

# HOUSING AUTHORITY OF THE TOWN OF ENFIELD

110 South Road, Enfield, CT 06082  
(860) 745-7493 Fax (860) 763-5517  
TDD/TTY 800-545-1833 Ext. 849  
[www.enfieldha.org](http://www.enfieldha.org)



Applications are accepted by mail, fax, appointment or in the drop box at the Pearson Way Office.

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, 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 (long form required for children under 18)**

**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/complete all areas of the application**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

If assistance is needed in completing the application, please contact the Congregate Coordinator at (860)-745-7493 ext. 203 to schedule an appointment.

***The Enfield Housing Authority has a Smoke-Free Policy***

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 Colin Hoppie, Portfolio Director, at (860) 745-7493 ext. 202

An Affirmative Action/Equal Opportunity Employer  
Equal Housing Opportunity



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Dear Mark Twain Congregate Applicant:

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 please contact the Congregate Coordinator at (860) 745-7493 ext. 203.

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# HOUSING AUTHORITY OF THE TOWN OF ENFIELD



Mark Twain Congregate Living  
 110 South Road, Enfield, CT 06082  
 (860) 745-7493 Fax (860) 763-5517  
 TDD/TTY 800-545-1833 Ext. 849

[www.enfieldha.org](http://www.enfieldha.org)

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

**RACE:**  
 White \_\_\_\_\_ Black \_\_\_\_\_ American Indian \_\_\_\_\_ Alaska Native \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_

**ETHNICITY:**  
 Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

**Current Address:**  
 Address: \_\_\_\_\_

Mailing Address: (If different than above) \_\_\_\_\_

<b>Co-Applicant Information:</b>	<b>Social Security #</b>	<b>DOB</b>	<b>Age</b>
_____	_____	_____	_____
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) Move in date: \_\_\_\_\_ Move out date: \_\_\_\_\_
- 2) How many bedrooms? \_\_\_\_\_ Number of occupants? \_\_\_\_\_
- 3) What is/was the monthly rent? \_\_\_\_\_ Are/were payments made on time? \_\_\_\_\_  
If the tenant paid late, how often? \_\_\_\_\_ How many days late? \_\_\_\_\_
- 4) Are/were utilities included in the rent? Yes No  
If no, what utilities is/was the tenant responsible for? \_\_\_\_\_
- 5) Did the tenant leave owing a balance? Yes No
- 6) Is this unit a subsidized or public housing unit? Yes No
- 7) What types of damage, if any, has the tenant caused in the unit or in the common property? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8) 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?  
\_\_\_\_\_  
\_\_\_\_\_
- 9) Did the tenant ever have anyone other than those named on the lease residing in the unit? Yes No
- 10) Did you ever begin eviction proceedings? Yes No  
If yes, what was the reason? \_\_\_\_\_  
\_\_\_\_\_

11) Are you a family member or friend of the tenant?      Yes      No

If yes, what is the relation? \_\_\_\_\_

12) 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





# 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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

Enfield Housing Authority  
1 Pearson Way  
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(1)(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.

**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

## DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
  
- I have eligible immigration status and I am 62 years of age or older.  
Attach evidence of proof of age 2/; or
  
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
  - Permanent residence under §249 of INA 4/; or
  - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5/; or
  - Parole status under §§212(d)(5) of the INA 6/; or
  - Threat to life or freedom under §243(h) of the INA 7/; or
  - Amnesty under §245A of the INA 8/.

By signing this form, I am allowing permission for the requesting agency to verify the information stated above.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

Enter INS/SAVE Primary Verification # \_\_\_\_\_ Date: \_\_\_\_\_

(See reverse side for footnotes and instructions)

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in on of the following categories:

- 2/ Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age of older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C.1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

# HOUSING AUTHORITY OF THE TOWN OF ENFIELD

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www.enfieldha.org



## 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: \_\_\_\_\_

\*Below please indicate the number of persons of each race in your household:

Race: \_\_\_\_\_ Caucasian \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian

\_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ American Indian, Alaska Native, Native Hawaiian, other Pacific Islander, or Other

### Family Composition:

\_\_\_\_\_ Adults (how many currently reside in the household)

\_\_\_\_\_ Children (how many currently reside in the household)

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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 Colin Hoppie, Portfolio Director, at (860) 745-7493 ext. 202

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