield Housing Authority provides equal opportunity to participate in our housing programs. Any disabled individual requiring a reasonable accommodation to fully utilize the housing programs and related services may request such by contacting Shari Riddick, Portfolio Manager, at (860) 745-7493 ext. 202

An Affirmative Action / Equal Opportunity Employer



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Applications are accepted in person Monday-Friday (excluding holidays) from 8:30 a.m.-3:30 p.m.

**A COPY OF THE FOLLOWING INFORMATION MUST ACCOMPANY YOUR APPLICATION
COPIES WILL NOT BE MADE AT OUR OFFICE**

1. Verification of income:

- a. Four current and consecutive pay stubs from your employer, and/or
- b. Current statement of gross earnings from Social Security or S.S.I, and/or
- c. Current statement of gross earnings from State/City Welfare, and/or
- d. Any other household income such as Pension and/or Veteran Administration Benefits and/or
- e. Proof of assets (i.e. Current bank statements, assessed value of real estate, etc.)

2. Verification of residency:

- a. Current month's rent receipt, or
- b. Letter from whom you are currently residing with.

3. Birth Certificates for all family members

4. Social security cards for all family members

5. Photo identification for all family members 18 and over

- a. Valid Driver's license, or
- b. Valid State Identification Card

6. Supporting documentation for all preferences claimed

7. Copy of executed power of attorney or conservatorship documentation, if applicable

8. All applicants must sign all areas of the application

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

If assistance is needed in completing the application, please contact Marquee Smith, Congregate Coordinator at (860) 749-2017 Ext. 203 to schedule an appointment

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HOUSING AUTHORITY OF THE TOWN OF ENFIELD



Mark Twain Congregate Living
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 TDD/TTY 800-545-1833 Ext. 849

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| | | | | |
|------------------------------------------------|--------------------------|------------|---------------------------------------------------|------------|
| Applicant Name: | Social Security # | DOB | Marital Status | Age |
| _____ | _____ | _____ | Single Married Divorced Widowed Other | _____ |
| Last _____ First _____ M.I. _____ | | | | |
| Home Phone () _____ Alternate Phone () _____ | | | | |

RACE:
 White _____ Black _____ American Indian _____ Alaska Native _____ Asian or Pacific Islander _____

ETHNICITY:
 Hispanic _____ Non-Hispanic _____

Current Address:
 Address: _____

Mailing Address: (If different than above) _____

| | | | |
|---------------------------------------|--------------------------|-------------|------------|
| Co-Applicant Information: | Social Security # | DOB | Age |
| _____ | _____ | _____ | _____ |
| Last _____ First _____ M.I. _____ | | | |
| Address if different from above _____ | City _____ | State _____ | Zip _____ |

How did you hear about Mark Twain Congregate Living? _____

Do you have temporary or periodic difficulties with one or more essential activities of daily living? YES NO

Please identify any special housing needs your household has: _____

Are you currently living in a documented physically or emotionally abusive situation? YES NO

Are you currently living in a shelter or transitional housing? YES NO

Are you currently living in temporary housing with others because of conditions beyond your control such as condemnation, foreclosure, fire, loss of income, etc.? YES NO

How many people live in your current unit? _____ How many bedrooms do you have? _____

Is your current unit condemned or have verifiable housing code violations? (If yes, please provide documentation in order to qualify for preference points) YES NO

Does your unit currently have inadequate heating, plumbing, or cooking facilities that can be verified? YES NO
 (If yes, please provide documentation in order to qualify for preference points)

Has anyone in your household ever been engaged in the use, sale, manufacture or distribution of controlled substances?
 YES NO If yes, when and where? _____

Has anyone in your household ever been engaged in violent criminal activity?
 YES NO If yes, when and where? _____

HOUSEHOLD MEMBERS: List the names of all household members, **applying for housing**, below. Start with Head of Household, then Spouse or Co-Head, and then any other adults.

| Name | Sex | Relationship To Head | Social Security Number | DOB | Place of Birth | Occupation |
|------|-----|----------------------|------------------------|-----|----------------|------------|
| | | | | | | |
| | | | | | | |

Do you expect anyone to move in or out of your household within the next 12 months? YES NO
 If yes, who and when? _____

Does anyone live with you now who are not listed above? YES NO
 If yes, please list full name and relation: _____

INCOME INFORMATION:

Complete the following for each household member currently employed:

| Name | Employer Name and Address | Date of Employment | Rate of pay | Hours per pay period | Tips/Bonuses |
|------|---------------------------|--------------------|-------------|----------------------|--------------|
| | | | | | |
| | | | | | |

If you or any person in your household receives income from any of the following sources, check the appropriate space and complete the information below for each member and source of income:

Welfare Assistance/TANF _____ Retirement Pension _____ SSI _____ Other _____ Worker Compensation _____
 Unemployment _____ VA Benefits _____ Social Security _____ Trust Fund _____
 Alimony _____ Armed Forces pay _____ Death Benefit _____ Interest/Dividends _____ Rental Income _____

| Received By | Received From | Amount | Occurrence: weekly, monthly, etc. |
|-------------|---------------|--------|-----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Did you file a Federal Income Tax return for the most recent year end? YES NO Year: _____

Does anyone outside of your household pay any of your bills or expenses on a regular basis? YES NO

Explain: _____

Are you or any member of your household self-employed? YES NO

ASSET INFORMATION:

Do you or any member of your household have any of the following assets? YES NO
 Checking/Savings account, stocks, bonds, certificates of deposit, money market accounts, trust funds, real estate, retirement funds (IRA,Keogh,etc), inheritances, lottery winnings, life insurance policy, insurance/judicial settlement, investment accounts, etc.

If yes, please complete the information below for each household member and asset type:

| Name | Asset Type | Market/Cash Value | Income earned | Joint/Individual | Name of Bank |
|------|------------|-------------------|---------------|------------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Does any member of your household own any real estate? YES NO
 If yes: Where _____ Market Value _____

Have you or any other member of your household ever lived in public housing? YES NO
 If yes, explain: When: _____ Where: _____

Have you or any other adult member of your household ever used any name(s) or Social Security number(s) other than the one you are currently using? YES NO If yes, explain _____

Have you or anyone in your household ever been convicted of any crime other than minor traffic violations? YES NO
 If yes, explain: _____

Have you ever committed fraud in any assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? YES NO If yes, explain: _____

Does anyone have a power of attorney or conservatorship on your behalf? YES NO
 If yes, _____
 Name Address Phone

Please list any person(s) you wish to authorize to inquire about the status of your housing application:

| | | |
|-------|----------|-------|
| _____ | _____ | _____ |
| Name | Relation | Phone |
| _____ | _____ | _____ |
| Name | Relation | Phone |

I/We certify that the information given to the Enfield Housing Authority including, but not limited to, household composition, income, assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for automatic denial of my/our application. I/We understand that this is not a contract and does not bind either party.

I understand that in the event I change addresses, phone numbers, family size or income, it is my responsibility to notify Enfield Housing Authority in writing. Failure to notify any of these changes could result in cancellation of my application.

I/We understand that this application will be processed and reviewed in accordance with the Enfield Housing Authority's Admissions and Continued Occupancy Policy along with any applicable Federal, State and local laws and regulations.

| | | |
|------------------------------------------|--------------|-------|
| _____ | _____ | _____ |
| Signature of Head of Household | Printed Name | Date |
| _____ | _____ | _____ |
| Signature of Spouse/Co-Head of Household | Printed Name | Date |



Verification of Credit History

RELEASE:

As part of applying for Housing, I/We, do represent all information in this application to be true and accurate and that the Enfield Housing Authority may rely on this information when processing this application. Applicants hereby authorize the Enfield Housing Authority to make independent investigations to determine my credit, financial and character standing. Applicant(s) authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the Enfield Housing Authority or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any and whatsoever, in law and equity, the Enfield Housing Authority, both of Landlord and their credit checking this application, and will hold to harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records and retail credit history) will be done through the facilities of CoreLogic, 4 First American Way, Santa Ana, CA 92707, Consumer Phone 866-873-3651.

Applicant: _____ SSN: _____ DOB: _____

Address: _____

Co-Applicant: _____ SSN: _____ DOB: _____

Address: _____

Please list all landlords for the past three (3) years:

Applicant Current Address: _____

Landlord Name: _____

Landlord Address: _____

Phone Number: _____ Dates Resided: _____ to _____

Previous Address: _____

Previous Landlord Name: _____

Address: _____

Phone Number: _____ Dates Resided: _____ to _____

Co-Applicant (if different from above)

Current Address: _____

Landlord Name: _____

Landlord Address: _____

Phone Number: _____ Dates Resided: _____ to _____

Previous Address: _____

Previous Landlord Name: _____

Address: _____

Phone Number: _____ Dates Resided: _____ to _____

Applicant Signature

Co-Applicant Signature



Verification of Rental History

The person mentioned below has applied for residency with the Enfield Housing Authority and has indicated that you now have or previously had this family/individual as a tenant at your property.

As indicated by the person's signature, the tenant consents to the release of information pertaining to rental history at the address mentioned below.

Applicant's Authorization: _____
(please sign)

(APPLICANT PLEASE DO NOT FILL IN SECTION BELOW)

RE: _____

Address: _____

Please answer the following questions regarding the tenant's rental history.

- 1) How long has/had the above tenant resided at that address? _____
- 2) How many bedrooms? _____
- 3) What is/was the monthly rent? _____
- 4) Are/were payments made on time? _____
- 5) What types of damage, if any, has the tenant caused in the unit or in the common property? _____

- 6) Has any action ever been taken against the tenant for disturbing other tenants or controlling the behavior of their children and/or guests? If so what type of action and how many times?

- 7) If the tenant moved and re-applied for housing in the future, would you rent to him/her again? _____
If not, why? _____

Additional Comments: _____

Landlord Signature

Printed Name

Title

Date



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Authorization for Release of Information

I, (print name) _____, authorize the Housing Authority of the Town of Enfield, or its agents, to access any and all Local, State, and/or Federal Criminal records pertaining to me for the housing application screening process.

Signature

Date

Date of Birth

Social Security Number

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**Authorization for the Release of Information/
Privacy Act Notice**

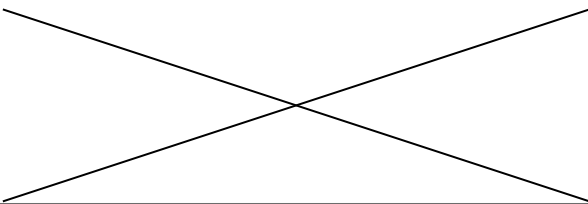
to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

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

Enfield Housing Authority
Mark Twain Congregate Living
110 South Road
Enfield, CT 06082

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(l)(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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DEMOGRAPHICS SURVEY

Under Section 8-37ee-313, paragraph b, of the Connecticut General Statutes, we are required to perform a demographic survey of all housing applicants as well as residents. At this time, I would like to ask that you complete the information below and return the form to the Enfield Housing Authority office with your application. This data will be kept confidential and will only be used as required by the State of Connecticut for Fair Housing reporting.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Address: _____

Race: ___ White ___ Black ___ American Indian ___ Eskimo ___ Aleut
 ___ Asian/Pacific Islander ___ Hispanic ___ Other

*If more than one Ethnic Group applies, please indicate each group above by number
(i.e. 1 White 1 Black 1 American Indian, etc.)

Family Composition:

_____ Adults (how many currently reside in the household)

_____ Children (how many currently reside in the household)

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**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Enfield Housing Authority is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Enfield Housing Authority to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Enfield Housing Authority written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Enfield Housing Authority may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Enfield Housing Authority must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

| | | | |
|------------|-------------|-------------|--------|
| *Last Name | *First Name | Middle Name | Suffix |
|------------|-------------|-------------|--------|

Maiden Name (or other name(s) by which you have been known)

| | |
|----------------|----------------|
| *Date of Birth | Place of Birth |
|----------------|----------------|

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ___ft. ___ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

| | |
|---------------------------|--------------------|
| Mother's Full Maiden Name | Father's Full Name |
|---------------------------|--------------------|

Current and Former Addresses:

| | | | |
|----------------------|-----------|-------|-----|
| Street Number & Name | City/Town | State | Zip |
|----------------------|-----------|-------|-----|

| | | | |
|----------------------|-----------|-------|-----|
| Street Number & Name | City/Town | State | Zip |
|----------------------|-----------|-------|-----|

The above information was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee