

# FOOTE COMMONS

Cheshire Housing Authority

## **[PRE-APPLICATION:]**

Footte Commons is a non-subsidized family affordable housing development with 20 apartments located on Rumberg Road in Cheshire. There is one, two and three bedroom apartment offered. See attached application for current income limits. Section 8 vouchers are welcome.

# APPLICATION FOR FOOTE COMMONS

## Application:

Please complete the attached application form and sign the releases. Answer all questions even if the answer is zero. Incomplete applications will not be processed. Return all forms.

**Applications will be accepted from September 1, 2016, 10:00 am –November 30, 2016 no later than 7:00 am or until we have received 60 applications.**

## Identification:

We require (2) forms of identification. Please do not send originals.

**Adults** – require a picture ID and your Social Security card. Picture ID must have date of birth on it.

**Children** – require birth certificate and Social Security card.

## Income Limits:

**Maximum Income Limits as of 04/18/2022**

### Income limit

<b>Income Limit</b>	<b>1 person</b>	<b>2 person</b>	<b>3 person</b>	<b>4 person</b>	<b>5 person</b>	<b>6 person</b>
<b>80 % AMI</b>	Up to 62,600	Up to 71,550	Up to 80,500	Up to <b>89,400</b>	Up to 96,600	Up to 103,750

7 person – 110,900 8 person -118,050

All applications that meet the prescreening will be entered into a lottery to be put on the waitlist if before November 30, 2016 or by time date stamp after November 30, 2016.

## Rental History:

Please have your landlord complete the “Landlord Verification Form” and return it to us. Residency must be established for the past 12 months.

## **APPLICATIONS MAY BE DENIED IF ANY OF THE FOLLOWING APPLY:**

Unfavorable credit report, unfavorable landlord reference (pervious eviction, late payments), reasonable doubt as to ability to pay rent and/or conviction history.

## **NO PETS ARE ALLOWED**

## Deposits Required:

A security deposit is required to hold an apartment once an application is approved. This will be equal to one month’s rent.

## **I have read and understand the application instructions:**

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Applicant’s signature

Date

**(Please make copies of all the application for your records)**

**DO NOT REMOVE ANY PAGES. BE SURE TO SUBMIT ALL PAGES EVEN IF IT IS BLANK.**

**HOUSEHOLD INFORMATION**

Applicant Name (A) \_\_\_\_\_

Co-Applicant Name (B) \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

# of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN

If owned, do you receive monthly rental income from property?  YES  NO

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

How long at current address \_\_\_\_\_ Do you rent or own \_\_\_\_\_

List all states you have ever lived in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle utilities paid by you:  HEAT  ELCETRICITY  GAS

OTHER \_\_\_\_\_

Approximate monthly cost of utilities paid by you, excluding phone and cable TV and internet):

\$ \_\_\_\_\_

<b>Bedroom size requested:</b>	<b>One</b> <input type="checkbox"/>	<b>Two</b> <input type="checkbox"/>	<b>Three</b> <input type="checkbox"/>	<b>Accessible</b> <input type="checkbox"/>
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Are you aware that all Cheshire Housing Authority properties will be smoke free January 1, 2018?  Yes  No

How did you hear about the Cheshire Housing Authority and Foote Commons?

Newspaper ad \_\_\_\_\_  Flier at \_\_\_\_\_

Word of mouth or driving by \_\_\_\_\_  Social media \_\_\_\_\_

Other \_\_\_\_\_

**HOUSEHOLD COMPOSITON:**

	NAME	RELATIONSHIP TO HEAD	Marital Status M-married D-divorced S – single L-legal separation E-estranged	Birth Date	Age	Student Y/N	Social Security Number
<b>Head</b>							
<b>Co-Head</b>							

3							
4							
5							

6							
7							
8							

Do you anticipate any additions to the household in the next twelve month?  YES  NO

If yes explain: \_\_\_\_\_

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  YES  NO

**If yes, answer the following questions:**

Are any full-time student(s) married and filling joint tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**INCOME INFORMATION:**

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$

Household Member Name	Source of Income	Gross Monthly Amount
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$

	SSI Benefits	\$
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	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$

	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$

	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$

Household Member Name	Source of Income	Gross Monthly Amount
	Full-time Student Income (18 & over)	\$
	Full-time Student Income (18 & over)	\$
	Full-time Student Income (18 & over)	\$
	Full-time Student Income (18 & over)	\$

	Full-time Student Income (18 & over)	\$
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	Interest Income (list source)	\$
	Interest Income (list source)	\$
	Interest Income (list source)	\$
	Interest Income (list source)	\$
	Interest Income (list source)	\$
	Veteran's Benefits Other income	\$

Household Member Name	Source of Income	Gross Monthly Amount
	<b>Employment</b> Employer: _____ Position Held: _____ How long employed: _____	\$
	<b>Employment</b> Employer: _____ Position Held: _____ How long employed: _____	\$
	<b>Employment</b> Employer: _____ Position Held: _____ How long employed: _____	\$
	<b>Employment</b> Employer: _____ Position Held: _____ How long employed: _____	\$
	<b>Employment</b> Employer: _____ Position Held: _____ How long employed: _____	\$
	<b>Employment</b> Employer: _____ Position Held: _____ How long employed: _____	\$

	<b>Alimony</b> Are you entitled to or do you receive alimony? <b>Yes No</b>	\$
	<b>Child Support</b> Are you entitled to or do you receive alimony? <b>Yes No</b>	\$

	Other income	\$
	Other income	\$
	Other income	\$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$

DO YOU ANTICIPATE ANY CHANGES IN THIS INCOME IN THE NEXT 12 MONTHS?  
 YES    NO

If yes, explain:

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Assets: If you assets are too numerous to list here; please make additional copies of this page.  
 If a section doesn't apply, write 0.00 or write N/A

	Account Number	Bank or financial institute	Balance
Checking Accounts			
Savings Accounts			
Certificat es			
Credit Union			



Savings Bonds			
Stocks			
			Value
Mutual Funds			
Bonds Bonds			
	Policy Number	Policy holder and company	Cash value
Life Insurance Policies			

Other investments:

401K			
IRA			
Other			

Investment Property		Appraised Value \$
Do you own any property? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of property:	
Location of property:	Appraised Market Value \$	
Mortgage/outstanding loans balance due: \$	Amount of annual insurance premium: \$	
Amount of most recent tax bill \$		

Do you file Federal Income Tax Returns? \_\_\_\_\_ if so, please enclose a copy.

Do you have any assets not listed above? \_\_\_\_\_

Have you disposed of any assets in the last two years? (Given away money to relatives, sold property for less than the market value, set up irrevocable trusts)? \_\_\_\_\_

If yes describe: \_\_\_\_\_

Date of transaction: \_\_\_\_\_

Are you in the military (retired, active, reserves)? \_\_\_\_\_

How did you hear about the Foote Commons Apartments? \_\_\_\_\_

**REFERENCES**

Current Landlord Name \_\_\_\_\_  
Landlord Address \_\_\_\_\_  
Occupancy Address \_\_\_\_\_  
Dates of Occupancy: From \_\_\_\_\_ to \_\_\_\_\_

Previous Landlord Name \_\_\_\_\_  
Landlord Address \_\_\_\_\_  
Occupancy Address \_\_\_\_\_  
Dates of Occupancy: From \_\_\_\_\_ to \_\_\_\_\_

Credit Reference #1 \_\_\_\_\_  
Address \_\_\_\_\_  
Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Credit Reference #2 \_\_\_\_\_  
Address \_\_\_\_\_  
Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Credit Reference #3 \_\_\_\_\_  
Address \_\_\_\_\_  
Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Personal Reference #1 \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Personal Reference #2 \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Personal Reference #3 \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**VEHICLE INFORMATION**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Color \_\_\_\_\_ License Plate # \_\_\_\_\_

**PET INFORMATION**

Do you own any pets or service animal?

If yes, describe \_\_\_\_\_

**ADDITIONAL INFORMATION**

- Are you currently using an illegal substance?  Yes  No
- Are you required to register as a sex offender?  Yes  No
- Have you ever been convicted of a felony?  Yes  No
- Have you ever been evicted from any housing?  Yes  No
- Have you ever filed bankruptcy?  Yes  No
- Do you need a handicapped accessible unit?  Yes  No
- Do you currently have housing assistance?  Yes  No
- Will you take an apartment when one is available?  Yes  No

You will be notified when your application is at the top of the waiting list. If you do not wish to take the apartment at that time, your name will be removed from the waiting list. You will not be eligible to reapply until the next open application period.

### **CERTIFICATION**

I/We hereby certify that I/We will not maintain a separate subsidized unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to the cancellation of this application or termination of tenancy after occupancy. All adult applicants must sign application. I/We authorize Cheshire Housing Authority or its agent to obtain such credit, criminal and eviction records necessary to evaluate my application for housing.

Applicant Signature \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

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**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION  
APPLICANT #1**

<b>Name:</b> _____
<b>Address:</b> _____ _____
<b>Social Security#:</b> _____

**I, the above named individual, have authorized the Cheshire Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources that cannot go beyond the needs for required Housing & Urban Development (HUD) and DSS/DOH/CHFA annual recertification, the Low Income Housing Tax Credit (LIHTC) verifications i.e., assets, all income, landlord verification, year to date taxes, and criminal/credit records.**

**I hereby give you my permission to release this information to the Cheshire Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.**

**I understand that a photocopy of this authorization is as valid as the original.**

**Thank you for your cooperation in this matter.**

<b>(Signature)</b>	<b>Date signed</b> _____

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE. Race and Ethnic Data Reporting Form**  
**APPLICANT # \_\_\_\_\_**

Name of Property \_\_\_\_\_

Project No. \_\_\_\_\_

Address of Property \_\_\_\_\_

\_\_\_\_\_  
 Name of Owner/Managing Agent

\_\_\_\_\_  
 Type of Assistance or Program Title:

\_\_\_\_\_  
 Name of Head of Household

\_\_\_\_\_  
 Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

<i>Ethnic Categories*</i>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<i>Racial Categories*</i>	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## **Instructions for the Race and Ethnic Data Reporting**

### **A. General Instructions:**

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

**Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form.**

Parents or guardians are to complete the form for children under the age of 18.

**The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.**

**1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.**

- 1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."**
- 2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.**
- 3. The five racial categories to choose from are defined below: You may mark one or more**

4. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
5. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
6. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
7. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa



# CITIZENSHIP DECLARATION

**INSTRUCTIONS:** Complete this Declaration for **each member** of the household listed on the Family Summary Sheet

APPLICANT # \_\_\_\_\_

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_

**(to be entered by owner if and when received)**

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3

## PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

## **DECLARATION**

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

**1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
  - (1) The following documents will be accepted as proof of citizenship
    - (a) United States (U.S.) Passport
  - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
    - (a) U.S. Birth Certificate
    - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
    - (c) U.S. Citizen ID card issued by USCIS
    - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
    - (e) Certificate of Citizenship issued by USCIS
    - (f) American Indian card issued by USCIS for the Kickapoo tribe
    - (g) Final Adoption Decree
    - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
    - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
    - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
    - (k) Extract of U.S. hospital birth record established at the time of birth
  - (3) Proof of Identity includes
    - (a) Driver's License
    - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
    - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
    - (d) Day care or nursery record (minors only)
    - (e) School record or report card (under 16 only)
    - (f) School ID with picture
    - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

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Signature

Date

Check here if adult signed for a child,

**2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

- c. One of the following documents:
  1. Form I-551, Permanent Resident Card.
  2. Form I-94, Arrival-Departure Record annotated with one of the following:
    - a. "Admitted as a Refugee Pursuant to Section 207";
    - b. "Section 208" or "Asylum";
    - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
    - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
  3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
    - a. A final court decision granting asylum (but only if no appeal is taken);
    - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
    - c. A court decision granting withholding of deportation; or
    - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
  4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
  5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child.

## EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

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Signature      Date

Check here if adult signed for a child.

**3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

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Signature

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Date

Check here if adult signed for a child.

Applicant Name		
Head-of-Household Name (if different)		
Current Address		
Address Line 2		
City, State, Zip		
Home Phone		
Cell Phone		
Email address		
Work Phone		
May we contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*This form must be completed for each adult applicant. Choose one of the options below, sign the document and return it with the application package.*

I understand that my application to move to Foote Commons with the rest of my household members has met preliminary eligibility requirements.

I have indicated, on the application, that:

1.  I am not currently receiving HUD assistance in another unit
2.  I am currently receiving HUD assistance in another unit.

According to the current HUD lease, if I am living in a community and receiving HUD project-based assistance, I must provide a 30-day notice to the agent managing the property where assistance is currently provided.

*If the owner/agent discovers that any household member failed to move out of a HUD assisted residence before moving to **Beachport, Foote Commons or any Affordable unit owned and operated by the Cheshire Housing Authority** no rent subsidy or utility allowance will be provided by the Department of Housing and Urban Development until the day after the move out is complete. Household members who signed the lease will be responsible for paying the market rent until qualified to receive HUD assistance on this property. Any assistance paid in error must be returned to HUD.*

3.  I am the recipient of a housing voucher.

**PENALTIES FOR MISUSING THIS FORM**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

By signing this notice, I certify that the information provided is accurate. I understand the penalties for attempting to receive assistance in multiple residences, and I have been given an opportunity to ask questions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*(The Cheshire Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).*

Name Sherri Garner  
 Address 117 Murphy Road  
 City: Hartford                                  State: CT                                  Zip 06114  
 Telephone – Voice 860-951-9411  
 Telephone – TTY 711

cc: Applicant/Resident File

**PRIVACY PROTECTION POLICY OF  
CHESHIRE HOUSING AUTHORITY  
TO COMPLY WITH P.A. 08-167**

IT IS THE POLICY OF CHEHSIRE HOUSING AUTHORITY TO PROTECT THE PRIVACY OF OUR APPLICANTS AND RESIDENTS. WE DO NOT DISCLOSE ANY NONPUBLIC PERSONAL INFOMRATION ABOUT YOU TO ANYONE FOR ANY PURPOSE THAT IS NOT SPECIFICALLY PERMITTED BY LAW.

We make reasonable effects to restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We make reasonable efforts to train those employees to protect the privacy of our applicants and residents. We maintain physical, electronic and procedural safeguards that comply with federal and state law to guard your nonpublic personal information.

It is the policy of The Cheshire Housing Authority to:

- Protect the confidentiality of Social Security numbers and nonpublic personal information;
- Prohibit the unlawful disclosure of Social Security numbers and nonpublic personal information; and
- Limit access to Social Security numbers and nonpublic personal information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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Signature

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Date

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Landlord

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Date