



PRE-APPLICATION FOR HOUSING

OFFICE: 203.359.6940

FAX: 203.373.7589

WEB: WWW.MHASWCT.ORG

DATE AND TIME STAMP

Application Entered By: _____

Application Entered On: _____

Name and Mailing Address of Head of Household			Household Information	
Last Name			Home #	
First Name		MI	Cell Phone#	
Full Street Address			Email Address	
Apt #			How many persons will live with you in the apartment, including yourself:	
City	State	Zip	Apartment Sized Needed:	
The information below will be used for statistical reporting only.			<input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR <input type="checkbox"/> 3 BR <input type="checkbox"/> 4 BR	
Race (optional) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			Do you require a unit with accessible features? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ethnicity (optional) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian				
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> I choose not to respond		
<input type="checkbox"/> Other Race				

This is not the full application form for the Low Income Housing Tax Credit Program. The information which you are being asked to provide as the head of household is used to determine if your household appears to be eligible to be added to the Mutual Housing Authority's Waiting List. You will be required to complete a full application prior to any final processing for an offer of a unit. All information is subject to third party verification, and you will be required to sign releases that will permit the Mutual Housing Authority to verify all information provided below. By signing this application, you are certifying that the information you have provided is correct and that your household is within the income limits for the program as of the date of signature. Misrepresentation of information is grounds for immediate removal from the waiting list or termination from the Mutual Housing Association Program.

Incomplete Pre-applications will not be processed. It is the responsibility of the applicant to provide all required information and answer all questions completely. All applications are the property of the Mutual Housing Association of Southwestern CT.

A nonrefundable \$50.00(certified check/money order) processing fee per adult applicant or \$35.00 (certified check/money order) for elderly applicant.

Mutual Housing Association of Southwestern CT acting as management agent does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status, gender, physical or mental disability, lawful source of income, and in the access or admission to the developments, its employment, or in its programs, activities, functions or services.

HOUSEHOLD COMPOSITION					
	Name	Relationship to head	Birth Date	Age (optional)	Student Y/N
Head					
Co-T					
3.					
4.					
5.					
6.					
7.					
8.					

Please complete this section based on ALL income/money coming into the household for ALL family members

INCOME				
Family Member	Type of Income (Employment, Welfare, SSI, Child Support)	Amount Received	Weekly, Bi-Weekly Monthly or Annual	Source Of Income (Employer, Public Assistance)

Please complete this section based on ALL assets for ALL family members

ASSETS			
Family Member	Type of Asset (Checking, Savings, COD, IRA Mutual Funds, Trust Life Insurance, Real Estate)	Amount	Account Number

ELIGIBILITY: All applicants must meet the required income requirements and are subject to other screening criteria including credit, criminal, sex offender and landlord references. All income and asset information will be screened to determine eligibility and cannot exceed the income limits.

STAMFORD MAXIMUM RENT/INCOME LIMITS
2016 LIHTC 40-60 Rent/Income Limits

Unit Size Equivalent	Persons Per Unit	HUD Maximum Income	Maximum Rent per Month
1 Bedroom	1	\$55,200.00	\$1,380.00
1 Bedroom	2	\$63,060.00	\$1,478.00
2 Bedrooms	3	\$70,920.00	\$1,773.00
	4	\$78,780.00	
3 Bedrooms	5	\$85,140.00	\$2,049.00
4 Bedrooms	6	\$91,440.00	\$2,286.00
	7	\$97,740.00	

Place a check on the Stamford property that you are interested in with your nonrefundable \$50.00(certified check/money order) processing fee per adult applicant or \$35.00 (certified check/money order) for elderly applicant to **Mutual Housing Association of SWCT (MHASWCT) 80 Spruce St, Stamford, CT 06902.**

- FAIRFIELD GABLES**
24-28 Fairfield Ave
 PARKSIDE GABLES
235 West Main St.
 TRINITY PARK
30 Spruce St

BRIDGEPORT MAXIMUM RENT/INCOME LIMITS
2016 LIHTC 40-60 Rent/Income Limits

Place a check on the Bridgeport property that you are interested in with your nonrefundable \$50.00(certified check/money order) processing fee per adult applicant or \$35.00 (certified check/money order) for elderly applicant to **Mutual Housing Association of SWCT (MHASWCT) 1235 Huntington Tpke, Bridgeport, CT 06610.**

Unit Size Equivalent	Persons Per Unit	HUD Maximum Income	Maximum Rent per Month
1 Bedroom	1	\$31,300.00	\$782.00
1 Bedroom	2	\$35,750.00	\$838.00
2 Bedrooms	3	\$40,200.00	\$1,005.00
	4	\$44,650.00	
3 Bedrooms	5	\$48,250.00	\$1,161.00
4 Bedrooms	6	\$51,800.00	\$1,295.00
	7	\$55,400.00	

- HUNTINGTON PLACE (ELDERLY)**
1235 Huntington Tpke
 MAPLEWOOD COURT
434 Maplewood Ave
 YALE STREET COMMONS
80-140 Yale Street

NORWALK & WILTON MAXIMUM RENT/INCOME LIMITS
2016 LIHTC 40-60 Rent/Income Limits

Place a check on the Norwalk property that you are interested in with your nonrefundable \$50.00(certified check/money order) processing fee per adult applicant or \$35.00 (certified check/money order) for elderly applicant to **Mutual Housing Association of SWCT (MHASWCT) 21 Station Rd, Wilton, CT, 06897.**

Unit Size Equivalent	Persons Per Unit	HUD Maximum Income	Maximum Rent per Month
1 Bedroom	1	\$55,200.00	\$1,380.00
1 Bedroom	2	\$63,060.00	\$1,478.00
2 Bedrooms	3	\$70,920.00	\$1,773.00
2 Bedrooms	4	\$78,780.00	

WILTON COMMONS
21 Station Road

WOODWARD CLIFFS
53-55 Woodward Avenue

I understand that this pre-application is not an offer of an apartment. I certify that my household is income eligible under current program income limits and the information contained in this application is true and complete under pains and penalty of perjury. I agree to authorize the Mutual Housing Authority of Southwestern CT to make inquiries to verify the information I have provided on this application. I understand that it is my responsibility to inform the Housing Authority of any change in address or in household composition in writing.

Applicant's Signature

Date



AUTHORIZATION for Release of Information

CONSENT

I authorize and direct the Federal, State or local agency, organization, business, or individual to release and to verify my application for participation and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing and/or any other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Connecticut Housing Finance Authority (CHFA) in administering and enforcing program rules and policies. I also consent for CHFA or the PHA to release information from my file about my rental history to CHFA, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status Medical or Child Care Allowances Residences and Rental Activity	Employment, Income and Assets Credit and Criminal Activities
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GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords including: Public Housing Agencies Court and Public Offices Schools and Colleges Law Enforcement Agencies Medical and Child Care Providers Retirement Systems Utility Companies	Past and Present Employers Welfare Agencies State Unemployment Agencies U. S. Social Security Administration Support and Alimony Providers U.S. Department of Veterans Affairs Bank and Other Financial Institutions Credit Providers and Credit Bureaus
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COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that CHFA or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove correct information. CHFA or the PHA may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies, U.S. Department of Defense, U.S. Office of Personnel Managements, the U.S. Postal Service, the U.S. Social Security Administration and State Welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will remain of file with PHA. I understand I have a right my file and correct any information that I can prove is incorrect.

Head of Household

Print Name

Date

Head of Household

Print Name

Date

Head of Household

Print Name

Date

NOTE

THIS GENERAL CONSENT MAY NOT USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506T "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY,