



Date: Accepting application from January 7, 2026 (9:00am) – April 6, 2026 (1:00pm)

RE: **Beachport Elderly/Disabled Apartments (62 or older/18 or older disabled)**

Dear Applicant:

Enclosed is a pre-application package for the above-referenced property.

The pre-application and documents are also available on our web site at cheshirehousing.org

We will review the application to determine if there are any obvious factors that would deem any member ineligible before adding your family to the waiting list.

The Head-of-household will receive a notice after the initial review is complete.

You are welcome to complete this application and complete other forms required by HUD at the property's management office or you can complete the application, hand-carry it, or mail it to the management office. Due to privacy we do not recommend emailing this information. **If submitting electronically (emailing), be sure the documents are encrypted using an NIST compliant solution and password protected.**

The application and other required documents may be submitted in an equally effective format, as a reasonable accommodation, if there is the presence of a disability.

If you have trouble understanding this document, please contact the management office.

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a. (Haitian Creole)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)
- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen. (German)
- 請聯絡管理辦公室, 如果你需要幫助理解這份文件。 (Chinese)
- もしこの文書を理解しているための助けを必要としていれば、経営オフィスと連絡を取ってください。 (Japanese)

Please note the following before completing and returning this application.

1. **Application Package Checklist:** Please check **Attachment 1** which is the **Application Package Checklist** to ensure that you have received all of the required documents. Please review each document's instructions **BEFORE** you begin to complete any of the forms. Some of these forms must be copied so that they can be completed and executed for multiple household members.



2. **Application Submission Checklist:** Applications will be reviewed based on the date and time the completed application is received. A completed application includes all of the documents indicated on the **Application Submission Checklist** which is **Attachment 2** of this package.

3. **Multiple Applications:** Each adult applicant should submit a pre-application even if it is for the same household.

4. **IMPORTANT...IMPORTANT...IMPORTANT**

Completing the Pre-Application Documents: The pre-application and all attachments should be filled out very carefully. The owner/agent will not review a pre-application until all documents are complete, signed as appropriate and submitted to the owner/agent.

If the household includes multiple members, the owner/agent will not review an application for any household member until all pre-application documents for all members are complete, signed as appropriate and submitted to the owner/agent.

Failure to answer all questions on the pre-application may result in disqualification. If information does not apply, please use N/A (Not Applicable) as your response.

When completing paper documents, DO NOT USE WHITE-OUT OR LIQUID PAPER anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) initial near the change.

Applicants are added to the existing waiting list by a lottery system. If the complete pre-application package is received on or before the cutoff date and time and meets the basic criteria, the Head-of-household will receive a notice after the initial review is complete with a lottery number and date of lottery.

5. **Income Limits:** Income limits vary by household size. The owner/agent will provide applicants a copy of the income limits for the property area upon request. In addition, applicants can review the current income limits by accessing the following web site. www.huduser.org/datasets/il.html .

# Of People	Maximum Income
1	39,800
2	45,500

HUD requires that property managers incorporate the most recently published income limits when determining eligibility. Income limits are updated annually (usually in April). This property serves families whose income meets the **low, very-low and extremely-low** income limit.

6. **Application Preferences:** There may be preferences for certain persons applying for an apartment on this property.

Please note that for this property, the following preferences apply:

- A preference for any current resident who has requested and been approved for a unit transfer
- A preference for any resident who is in imminent danger including a VAWA emergency transfer
- A preference for any resident living in a unit that is too small based on the owner/agent's occupancy standards

Please answer the questions on the application carefully to assist in identifying such preference. You may let us know if you feel you qualify for a preference at any time after the application is submitted.

We look forward to working with you.

Sincerely,

Ann S. Belcher
Property Manager



ATTACHMENT 1 – PRE-APPLICATION SUBMISSION CHECKLIST

This checklist must be returned with the pre-application.

Check off each item to ensure that it is included in your application package. Return all of the following documents as indicated.

The owner/agent will not process any application until all documentation is received.

If an application submission is incomplete the pre-application documents will be returned to the person who submitted the application

- Attachment 2 – Pre- Application:** The pre-application is also available on our web site at cheshirehousing.org. Please make a copy and complete for each adult household member to be included as part of the household. Live-in aides do not complete this application. Please contact the owner/agent if a live-in aide will be applying with you.
- Attachment 3 - A HUD Form 92006 Supplement to the Application for Federally Assisted Housing:** This form is also available on HUD's web site at <https://www.hud.gov/sites/documents/92006.PDF> Please make a copy and complete for each adult household member to be included as part of the household.
- Attachment 4 – General Release/Criminal Release, etc. .** This form must be completed for all adult household members including. HUD form 9887 and 9887A
- Attachment 5 Citizen/Noncitizen Eligibility Package:** A Declaration of Citizenship or Noncitizen Status for all family members including children. Live in aides do not complete this form.
- Attachment 6 – HUD Form 27061H Race & Ethnicity Form:** You do not have to complete this form if you prefer not to disclose race or ethnicity information. If you would like to provide this information, please make a copy and complete for each adult household member to be included as part of the household including children. You must sign the form to acknowledge we provided it to you.
- A government issued photo ID for each member with a government issued photo ID
- A Social Security Card for each household member –or some other means to verify the Social Security Number unless member is claiming exempt status
- Fully completed pre-application. Do not leave anything blank. If it does not apply mark the space with N/A (not applicable). Any pre-application that is not completed will be returned and you will have 10 business days to complete and return to the CHA office at 50 Rumberg Road, Cheshire, CT 06410
- Sign every space that asks for a signature. If any document is missing a signature, and/or date, the documents will be return and you will have 10 business days to complete and return to the CHA office at 50 Rumberg Road, Cheshire, CT 06410



Please note that this Pre-Application is used only to add the family to the property waiting list. Being added to the waiting list does not mean that the family is eligible for assistance or eligible to move into a unit on the property. When the family's name approaches the top of the waiting list, all adult members will be required to complete an application, provide required documents, and participate in one or more in-person eligibility interviews. If contact information changes, it is the responsibility of the applicant to notify the owner/agent listed below. Failure to notify the owner/agent of changes to contact information may result in rejection of the application for the entire family.

Attachment 2 – PRE-Application

Property Name:	Beachport Apartments	Telephone:	203-272-7511 x2
Address:	50 Rumberg Road	Fax:	203-271-1213
Address 2:	Cheshire, CT 06410	TTD/TTY:	711 National Voice Relay
Property Web Site	Cheshirehousing.org	Email	cheshirehousing@aol.com

Please return this application and the attached Supplement to the Application (attached) to the above address.

If submitting electronically, be sure the documents are encrypted using an NIST compliant solution and password protected.

For Office Use Only:			
Date received	Time received	By (Initials)	HOH Name

Applicant Name			
How did you hear about us?	<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> HUD <input type="checkbox"/> Other <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx. <input type="checkbox"/> No salutation		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose		
What is your relationship to the Head of household?	<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above <i>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</i>		
If not HOH, please provide the name of the HOH			
Current Address			
Address Line 2			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email address	
May we contact you at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth date	Social Security Number		
If you do not have a Social Security Number, you claim you are exempt because			
<input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10 (if you claim this exemption, you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059) <input type="checkbox"/> You are not contending eligible immigration status			
If the Head-of-Household, coHead/spouse is NOT 62 or older, is the Head-of-Household, coHead or spouse disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HOH/coHOH or spouse is 62	Yes	No
Are you disabled? You are not required to disclose if you are disabled, however, if a member is disabled, you may qualify for additional deductions that may reduce your rent.	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Are you currently using marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
If yes, when			
Please indicate each state where you have lived: This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the			



rejection of the application.

AK	AL	AR	AZ	CA	CO	CT	DE	FL	GA	HI	IA	ID	IL	IN
KS	KY	LA				MI								
NJ		NV	MA	MD	ME		MN	MO	MS	MT	NC	ND	NE	NH
VT	NM		NY	OH		OK	OR	PA				TN	UT	VA
			WI		Washington, D.C.									
	WA	WV		WY										

PREFERENCES: Please indicate if you qualify for any of the preferences indicated below by checking the box next to the appropriate preference.

<input type="checkbox"/>	I currently live on this property and am requesting a new unit(Unit Transfer or Household Split Preference)
<input type="checkbox"/>	I live in another property owned or managed by The Cheshire Housing Authority
<input type="checkbox"/>	I am in imminent danger. (VAWA Transfer)

PETS & ASSISTANCE/COMPANION ANIMALS: Please review the property pet/assistance animal rules. The presence of any animal must be approved before housing the animal in the unit. Please review the property Pet/Assistance Animal Rules. These Rules are available upon request.

Do you plan to house an animal in the unit?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
ANIMAL TYPE (I.E. DOG, CAT, TURTLE, ETC.)	BREED (IF APPLICABLE)	HEIGHT (MEASURED AT WITHERS IF APPLICABLE)	WEIGHT	NOTES		

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

If you are the Head of Household (HOH), please complete this section which provides information about other household members. Make a copy of this page if more than two people will live in the unit. This application must include information about everyone who will live in the unit.

If you are not the HOH, please skip to questions about income and assets.

Will anyone else live in the unit with you? If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many people will live in the unit?	Adults	Minors

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements into consideration. The owner/agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

Unit Size	Special Features
<input type="checkbox"/> Studio Unit	<input type="checkbox"/> Mobility Accessible Unit
<input type="checkbox"/> 1 Bedroom Unit-prioritized for two occupants	<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> Communication Accessible Unit (Visual)	
<input type="checkbox"/> Special features:	

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information. This information is totals for the entire household.

Total Income from Employment	\$	
Total Income from Social Security	\$	
Total Income from Unemployment	\$	
Total Income from Any Other Source	\$	
Total Cash Value of Assets for all Household Members	\$	
Does any member own Real Property suitable for occupancy that a family member has a right to sell? (this means a	<input type="checkbox"/> Yes	<input type="checkbox"/> No



home, condominium, duplex, etc. that a family member has a right to sell.)		
Total Income from Assets for all Family Members	\$	

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).

No Yes

Do you give permission for the owner/agent to contact you electronically
(Email/Text/Applicant/resident portal/Other electronic methods)

Would you like to request a complete copy of the owner/agent's resident selection criteria?

No Yes

If yes, which option do you prefer? Paper copy Electronic copy

Note: The owner/agent must comply with federal, state and local law when contacting your or other applicants who are members of your family/household.

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

Applicant Name (please print)

Signature

Date

The owner/agent 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

Telephone – Voice 860-951-9411

Zip 06114

Telephone – TTY 711

If you have trouble understanding this document, please contact the management office.

- Contaete por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portuguese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a. (Haitian Creole)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)



- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen. (German)
- 請聯絡管理辦公室, 如果你需要幫助理解這份文件。 (Chinese)
- もしこの文書を理解しているための助けを必要としていれば、経営オフィスと連絡を取ってください (Japanese)

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

Signature of Applicant	Date
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The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services, special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

ATTACHMENT 4 – GENERAL RELEASE

The General Release is also available on our web site at cheshirehousing.org. This form must be completed for all adult household members including live-in aides. We must receive consent to conduct criminal and other screening. This consent may also be used, in compliance with HUD requirements, to verify other information. Based on responses in your application, you may also be required to complete individual consent forms for verification of income, assets and deductions.

General Release			
Property Name:	Beachport	Telephone:	203-272-7511 x2
Address:	50 Rumberg Road	Fax:	203-271-1213
Address 2:	Cheshire, CT 06410	TTD/TTY:	711 National Voice Relay
Property Web Site	cheshirehousing@aol.com	Email	cheshirehousing@aol.com
Applicant/Resident Information			
Name (first, middle, last)			
Maiden Name if applicable	<input type="checkbox"/> NA		
Alias(es)	<input type="checkbox"/> NA , ,		
Current Driver License Number	<input type="checkbox"/> NA		
Type of Alternative Identification (if no DL)	ID Number		
State of Issue			
Expiration Date			

In connection with my application for housing or at any time during my inclusion on the waiting list or my residency at [Beachport](#), I agree to allow and hereby authorize to procure [Cheshire Housing Authority](#) to compile a consumer report or investigative consumer report on me. This report may include information as to my character, reputation, mode of living, criminal history, military service, education, academic credentials, qualifications, employment history, personal characteristics, credit and indebtedness, and motor vehicle driving record.

This report may contain information from various public and private sources, including without limitation, corporations, courts and law enforcement agencies at the federal, state or local level, courts record repositories, credit bureaus, departments of motor vehicles, past or present employers, educational institutions, governmental licensing or registration entities, the military, business or personal references, and any other source required to verify information that I have voluntarily supplied.

I understand that I have the right to request additional disclosures as to the nature and scope of the investigative consumer report. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act and/or any other applicable federal or state laws.

I understand that this report is subject to a federal law, The Fair Credit Reporting Act (FCRA). According to the FCRA, I am entitled to know if housing is denied because of information contained in a consumer report and if housing is denied for this reason, I will be notified and provided with the name and address of the consumer-reporting agency.

By signing below, I agree to allow and hereby authorize, empower and release from all liability, without reservation, any party, person or agency including, without limitation, present and former employers, credit bureaus, educational institutions, corporations, courts and law enforcement agencies at the federal, state or local level, courts record repositories, departments of motor vehicles, educational institutions, the military and licensing or registration entities, contacted by Cheshire Housing Authority to release information about me, including, without limitation, any of the information described above.

I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

Signature

Date



ATTACHMENT 5– CITIZEN/NONCITIZEN ELIGIBILITY PACKAGE

This Citizen/Non-Citizen eligibility review (Section 214 review) will be completed in conjunction with the verification of other aspects of eligibility for assistance.

If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Susan Pappas –RSC 203-272-7511x1, they will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If you are unable to submit your request using this form, the owner/agent will accept the request for an extension in an equally effective format, as a reasonable accommodation, if there is the presence of a disability.

If this Citizen/Non-Citizen eligibility review (Section 214 review) results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your households are eligible for assistance; your household may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your household based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation and is deemed eligible. Following verification of the documentation submitted by all household members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

The owner/agent is dedicated to providing decent, safe, and affordable housing to our residents. If you have any questions about this policy, please contact the management office. Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, or disability.

If you are disabled or have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

(Si se desactivan o tienen dificultad para entender el inglés, por favor solicite nuestra ayuda y nos aseguramos de que le proporciona un acceso significativo basado en sus necesidades individuales.)

Ann S. Belcher

Signature of Manager

Cc: Applicant File

The owner/agent 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



Attachment 6
Race and Ethnic Data
Reporting Form

**U.S. Department of Housing
and Urban Development**
Office of Housing

OMB Approval No. 2502-0204
(Exp. 12/31/2007)

Name of Property Beachport **Project No.** CT26H045005 **Address of Property:** 50 Rumberg Road

Cheshire Housing Authority

Name of Owner/Managing Agent

PBS8

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
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

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity



and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

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.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **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.
 2. **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
 3. **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.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



Citizenship Status Declaration (Noncitizen Rule)

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

Applicant/Resident Name	
Alien Registration Number	<input type="checkbox"/> or <input type="checkbox"/> NA
Admission Number if applicable (this is an 11-digit number found on DHS Form I-94, Departure Record)	<input type="checkbox"/> or <input type="checkbox"/> NA
Nationality (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)	

To Be Completed by Property Office Staff Only

SAVE Verification Number _____

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

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).

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:



Citizenship Status Declaration (Noncitizen Rule)

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 (Note:
Proof of identity is not required for minors)

(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)

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."

Citizenship Status Declaration (Noncitizen Rule)

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.

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.

Signature _____

Date _____

Check here if adult signed for a child.

CONFIDENTIAL



Double check to make sure the pre-application is completely filled out and signed

For your records, make copies of everything you are sending to the Cheshire Housing Authority, 50 Rumberg Road, Cheshire CT 06410

Provide any additional documents as described on the checklist on page 3 of this packet (Photo ID and Soc. Sec. card).

If an application submission is incomplete the pre-application documents will be returned to the person who submitted the application.

Every space should be filled in with either N/A or 0.

Note: For Beachport Elderly/Disabled apartments, a family consists of one or more people 18 years of age if disabled and 62 and older if elderly