

FOR OFFICE USE ONLY	
Application Entered By:	
Application Entered On:	
Elderly/Disabled Housing	
General Developments	
Bedrooms	0 1 2 3 4 5 6



DATE AND TIME STAMP

HOUSING AUTHORITY OF THE CITY OF BRISTOL
PUBLIC HOUSING PROGRAM
Office: 164 Jerome Avenue Bristol, CT 06010
(860) 582.6313 (Phone) & (860) 585.6033 (Fax)

Pre-Application for the Public Housing Federal Program

Equal Housing Opportunity

This is not the full application form for the Public Housing Program. The information which you are being asked to provide as the head of household is used to determine if your Household appears to be eligible to be added to Public Housing Program. You will be required to complete a Full Application prior to any final processing for an offer of a unit. All information is subject to third party verification, and you will be required to sign releases that will permit to Bristol Housing Authority to verify all information provided below. By signing this application, you are certifying that the information you have provided is correct and that your household is within the income limits for the program as of the date of signature. **Misrepresentation of information is grounds for immediate removal from the waiting list or termination from the Public Housing Program.**

Incomplete Pre-applications will not be processed.

It is the responsibility of the applicant to provide all required information and answer all questions completely.

Applications will only be accepted from May 13, 2019 to June 13, 2019.

Assistance Available: If you need assistance completing this application, please call (860) 582.6313 for an appointment.

Please print all Answers in a Legible Fashion

Head of Household: _____ Current Mailing Address: _____ City or Town _____ State _____ Zip Code _____ Home Phone: (____) _____ Work Phone: (____) _____

1. Please check if you meet this preference; (You MUST meet this preference in order to be considered for a full application.)

Elderly - 62 years old or and over

If you do not meet this preference, you do not qualify for this program currently.
If you DO, please continue to complete this pre- application.

Please provide the full name including middle initial of all household members, their date of birth, place of birth, sex, relationship to the head of household, and **Social Security Number or attach proof of application for a Social Security Number**. If any of this information is not provided, the pre-application will be considered incomplete and will be rejected.

***Race and Ethnicity are optional.** HUD's race codes are: White, Black, American Indian/Alaskan Native, Asian, and Native Hawaiian/Another Pacific Islander. HUD's ethnicity codes are Hispanic, or Not Hispanic. Please use the HUD race and ethnicity codes that best describe *each* member of your family. For example: White/Hispanic, or Black/Non-Hispanic, etc. **Only the race/ethnicity column is optional.**

2. Emergency contact/ Case Manager:

Full Name: _____ Relationship: _____

Phone Number: _____

Please print in legible fashion.

<i>Name</i>	<i>Date of Birth</i>	<i>Age</i>	<i>Sex</i>	<i>Relation to Head of Household</i>	<i>Social Security Number</i>	<i>Disabled Yes/No</i>	<i>Adult Student Yes/No</i>
				Head			

Please complete this section based on ALL income/money coming into the household for ALL family members

<i>Family Member</i>	<i>Type of Income (EMPL, Welfare, SSI, Child Support, etc)</i>	<i>Amount received</i>	<i>Weekly, Bi-weekly, Monthly, or Annually</i>	<i>Source of Income (Public Assistance, Name of Employer or Company, etc.)</i>

7. Current Household Annual Income for all sources: \$ _____.

(A determination of income, assets and deductions will be made as part of the final application review.)

I understand that this pre-application is not an offer of an apartment. I certify that my household is income eligible under current program income limits and the information contained in this application is true and complete under pains and penalty of perjury. I agree to authorize BHA to make inquiries to verify the information I have provided on this application. I understand that it is my responsibility to inform BHA of any change in address or in household composition, in writing.

Applicant's Signature

Date

Co- Applicant Signature

Date