



**Application for Elderly/Disabled Housing
Ledyard Housing Authority Kings Corner Manor**

Type of Apartment Needed:

- 1-Bedroom Unit
- 1-Bedroom Unit with 2 Occupants
- Handicap Accessible Unit

Are you a:

- Smoker
- Non-Smoker

For Office Use Only

Date Received: _____

Time Received: _____

Received By: _____

Applicant Name: _____

- Elderly
- Disabled

Our monthly base rents are \$650 for a single unit, \$750 for a double or ADA unit or 30% of your income (gross income minus allowable out of pocket medical expenses), whichever is greater. In addition to your rent you are responsible for your own electric bill, we have electric heat.

We are a smoke free property.

A person is eligible based on age, certified disability under social security, income and the demonstrated ability to pay rent. A person who has supportive services should indicate this on the application. The management is on site during normal business hours; 24/7 coverage is not provided. You may not be eligible if you or a family member pose a danger to other residents, have a history of criminal behavior, record of conviction, have been evicted, abuse drugs, alcohol, fail the background check or have given false information.

Ledyard Housing Authority Eligibility Criteria Requirements

Maximum Income:	One Person	\$64,500	Two Persons	\$73,400
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If you have any questions, please do not hesitate to call the office at (860) 464-7365. Please return the completed application (either in person or by mail) to:

Ledyard Housing Authority
60 Kings Highway
Gales Ferry, CT 06335

Along with your completed application, please provide the following:

- _____ Copy of state-issued photo ID – example- Driver’s License
- _____ Copy of social security card or other appropriate identifying documents

APPLICANT/HEAD OF HOUSEHOLD INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

CURRENT ADDRESS

CITY STATE ZIP CODE PHONE NUMBER (WITH AREA CODE)

EMAIL ADDRESS

SOCIAL SECURITY NUMBER DATE OF BIRTH SEX/GENDER

HOUSEHOLD INFORMATION

Please list below all information for each additional household member who will also occupy the unit. If applicant is to be the only occupant, please enter NONE.

Full Name	Relationship to Head	Social Security Number	Date of Birth	Sex/Gender

- Does anyone live with you now who is not listed on this application? Yes No
- Do you anticipate a change in household composition during the next 12 months? Yes No
- Will any other person live in the apartment on a less than full-time basis? Yes No
- Do you have a request for a special accommodation? Yes No

If you answered "Yes" to any of the above questions, please explain:

LANDLORD INFORMATION & RESIDENTIAL HISTORY

Please provide your residential history for the past five (5) years. If more space is needed, please attach a separate page.

With regards to your **PRESENT** housing, do you

- Rent Monthly Rent \$ _____
- Own Monthly Mortgage Payment \$ _____
- Live with Family Monthly Costs \$ _____
- Other Explain: _____

Are you currently receiving rental subsidy (Section 8) for your housing: Yes No

Current Landlords Name: _____

Current Landlords Address: _____

Current Landlords Phone Number (include area code): _____

How long at this address: From (Month/Year) _____ To (Month/Year) _____

With regards to your **PREVIOUS** housing, did you

- Rent Monthly Rent \$ _____
- Own Monthly Mortgage Payment \$ _____
- Live with Family Monthly Costs \$ _____
- Other Explain: _____

Previous Landlords Name: _____

Previous Landlords Address: _____

Previous Landlords Phone Number (include area code): _____
How long at this address: From (Month/Year) _____ To (Month/Year) _____

EMPLOYMENT INFORMATION

Is any member of your household who will be residing in the unit, including yourself, currently employed?
_____ Yes _____ No

Is any member of your household who will be residing in the unit, including yourself, a seasonal employee?
_____ Yes _____ No

If you answered "Yes" to either of the above questions, you must complete the following:

Head of Household Employer Information:

Name and Address of Present Employer

Name of Immediate Supervisor Phone Number

Salary: () Hourly () Weekly () Monthly () Yearly \$ _____

Spouse or Other Family Member Employer Information:

Name and Address of Present Employer

Name of Immediate Supervisor Phone Number

Salary: () Hourly () Weekly () Monthly () Yearly \$ _____

OTHER INCOME

Do you or any other member of the household receive recurring or periodic income from any of the following sources?

Income Type	Received Yes or No	Amount	Frequency
Self-Owned Business		\$	
Rental Property income		\$	
Gifts or Recurring Cash Contributions		\$	
Worker's Compensation		\$	
Unemployment Benefits		\$	
Severance Pay		\$	

Payment from Insurance Policies		\$	
Alimony		\$	
Periodic Lottery Payments		\$	
Other		\$	

INCOME & BENEFITS

Please list the total benefit income of all members of the household.

HEAD OF HOUSEHOLD			
Benefit Type	Received Yes or No	Amount	Frequency
Social Security Income		\$	
Social Security Disability Income/ Supplemental Security Income		\$	
Pension Benefits		\$	
Retirement Benefits		\$	
Veterans Benefits		\$	
Death Benefits		\$	
Public Assistance		\$	
Other Benefit Income		\$	
OTHER HOUSEHOLD MEMBER			
Benefit Type	Received Yes or No	Amount	Frequency
Social Security Income		\$	
Social Security Disability Income/ Supplemental Security Income		\$	
Pension Benefits		\$	
Retirement Benefits		\$	
Veterans Benefits		\$	
Death Benefits		\$	
Public Assistance		\$	
Other Benefit Income		\$	

ASSET INFORMATION

Has any member of the household disposed of any assets for less than fair market value during the past two (2) years?

_____ Yes _____ No

If yes, please describe the asset, its value, and the date of disposition: _____

Type of Asset	Current Balance or Cash Value	Bank/Institution Name	Household Member
Checking Account	\$		
Checking Account	\$		
Savings Account	\$		
Savings Account	\$		
Money Market Account	\$		
Money Market Account	\$		
Certificate of Deposit (CD)	\$		
Certificate of Deposit (CD)	\$		
Stocks/Bonds	\$		
Treasury Bills	\$		
Rental Property	\$		
Real Estate (Including, but not limited to a house, land, mobile home, etc.)	\$		
Deeds or Trusts	\$		
Annuities	\$		
IRA, 401-K, or Keogh Account	\$		
Mutual Funds	\$		
Other (Please Specify)	\$		
Other (Please Specify)	\$		

PET INFORMATION

Limitations on pets at Kings Corner Manor are as follows: One indoor cat per household; two birds per household; fish tanks limited to 10-gallon capacity; no dogs allowed.

1. Do you own a pet? _____ Yes _____ No

If yes, please describe your pet:

_____ Cat _____ Breed _____ Weight _____ Height
 _____ Fish _____ Tank Size (in Gallons)

_____ Bird _____ Type of Bird _____ Number of Birds

2. Has your pet been spayed or neutered? _____ Yes _____ No
3. Can you provide proof of required state/local licensing and shot records for pet? _____ Yes _____ No

VEHICLE INFORMATION

There is a one (1) car limit for each tenant at Kings Corner Manor. Please complete this information if you have a vehicle.

Name on Driver's License Driver's License Number

State Issued Date Issued Expires

License Plate Number Year of Vehicle

Make Model Color of Vehicle

Do you currently have insurance on the vehicle? _____ Yes _____ No

DEMOGRAPHIC DATA – VOLUNTARY INFORMATION

The information regarding race, national origin, sex, and disability solicited on this application is requested in order to assure government agencies that law prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. This information will not be used in evaluating your application or to discriminate against you in any way.

Race of Head of Household. Check one.

- American Indian/Alaskan
- Asian/Pacific Islander
- Black
- White
- Decline

Ethnicity of Head of Household. Check one.

- Hispanic
- Non-Hispanic
- Decline

I certify that all the statements made in the application and my documentation submitted is true and complete to the best of my knowledge and belief. I understand that giving false statements or information regarding income or other factors considered in determining my eligibility may result in ineligibility of tenancy.

I understand that this application is not an offer of an apartment. I understand that it is my responsibility to inform Ledyard Housing Authority of any change in address, phone number, and household composition.

Applicant Signature

Date

Applicant Signature

Date

Authorization for the Release of Information

I, _____, the undersigned, hereby authorize the release, without liability, of information regarding my personal credit report, criminal background report, employment, income, and/or assets to Ledyard Housing Authority for the purposes of verifying information provided, as part of determining eligibility for housing. I understand that only information necessary for determining eligibility and continued participation as a Qualified Tenant can be requested.

Types of information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be requested are, but not limited to: personal identity; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability and/or worker's compensation; welfare assistance; net income from the operation of a business; and alimony or child support payments, etc.

Organizations/Individuals that may be asked to provide written/oral verification are, but not limited to:

- | | |
|---------------------------------------|---|
| Present and Past Employers | Past and Present Landlords |
| Alimony/Child/Other Support Providers | Banks, Financial or Retirement Institutions |
| Social Security Administration | State Unemployment Agency |
| Veteran's Administration | Other: _____ |
| Welfare Agency | Other: _____ |

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for two years and six months from the date signed. I understand that I have the right to review this file and correct any information found to be incorrect.

Signature of Applicant/ Household Member	Printed Name	Date
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Signature of Applicant/ Household Member	Printed Name	Date
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