

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?	<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.



"We are pledged to the letter and spirit of United States Government policy for the achievement of equal housing opportunity throughout 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

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



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To be completed by property manager or owner/agent

Are you willing or able to complete this form? Yes No

- *If no, please sign this form and return it via fax. Thank you for your time.*
- *If yes, please complete the questions below.*

Did the applicant ever lease a unit from you? Yes No

- *If no, please sign this form and return it via fax. Thank you for your time.*
- *If yes, please complete the questions below*

1. Are you related, in any way, to the applicant named above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lease Obligations	
2. Move-in Date	
3. Expected Move-out Date	<input type="checkbox"/> Do not know <input type="checkbox"/> N/A
4. Has the applicant fulfilled their lease term?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
5. Has the applicant provided you with the required notice to vacate the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
6. Did the applicant violate their lease in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
9. Is the applicant currently under notice of eviction for lease violations or is an eviction for lease violations pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
12. Has the resident given you two or more checks that have been returned for non-sufficient funds in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
13. Has the applicant paid all outstanding rent, damage or other charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
14. Are there any pending or outstanding judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
Unit Care	
15. Was the unit always maintained in a decent, safe and sanitary manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A
16. Has the applicant, their guests, or their family ever damaged the apartment or the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> N/A



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

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By signing this form, I certify that the information I have provided is true and correct.

Name and position of verifier (Please print)

Signature of Verifier: _____ Date: _____

Telephone: _____ email: _____



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