

housing authority of the town of manchester

24 BLUEFIELD DRIVE
MANCHESTER, CONNECTICUT 06040

TELEPHONE:
OFFICE (860) 643-2163
SECTION 8 (860) 643-4832
CONGREGATE (860) 643-8881
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(860) 432-0819
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COMMISSIONERS:
VINCENT DIANA, CHAIRMAN
JOHN BACKER, VICE-CHAIRMAN
TIMOTHY H. BECKER
JOSH HOWROYD
BARBARA MCCARTHY

EXECUTIVE DIRECTOR:
CHRISTINE L. WHITE

Enclosed is the application package you requested for Elderly/Disabled and Handicapped Low Income Public Housing. If you have any questions regarding the application package process or our facility you may visit our web site, www.manchesterha.org or call at (860)643-2163 Ext. 2, 10:00 a.m. - noon and 1:00 - 3:00 p.m. Monday through Friday.

In filling out your application, be sure to complete both sides, as well as the additional forms.

**YOUR APPLICATION WILL NOT BE PROCESSED UNTIL WE
HAVE RECEIVED:**

**ALL OF THE COMPLETED FORMS
SOCIAL SECURITY CARD(S)
BIRTH CERTIFICATE(S)
INCOME VERIFICATION FOR ALL APPLICANTS.**

Return your application to:

Manchester Housing Authority
Elderly/Disabled and Handicapped Housing
24 Bluefield Drive
Manchester, CT 06040

Sincerely,

Christine L. White
Executive Director



Handicap
Accessible

SYNOPSIS OF ELIGIBILITY REQUIREMENTS

May 5, 2009

ELDERLY/DISABLED HOUSING:

1. Head of family or spouse or sole member must be 62 years of age

OR

Head of family or spouse or sole member is disabled or handicapped as defined by Social Security and/or the Manchester Housing Authority.

2. Income limits include income derived from all sources such as Social Security, Pensions, jobs, annuities, interest, dividends, etc. **ALL incomes have to be verified.**

<u>Number of Occupants</u>	<u>Federal and State</u>
One	\$ 44,800
Two	51,200
Three	57,600
Four	64,000
Five	69,100

3. All assets also have to be verified with bank books, bank statements, stock reports, annual statements, etc.
4. Detailed eligibility requirements and standards are on file at the office of the Authority.

**HOUSING AUTHORITY OF THE
TOWN OF MANCHESTER**

24 Bluefield Drive
Manchester, CT 06040
860-643-2163

NAME

STREET

CITY/TOWN

STATE

ZIP

TELEPHONE

APPLICATION

(All information will be accorded confidential treatment)

1. List the names of all persons who will live with you, including yourself.

Member Number	Name	Social Security Number	Date of Birth	Place of Birth	Race	Sex
1						
2						
3						
4						

2. Do you own your home?

Yes No

A. If yes, what is the assessed value?

3. Have you disposed of property or assets within the past two years?

Yes No

4. Do you rent your present home?

Yes No

A. Are you in good standing with your landlord?

Yes No

5. List all income and its source for yourself and all persons who will live with you (you must provide verification of every amount listed):

Kind of Income	Member #1	Member #2	Member #3	Member #4	Total Amt. per Month
Wages					
Social Security					
Pension					
Dividends					
Annuities					
Financial Assistance					
Rental Income					
Other					
Total family income per year					

6. List your total assets (i.e.: savings accounts, stocks, bonds or property) and those of all members of your family who will live with you (don't include cars) (you must include verification of every asset listed)

Kind and Location	Member # 1	Member # 2	Member # 3	Member # 4	Value

Grand Total _____

7. Do you own a car? _____ License Plate # _____

8. Please list violations of any law for which you have been arrested (Please note: a police check will be done) :

Violation	Date of Arrest	City and State

9. SPECIAL ACCOMMODATIONS

Please list any special housing accommodations you may require (handicapped unit, 1st floor, etc.).

10. Applicant must read the following before signing. Failure to give full answers or truthful answers will disqualify the applicant; all answers must be verified to the Housing Authority of the Town of Manchester.

I understand that this is not a contract and does not bind either party. The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying the fact herein stated.

Applicant: _____ Date: _____

Reviewed by: _____ Date: _____

Verbally informed of status by interviewer:

Applicants initials: _____

Reviewers initials: _____

Signed: _____

RESIDENT STATEMENT

I, _____, understand that Elderly/Disabled Housing is for elderly or disabled people capable of independent living.

I agree and understand that at such time that I am not capable of independent living, due to increased disability either physically or mentally, as determined by the Manchester Housing Authority, and require services and assistance not offered in the Elderly/Disabled Program, I will make the necessary arrangements to move to a facility that will better suit my needs. Furthermore, I will notify the Housing Authority of my plans for relocating within a reasonable length of time so my records and those of the Authority's may be updated.

Signature _____

Witness _____

Date _____

EMERGENCY LISTING

The Manchester Housing Authority is requesting that complete this form and return it with your application package. Your application will not be accepted without this information.

TENANT/APPLICANT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER(S): HOME _____ WORK _____

Also, please list below the names, addresses and telephone numbers of two family members or close friends that we would be able to contact if we were unable to reach you in case of emergency.

1. NAME: _____

ADDRESS: _____

TELEPHONE NUMBER(S): HOME _____ WORK _____

2. NAME: _____

ADDRESS: _____

TELEPHONE NUMBER(S): HOME _____ WORK _____

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SPONSOR STATEMENT

I, _____, agree to be responsible for the care of the applicant, _____. My responsibilities will include being the contact person in case of problems or emergencies regarding this person and assisting the Elderly/Disabled Housing Administrator during these problems or emergencies if I am required.

Furthermore, I understand that if the applicant becomes incapable of independent living due to increased disability either physically or mentally, as determined by the Manchester Housing Authority, I will assist (if I am requested) in relocating the applicant to a facility better suited for his/her needs.

I understand that I am not responsible for any financial obligations. My responsibilities are assisting in the care of the applicant when necessary.

Sponsor's Name: _____

Signature: _____

Address: _____

Witness: _____

Home Telephone: _____

Date: _____

Work Telephone: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize the Housing Authority of the Town of Manchester to obtain information about me and those who will be living in my apartment to review from **police and court records** as part of the screening for occupancy in the Manchester Housing Authority.

If I do not sign this authorization, I understand that I will not be considered for tenancy at the Housing Authority.

Signed: _____

Date: _____

I, _____, authorize the Housing Authority of the Town of Manchester to obtain a **credit check** on me to determine my credit history as part of the screening process for participation in Housing authority Programs.

If I do not sign this authorization, I understand that I will not be considered for tenancy at the Housing Authority.

Signed: _____

Date: _____