

RIDGEFIELD HOUSING AUTHORITY
51 PROSPECT RIDGE ROAD
RIDGEFIELD, CT 06877 203-431-9943
PROSPECT RIDGE EXPANSION - AFFORDABLE HOUSING UNITS APPLICATION

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET TOWN STATE / ZIP

SOCIAL SECURITY#: _____ TELEPHONE: _____

BIRTHDATE: _____ PLACE _____ SEX _____

MARITAL STATUS: MARRIED _____ SINGLE _____ WIDOWED _____ DIVORCED _____

NEXT OF KIN: NAME: _____
OR FRIEND
ADDRESS: _____

TELEPHONE: _____

UNIT APPLIED FOR: BEDROOMS- TWO _____ THREE _____

INDIVIDUALS WHO WILL RESIDE IN UNIT WITH YOU:

NAME _____ DATE OF BIRTH _____

RELATIONSHIP TO YOU _____ SOCIAL SECURITY # _____

NAME _____ DATE OF BIRTH _____

RELATIONSHIP TO YOU _____ SOCIAL SECURITY # _____

NAME _____ DATE OF BIRTH _____

RELATIONSHIP TO YOU _____ SOCIAL SECURITY # _____

NAME _____ DATE OF BIRTH _____

RELATIONSHIP TO YOU _____ SOCIAL SECURITY # _____

1. PRESENT LIVING ARRANGEMENTS (CHECK BOX THAT APPLIES)

WITH SPOUSE _____ WITH RELATIVE _____ WITH OTHER _____ ALONE _____

TYPE HOME: HOUSE _____ APARTMENT _____, RENT _____ OWN _____

PRESENT LANDLORD: HOW LONG HAVE YOU LIVED THERE: _____

NAME ADDRESS

FORMER LANDLORD: HOW LONG DID YOU LIVE THERE: _____

NAME ADDRESS

FLOOR YOU LIVE ON: FIRST _____ SECOND _____ THIRD _____ OTHER _____

TOTAL OF ROOMS OCCUPIED BY YOU: _____

DOES HOME HAVE:

FLUSH TOILET: YES _____ NO _____ ; CENTRAL HEAT: YES _____ NO _____

REFRIGERATOR & STOVE: YES _____ NO _____

WHAT IS THE MONTHLY RENT OR MORTGAGE (INCLUDING UTILITIES) _____

2. PRESENT EMPLOYER: _____

NAME ADDRESS

FORMER EMPLOYER: _____

NAME ADDRESS

a) YOUR INCOME

b) 2ND OTHER ADULT APPLICANT'S INCOME

EMPLOYMENT _____

EMPLOYMENT _____

OLD AGE ASSISTANCE _____

OLD AGE ASSISTANCE _____

SOCIAL SECURITY _____

SOCIAL SECURITY _____

SURVIVOR'S INSURANCE _____

SURVIVOR'S INSURANCE _____

PENSION _____

PENSION _____

INTEREST & DIVIDENDS _____

INTEREST & DIVIDENDS _____

OTHER INCOME _____

OTHER INCOME _____

YOUR TOTAL _____

2ND APPLICANT TOTAL _____

TOTAL HOUSEHOLD INCOME _____

3. MONTHLY PERSONAL EXPENSES FOR ALL WHO WILL LIVE IN UNIT:

(NOT INCLUDING HOUSING COSTS OR PAID BY INSURANCE)

MEDICAL:

DOCTOR OR CLINIC VISITS _____

MEDICATIONS _____

OTHER HEALTH SUPPLIES _____

CHILD CARE COSTS ENABLING ADULT TO WORK _____

OTHER _____

TOTAL MONTHLY PERSONAL EXPENSES _____

4a. YOUR ASSETS

CHECKING ACCOUNT BALANCE _____
SAVINGS ACCOUNT BALANCE _____
STOCKS & BONDS (market value) - _____
HOME (market value) _____
OTHER PROPERTY (market value) _____
TOTAL _____

4b) YOUR LIABILITIES

PERSONAL LOANS & NOTES _____
MEDICAL & HOSPITAL (unpaid bills) _____
MORTGAGE LOANS (amount you owe) _____
OTHER UNPAID BILLS _____
TOTAL _____

5a. OTHER APPLICANT ASSETS

CHECKING ACCOUNT BALANCE _____
SAVINGS ACCOUNT BALANCE _____
STOCKS & BONDS (market value) _____
HOME (market value) _____
OTHER PROPERTY (market value) _____
TOTAL _____

5b) OTHER APPLICANTS LIABILITIES

PERSONAL LOANS & NOTES _____
MEDICAL & HOSPITAL (unpaid bills) _____
MORTGAGE LOANS (amount you owe) _____
OTHER UNPAID BILLS _____
TOTAL _____

6. TOTAL ASSETS (SUM OF 4a & 5a) _____

7. TOTAL LIABILITIES (sum of 4b & 5b) _____

TOTAL NET ASSETS _____

8. HAVE YOU SOLD OR GIVEN AWAY REAL PROPERTY OR OTHER ASSET (INCLUDING CASH) IN THE PAST TWO YEARS? _____ YES _____ NO

9. CREDIT REFERENCES (3)

NAME	ADDRESS	TELEPHONE #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

10. PERSONAL REFERENCES (3)

NAME	ADDRESS	TELEPHONE #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

FOR STATISTICAL PURPOSES ONLY

ETHNICITY/RACE OF PRIMARY APPLICANT: _____ ETHNICITY/RACE OF OTHER ADULT APPLICANT _____

WHITE NON-HISPANIC _____

WHITE NON-HISPANIC _____

HISPANIC _____

HISPANIC _____

BLACK _____
ASIAN _____
OTHER _____

BLACK _____
ASIAN _____
OTHER _____

11. COMMENTS: PLEASE IDENTIFY ANY SPECIAL HOUSING NEEDS YOUR FAMILY HAS:

I/WE CERTIFY THAT IF SELECTED TO RECEIVE ASSISTANCE, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY. I/WE AUTHORIZE THE OWNER/MANAGER TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES OF CREDIT AND VERIFY INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS CERTIFICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

SIGNATURE OF HEAD-OF-HOUSEHOLD

DATE

SIGNATURE OF CO-HEAD/SPOUSE

DATE

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THE RIDGEFIELD HOUSING AUTHORITY DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY IN ADMISSION TO, ACCESS TO, OR OPERATIONS OF ITS PROGRAMS, SERVICES, OR ANY ACTIVITIES.

I UNDERSTAND THAT THE RIDGEFIELD HOUSING AUTHORITY WILL CHECK MY CREDIT HISTORY, MY LANDLORD REFERENCES AND REQUEST A CRIMINAL HISTORY AND I HEREBY GIVE PERMISSION THEREFORE. I ALSO UNDERSTAND THAT THE AUTHORITY POLICIES GOVERNING ADMISSIONS AND CONTINUED OCCUPANCY IS AVAILABLE FOR REVIEW.

DATE

SIGNATURE

DATE

SIGNATURE