Current rental information to be filled out by applicant:

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?	□ Yes	□ 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.			
based assistance, I must provide assistance is currently provided. If the owner/agent discovers that residence before moving to Beac operated by the Cheshire Hous provided by the Department of Ho is complete. Household member	a 30-day notice any househole theort, Foote sing Authority ousing and Urse who signed	ng in a community and receiving HUD project- ce to the agent managing the property where d member failed to move out of a HUD assisted Commons or any Affordable unit owned and no rent subsidy or utility allowance will be ban Development until the day after the move out the lease will be responsible for paying the	
market rent until qualified to receive HUD assistance on this property. Any assistance paid 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 apportunity 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



LANDLORD VERIFICATION FORM

Applicant must fill out highlighted area and landlord must fill out the remainder of the form Date:

Property Name:	Beachport	Telephone:	203-272-7511
Address:	50 Rumberg Road	<mark>Fax:</mark>	203=271-1213
Address 2:	Cheshire CT 06410	TTD/TTY:	711 National Voice Relay
Property Web Site	N/A	Email	cheshirehousing@aol.com

(Please return this form to the above address)

TO:	`		,	
Name:				
Address:				
City, State, Zip				
Re: Resident / App	<mark>licant</mark>			
<mark>Name</mark>				
<mark>Name</mark> SSN				

HOUSEHOLD MEMBER RELEASI

TO THE HOUSEHOLD MEMBER: YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROPERTY NAME OR THE VERIFYER IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature	Date	

Dear Property Management Professional:

The above named resident/applicant has applied for residency at **Cheshire Housing Authority.** Anyone who wishes to live on the property must be screened <u>prior to moving in</u>. Screening is performed in compliance with HUD and fair housing requirements.

The applicant has indicated that he/she has rented a home from you within the last three years. We would sincerely appreciate it if you could complete the attached Rental History Questionnaire to assist us in the applicant screening process.

If you have any questions, please feel free to contact me at the numbers provided above. Thank you in advance for your response.

Sincerely,

Ann S. Belcher

Property Manager



"We are pledged to the letter and spirit of United States Government policy for the achievement of equal housing opportunity roughout the nation. We encourage and support an affirmative advertising and marketing program in which there are not barriers to obtain housing because of race, color religions, sex, handicap, family status, marital status or national origin

To be completed by property manager or owner/agent

Are you willing or able to complete this form? ☐ Ye	es 🔲 No
• If no, please sign this form and return it via fax. Thank you for your tim	e.
 If yes, please complete the questions below. 	
Did the applicant ever lease a unit from you? ☐ Ye	s 🗌 No
• If no, please sign this form and return it via fax. Thank you for your tim	e.
 If yes, please complete the questions below 	

1. Are you related, in any way, to the applicant named above?	☐ Yes ☐ No		
Lease Obligations			
2. Move-in Date			
3. Expected Move-out Date	☐ Do not know ☐ N/A		
4. Has the applicant fulfilled their lease term?	Yes No Do not know N/A		
5. Has the applicant provided you with the required notice to vacate the unit?	☐ Yes ☐ No ☐ Do not know ☐ N/A		
6. Did the applicant violate their lease in any way?	Yes No Do not know N/A		
7. If this property receives federal assistance, did the applicant and his/her family fully and accurately disclose employment, income and changes in family composition as required?	☐ Yes ☐ No ☐ Do not know ☐ N/A		
8. If this property receives federal assistance, has the applicant been asked to enter in to a repayment agreement to return assistance paid in error to the Department of Housing & Urban Development?	☐ Yes ☐ No ☐ Do not know ☐ N/A		
9. Is the applicant currently under notice of eviction for lease violations or is an eviction for lease violations pending?	Yes No Do not know N/A		
Payment History			
10. What is the current monthly rent amount owed by the resident?			
11. Has the resident paid rent late twice or more in the last year?	Yes No Do not know N/A		
12. Has the resident given you two or more checks that have been returned for non-sufficient funds in the last year?	Yes No Do not know N/A		
13. Has the applicant paid all outstanding rent, damage or other charges?	☐ Yes ☐ No ☐ Do not know ☐ N/A		
14. Are there any pending or outstanding judgments?	Yes No Do not know N/A		
Unit Care			
15. Was the unit always maintained in a decent, safe and sanitary manner?	☐ Yes ☐ No ☐ Do not know ☐ N/A		
16. Has the applicant, their guests, or their family ever damaged the apartment or the property?	Yes No Do not know N/A		



17. Is there any history of bed-bugs, lice, fleas or other parasitic infestations?	Yes No Do not know N/A
18. Does the applicant have a pet or other animal?	Yes No Do not know N/A
19. If yes, did the applicant abide by any pet rules or requirements?	Yes No Do not know N/A

PENALTIES FOR MISUSING THIS VERIFICATION 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).

By signing this form, I certify that the information I have provided is true and correct.		
Name and position of verifier (Please pr	int)	
Signature of Verifier:	Date:	
Telephone:	email:	