Instructions for Applications

1) PLEASE READ CAREFULLY. Complete all areas.
   a. All sources of earned income must be reported for all household members 18 years and older.
   b. All unearned income and assets must be reported for all household members, including minors.
   c. All communication will be by mail; therefore you must list a current mailing address and immediately report all changes in address to COC in writing.
2) Signatures are required by the adult member (18 and older).
3) All household members who are employed must complete the income verification form.
4) Members who are 18 years and older must complete a police record verification form.
5) Members of the household must complete a 214 Status form
6) Please provide the list of documents that apply to your household:
   a. Birth Certificate
   b. Certificate of Marriage
   c. Social Security card
   d. Letter from your landlord/owner stating: 1) Amount of rent you pay, 2) Address of your apartment, 3) How long you have been a tenant, 4) What kind of tenant you have been.
   e. Rent receipts for past three (3) months
   f. All assets and sources of income –
      • Current income verification from Social Security
      • Budget Sheet if you receive State or City Assistance
      • Last six (6) current and consecutive pay stubs
      • If you are self employed – copy of last year’s Federal Tax Return and W-2 form
      • Alimony Award/Child Support – must be court ordered

Assets Include:
   • Saving/Checking Account (last six (6) current and consecutive statements)
   • Revocable Trusts
   • Equity in Real Estate Property
   • Stocks, bonds, Treasury Bills, Certificate of Deposits, Money Market Funds
   • IRA’s, Keogh Plans, 401k and similar retirement accounts
   • Pension Funds
   • Personal Property held as investments (such as jewelry or antiques)
   • Inheritances, Lottery Winning, Capital Gains, Insurance Settlements, and Other Lump Sum Amounts
   
g. Non-Citizen – eligible immigration Documents:
      • Permanent Resident Card (Green Card)
      • Alien Registration Receipt Card
      • Temporary Resident Card
      • Employment Authorization Card
      • Receipt issued by INS for issuance or replacement of any of the above

Income Eligibility Requirements

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Minimum Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Person</td>
<td>$35,728</td>
</tr>
<tr>
<td>3 Person</td>
<td>$36,478</td>
</tr>
<tr>
<td>4 Person</td>
<td>$37,228</td>
</tr>
<tr>
<td>5 Person</td>
<td>$37,978</td>
</tr>
<tr>
<td>6 Person</td>
<td>$39,738</td>
</tr>
</tbody>
</table>

NOTE: Applications will be Date/Time stamped and processed in order received. All adult applicants will go through a background screening process in order to establish eligibility, which will include criminal and credit. If you have any questions, please feel free to contact us at Applications@CharterOakCommunities.org or at (203) 977-1400 ext. 3301. You may also visit us during our business hours from 8:00am to 5:00pm.
THE FOLLOWING INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES SO THAT THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT MAY DETERMINE THE DEGREE TO WHICH ITS PROGRAMS ARE UTILIZED BY MINORITY FAMILIES. RACIAL GROUP IDENTIFICATION (Used for statistical purposes only).

ETHNICITY:  _______ HISPANIC

________ NON-HISPANIC

RACE:  _______ WHITE

________ BLACK

________ AMERICAN INDIAN

________ HISPANIC

________ ASIAN/PACIFIC ISLANDER

________ OTHER

_________________________  ______________________
SIGNATURE                          DATE
Please be aware that effective 7/30/2018, this will be a Smoke-Free Community. Smoking will not be allowed anywhere on the property, including but not limited to: Apartment Homes, Common Areas, Parking Lots and Landscaped Areas. This policy means “No Smoking”, NOT “No Smokers. Everyone is welcome to apply for an apartment at Charter Oak Communities.

NAME: ______________________________________________________________________________________
(LAST) (FIRST) (MIDDLE)

ADDRESS: __________________________________________________________ PHONE: (________)__________

CITY: __________________________ STATE: __________ ZIP: _______________

SOCIAL SECURITY #: __________________ E-MAIL ADDRESS: __________________

(PLEASE LIST HEAD OF HOUSEHOLD FIRST and then all family members who will be living in the unit)

<table>
<thead>
<tr>
<th>NAMES OF FAMILY MEMBERS</th>
<th>RELATIONSHIP</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>SOCIAL SECURITY #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HEAD OF HOUSEHOLD</td>
<td></td>
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<tr>
<td>2</td>
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</tbody>
</table>

FAMILY INCOME

Please list names of all family members who receive income, what type of income it is, such as wages, welfare, social security, SSI, child support, unemployment, etc., and the amount.

<table>
<thead>
<tr>
<th>NAMES OF FAMILY MEMBERS</th>
<th>INCOME RECEIVED FROM: (WAGES, WELFARE, ETC.)</th>
<th>AMOUNT OF INCOME: (HOURLY WEEKLY, MONTHLY, ANNUALLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>6</td>
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</tr>
</tbody>
</table>

DESCRIPTION OF ASSETS

<table>
<thead>
<tr>
<th>NAMES OF FAMILY MEMBERS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAVINGS ACCOUNT</td>
<td></td>
</tr>
<tr>
<td>STOCKS AND BONDS</td>
<td></td>
</tr>
<tr>
<td>REAL ESTATE</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
</tbody>
</table>
IN CASE OF EMERGENCY NOTIFY: ____________________________________________________________

ADDRESS: ___________________________________________________________________________________

RELATIONSHIP: ___________________________ PHONE #: _________________________________________

ARE YOU CURRENTLY LIVING IN CHARTER OAK COMMUNITIES DEVELOPMENT? YES _____ NO ______

HAVE YOU LIVED IN CHARTER OAK COMMUNITIES BEFORE: YES ______ NO ______

IF YES, WHERE? ____________________________________________________________________________

ARE YOU A FORMER SECTION 8 TENANT? YES ______ NO ________ WHEN? ____________________________

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ARRESTED OR CONVICTED OF A CRIME?

YES ______ NO ______ IF YES EXPLAIN: __________________________________________________________________________________________

ARE YOU A REGISTERED SEX OFFENDER? YES _________ NO __________

I HEREBY DECLARE THAT ALL INFORMATION LISTED ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE

_________________________________________  ____________________________________________
DATE                                                        SIGNATURE OF HEAD OF HOUSEHOLD

_________________________________________  ____________________________________________
DATE                                                        SIGNATURE OF CO-HEAD
DEAR APPLICANT:

PLEASE INDICATE WHETHER OR NOT YOU OR ANY MEMBER OF YOUR FAMILY IS HANDICAPPED OR DISABLED REQUIRING ANY SPECIAL ACCOMMODATIONS.

PLEASE READ DEFINITIONS BELOW:

☐ YES

☐ NO

IF YOU HAVE CHECKED YES, PLEASE DESCRIBE BELOW WHAT TYPE OF SPECIAL ACCOMMODATIONS, IF ANY, ARE REQUIRED.

__________________________________________________

__________________________________________________

__________________________________________________

__________________________________________________

DEFINITIONS

“HANDICAPPED” (DISABLED) MEANS ANY PERSON WHO HAS A PHYSICAL OR MENTAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES; HAS A RECORD OF SUCH IMPAIRMENT; OR IS REGARDED AS HAVING SUCH IMPAIRMENT.

“PHYSICAL OR MENTAL IMPAIRMENT” INCLUDES:
ANY PHYSIOLOGICAL DISORDER OR CONDITION, COSMETIC DISFIGUREMENT, OR ANATOMICAL LOSS AFFECTING ONE OR MORE OF THE FOLLOWING BODY SYSTEMS.

NEUROLOGICAL; MUSCULOSKELETAL; SPECIAL SENSE ORGANS; RESPIRATORY, INCLUDING SPEECH ORGANS; CARDIOVASCULAR, REPRODUCTIVE; DIGESTIVE; GENITOR-URINARY; HEMIC AND LYMPHATIC; SKIN, AND ENDOCRINE; OR

ANY MENTAL OR PSYCHOLOGICAL DISORDER, SUCH AS MENTAL RETARDATION, ORGANIC BRAIN SYNDROME, EMOTIONAL OR MENTAL ILLNESS, AND SPECIFIC LEARNING DISABILITIES. THE TERM “PHYSICAL OR MENTAL IMPAIRMENT” INCLUDES, BUT IS NOT LIMITED TO, SUCH DISEASES AND CONDITIONS AS ORTHOPEDIC, VISUAL, SPEECH AND HEARING IMPAIRMENTS, CEREBRAL PALSY, AUTISM, EPILEPSY, MUSCULAR DYSTROPHY, MULTIPLE SCLEROSIS, CANCER, HEART DISEASE, DIABETES, MENTAL RETARDATION, EMOTIONAL ILLNESS, DRUG ADDICTION AND ALCOHOLISM.

“MAJOR LIFE ACTIVITIES” MEANS FUNCTIONS SUCH AS CARING FOR ONE’S SELF, PERFORMING MANUAL TASKS, WALKING, SEEING, HEARING, SPEAKING, BREATHING, LEARNING AND WORKING.

“HAS A RECORD OF SUCH IMPAIRMENT” MEANS HAS A HISTORY OF, OR HAS BEEN MISCLASSIFIED AS HAVING A MENTAL OR PHYSICAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES.

SIGNATURE: _______________________________________

DATE: _____________________________________________
CERTIFICATION OF PREFERENCE

PLEASE CHOOSE THE OPTION THAT BEST DESCRIBES YOUR FAMILY. DOCUMENTATION MUST BE PROVIDED TO EARN THE QUALIFYING POINTS.

I/WE _________________________________________ (PRINT CLEARLY)

(THE SINGULAR SHALL INCLUDE THE PLURAL) CERTIFY THAT I/WE QUALIFY FOR A PREFERENCE BECAUSE:

(PLEASE CHECK ONLY ONE PREFERENCE)

- SUBSTANDARD HOUSING
  [ ] CONDEMNED OR VERIFIED SERIOUS HOUSING CODE VIOLATIONS …………………….25
  [ ] INADEQUATE HEATING, PLUMBING, OR COOKING FACILITIES ………………………20

- LIVING SITUATION
  [ ] LIVING IN DOCUMENTED PHYSICALLY OR EMOTIONALLY ABUSIVE SITUATION …………..25
  [ ] LIVING IN A SHELTER OR TRANSITIONAL HOUSING ……………………………………….25
  [ ] LIVING IN TEMPORARY HOUSING WITH OTHERS BECAUSE OF CONDITIONS
    o BEYOND APPLICANTS CONTROL (CONDEMNATION, FIRE, FORECLOSURE, LOSS OF
      JOB, ETC.) ………………………………………………………………………………….20
  [ ] LIVING IN OVERCROWDED CONDITION IN OWN HOUSING UNIT
    o (EXAMPLE 1.5 PERSON PER ROOM) ……………………………………………………15

- INCOME/RENT RATIO
  [ ] CURRENTLY PAYING MORE THAN 50% OF INCOME FOR RENT/HOUSING …………………….15
  [ ] CURRENTLY PAYING BETWEEN 31-50% OF INCOME FOR RENT/HOUSING …………………10

- STANDARD APPLICANTS ………………………………………………………………………………….0

**SUBJECT TO A TIE SCORE, THE TIME/DATE OF THE APPLICATION WILL DETERMINE THE PLACE OF AN APPLICANT ON THE WAITING LIST AMONG APPLICANTS WITH THE SAME SCORE.***

HAVING READ THE ABOVE, I/WE HEREBY CERTIFY THAT I/WE DO QUALIFY FOR A PREFERENCE FOR (A) PREFERENCE REASON(S) INDICATED ABOVE.

DATE: ________________________   SIGNATURE: ______________________________

SIGNATURE: ______________________________

HAVING READ THE ABOVE, I/WE HEREBY CERTIFY THAT I/WE DO NOT QUALIFY FOR ANY PREFERENCE.

DATE: ________________________   SIGNATURE: ______________________________

SIGNATURE: ______________________________
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 United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _______________________________________, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check 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 proof of age); 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 or 1010(a)(20) of the 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/.

_________________________________________ _______________________
Signature         Date

*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child’s name.
1. Warning: 18 U.S.C 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing 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, or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one 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 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 provide proof of age. No further documentation of eligible immigration status is required.

3. Immigration status under Section 101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent resident, as defined by Section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by Section 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 Section 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 Section 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 resident 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 Section 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

5. Refugee, asylum, or conditional entry status under Section 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to admission under Section 207 of the INA (8 U.S.C. 1157) [refugee status], pursuant to the granting of asylum (which has not been terminated) under Section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under Section 203(a)(7) of the INA (8 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 Section 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 Section 212(d)(5) of tree INA (8 U.S.C. 1182(d)(5)) [parole status].

7. Threat to life or freedom under Section 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 Section 243(h) of the INA (8 U.S.C. 1253(h) [threat to life or freedom]

8. Amnesty under Section 245A of the INA. A noncitizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245}
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  - □ 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/.

_________________________________________ _______________________
Signature         Date

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1. Warning: 18 U.S.C 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing 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, or imprisoned for not more than five years, or both.

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8. Amnesty under Section 245A of the INA. A noncitizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245
POLICE RECORD RELEASE WAIVER

DO NOT BRING THIS FORM TO ANY POLICE DEPARTMENT.
PLEASE RETURN THIS FORM TO CHARTER OAK COMMUNITIES

PLEASE PRINT CLEARLY        PLEASE PRINT CLEARLY        PLEASE PRINT CLEARLY

LAST NAME: ___________________________   MAIDEN NAME: ___________________________
FIRST NAME: ___________________________   MIDDLE NAME: ___________________________
DATE OF BIRTH: __________________     SOCIAL SECURITY #: ________________________
CURRENT STREET ADDRESS: ________________________________________________________
HOW LONG? ____________________________

CITY                                   STATE            ZIP

CURRENT PHONE NUMBERS ____________________________

CHECK BOX BELOW AND LIST INFORMATION ON THE OTHER SIDE IF APPLICABLE:

☑ KNOWN BY ANY OTHER NAME. IF SO, SEE OTHER SIDE
☑ ARRESTED IN A CITY OR STATE NOT LISTED ON THIS FORM? (OVER)
☑ IF YOU DID NOT LIVE AT YOUR PRESENT ADDRESS FOR 10 YEARS, PLEASE LIST ADDITIONAL ADDRESSES ON OTHER SIDE

DO YOU NEED TO ENTER ANY INFORMATION ON THE OTHER SIDE?

I HEREBY AUTHORIZE THE RELEASE OF ANY ARREST AND CONVICTION RECORDS THAT MAY EXIST WITH ANY POLICE DEPARTMENT.

I ATTEST THAT I HAVE NOT BEEN ARRESTED IN ANY CITY THAT IS NOT LISTED ON THIS FORM.
I ATTEST THAT I HAVE DISCLOSED ALL ADDRESS INFORMATION ON THIS FORM. I AM AWARE THAT MISLEADING INFORMATION IN THIS FORM MAY LEAD TO DENIAL OF MY APPLICATION.

SIGNATURE ___________________________   DATE ___________________________
OTHER NAMES IF APPLICABLE:

LAST NAME: __________________________________
FIRST NAME: ________________________________  MIDDLE NAME: ________________________________

LAST NAME: __________________________________
FIRST NAME: ________________________________  MIDDLE NAME: ________________________________

PREVIOUS ARREST HISTORY IN OTHER CITIES OR STATES

DATE: __________________________  CITY  STATE
DATE: __________________________  CITY  STATE
DATE: __________________________  CITY  STATE
DATE: __________________________  CITY  STATE
DATE: __________________________  CITY  STATE
DATE: __________________________  CITY  STATE

PREVIOUS ADDRESSES

PREVIOUS ADDRESS: ____________________________________________________
STREET
HOW LONG? ____________________________  CITY  STATE  ZIP

PREVIOUS ADDRESS: ____________________________________________________
STREET
HOW LONG? ____________________________  CITY  STATE  ZIP

PREVIOUS ADDRESS: ____________________________________________________
STREET
HOW LONG? ____________________________  CITY  STATE  ZIP
POLICE RECORD RELEASE WAIVER

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PLEASE PRINT CLEARLY  PLEASE PRINT CLEARLY  PLEASE PRINT CLEARLY

LAST NAME: ________________________  MAIDEN NAME: ________________________
FIRST NAME: ________________________  MIDDLE NAME: ________________________
DATE OF BIRTH: ________________  SOCIAL SECURITY #: ________________________
CURRENT STREET ADDRESS: ______________________________________________________
_____________________________________________________________________________
    CITY       STATE       ZIP
HOW LONG? ________________________

CURRENT PHONE NUMBERS _________________________________________________________

CHECK BOX BELOW AND LIST INFORMATION ON THE OTHER SIDE IF APPLICABLE:

☐ KNOWN BY ANY OTHER NAME. IF SO, SEE OTHER SIDE
☐ ARRESTED IN A CITY OR STATE NOT LISTED ON THIS FORM? (OVER)
☒ IF YOU DID NOT LIVE AT YOUR PRESENT ADDRESS FOR 10 YEARS, PLEASE LIST ADDITIONAL ADDRESSES ON OTHER SIDE

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SIGNATURE _______________________  DATE ___________________________
OTHER NAMES IF APPLICABLE:

LAST NAME: __________________________
FIRST NAME: __________________________    MIDDLE NAME: __________________________

LAST NAME: __________________________
FIRST NAME: __________________________    MIDDLE NAME: __________________________

PREVIOUS ARREST HISTORY IN OTHER CITIES OR STATES

DATE: ________________________  CITY STATE
DATE: ________________________  CITY STATE
DATE: ________________________  CITY STATE
DATE: ________________________  CITY STATE
DATE: ________________________  CITY STATE
DATE: ________________________  CITY STATE

PREVIOUS ADDRESSES

PREVIOUS ADDRESS: ____________________________
STREET  HOW LONG?
CITY STATE ZIP

PREVIOUS ADDRESS: ____________________________
STREET  HOW LONG?
CITY STATE ZIP

PREVIOUS ADDRESS: ____________________________
STREET  HOW LONG?
CITY STATE ZIP
INCOME VERIFICATION AUTHORIZATION

I, ____________________________ hereby authorize Housing Authority of the City of Stamford, to contact any agency, employer, group or organization to obtain any and all information or materials which are deemed necessary to determine if I am eligible for participation in the Section 8 Rental Assistance Program. I understand that this information is only for the purpose of determining my eligibility and will be kept confidential.

_________________________________    _________________
Signature                           Date

Address: ___________________________   Social Security#: ___________________________

Phone: ____________________________

Provided below is information which may be of some assistance to you in obtaining my records:

NAME OF EMPLOYER: ____________________________

ADDRESS: ____________________________

CITY: ___________________________   STATE: _______   ZIP: ____________

Contact Name: ___________________________   Phone: ____________________________

Email: ___________________________   Fax: ____________________________

Department or unit working (if applicable): ____________________________