



## PRE-APPLICATION – LOW-INCOME PUBLIC HOUSING (LIPH)

Admissions & Occupancy Department  
Housing Authority of the City of Hartford  
180 John D. Wardlaw Way, Hartford, CT 06106



The Housing Authority of the City of Hartford has opened its waiting list for the Low-Income Public Housing program. **To qualify, you must be an elderly individual or family (one person 55+) that is seeking a studio or one-bedroom apartment owned by the Housing Authority.**

Low-Income Public Housing is a federally funded program to provide decent, safe, and sanitary housing for very low-income individuals and families in Housing Authority-owned units. ***THIS IS A PRE-APPLICATION FOR PUBLIC HOUSING ONLY.***

**The Housing Authority recommends that you use its on-line pre-application form at [HHAWL.ORG](http://HHAWL.ORG) instead of using this form.** Applicants using the on-line form *must not* use this form. A copy of this form may be found at [HHAWL.ORG](http://HHAWL.ORG).

### PRE-APPLICATION RULES AND RESTRICTIONS

- Your pre-application must be ***complete and legible***. The Housing Authority will reject a pre-application that is not complete or legible.
- A family may submit ***only one*** pre-application. If a family submits multiple pre-applications, including those submitted on-line, the Housing Authority may reject all of the family's pre-applications.
- The Housing Authority will verify all information provided and it will determine eligibility prior to assistance.

### PRINTED PRE-APPLICATIONS MAY BE SUBMITTED TO THE HOUSING AUTHORITY BY:

- ***MAIL*** to the address above.
- ***HAND-DELIVERY*** to the Housing Authority's drop box at the main office (at the address above)

Placement on the waiting list does not indicate a family is eligible for admission to the program. When the Housing Authority selects a family from its waiting list, it then will determine the family's eligibility for admission to the program.

Questions may be directed to 860-723-8493 (TRS #711 or 800-842-9710).

The Housing Authority of the City of Hartford does not discriminate. Any eligible individual will be served. If you or anyone in your family is a person with disabilities and you require an accommodation in the Housing Authority's policy or procedures to fully utilize our programs and services, please contact the Housing Authority.

**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 AND SHALL BE FINED NOT MORE THAN \$10,000, IMPRISONED FOR NOT MORE THAN FIVE YEARS, OR BOTH.**

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**PLEASE PRINT CLEARLY – COMPLETE THE ENTIRE FORM – DO NOT FORGET TO SIGN THE FORM**

### APPLICANT

Head of Household: \_\_\_\_\_  
*First Name*
*Middle Name*
*Last Name*

Address: \_\_\_\_\_  
*Street (no P.O. boxes)*
*Apt.*
*City*
*State*
*ZIP code*

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

### HOUSEHOLD MEMBERS

*Print all answers, using the full legal name of each member as it appears on his or her Social Security card.*

FIRST NAME	LAST NAME(S)	RELATION TO APPLICANT	DATE OF BIRTH [MM/DD/YY]	AGE	SOCIAL SECURITY NUMBER (SSN) OR ALIEN REG. NO.	SEX [M/F]	US CITIZEN [Y/N]	DIS-ABLED [Y/N]	OPTIONAL RACE [CODE 1]	OPTIONAL ETHNICITY [CODE 2]
		Applicant / Head-of-Household								

1. **RACE CODES:** White - W | Black/African American - B | American Indian/Alaskan Native - N | Asian - A | Native Hawaiian/Other Pacific Islander - PI  
 2. **ETHNICITY CODES:** Hispanic or Latino - H | Not Hispanic or Latino - NH

### ADDITIONAL INFORMATION

Do you or does someone in your household need a wheelchair accessible (ADA) unit? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are applying by yourself, are you willing to live in a studio (efficiency) apartment? Yes \_\_\_\_\_ No \_\_\_\_\_

### APPLICANT'S CERTIFICATIONS *(please initial each line)*

- \_\_\_\_\_ I understand that I must notify the Housing Authority *in writing* when **my address changes** while my name is on the waiting list.
- \_\_\_\_\_ I understand that I must notify the Housing Authority *in writing* of any **changes to the list of household members**, including births, adoptions, court-awarded custody, marriage, or divorce.
- \_\_\_\_\_ I understand once my name reaches the top of the waiting list that I must complete a *Personal Declaration* and provide original supporting documentation for all household member, such as birth certificates, Social Security cards, valid photo identification, etc.

***I hereby certify that all information I have provided on this pre-application is true and complete. I understand that attempts to obtain housing assistance by making false statements, impersonation, or failing to disclose information is a crime.***

\_\_\_\_\_  
*Signature of Applicant/Head of Household* *Date*

