



23B Glade Street, West Haven, CT 06516

Tel: (203) 934-8671

Fax: (203) 937-0306

TTD/TTY 1-800-545-1833 X 901

Equal Opportunity Housing

**BOARD OF COMMISSIONERS**

Wayne A. Orio, Chairman

John R. O'Connor, Vice-Chairman

Harold Burns, Treasurer

Rosemarie Paine

Jasmin Nugent

**John P. Counter**

Executive Director



**PUBLIC HOUSING ELDERLY/DISABLED PRE-APPLICATION**

**\*\*\*SUBMIT APPLICATION WITH ALL OF THE FOLLOWING ITEMS FOR ALL HOUSEHOLD MEMBERS**

1. PERSONAL INFORMATION: Copies of: Social Security card(s), Birth Certificate(s), and photo ID'S for all household members. Verification of DD214 if you are a veteran.
2. INCOME: Verification for all income received by yourself & members of the household. For example: Including but not limited to: CURRENT statement(s) from Social Security Administration, SSI payment verification, City or State welfare and/or Pension Provider.

If employed bring your last four (4) pay stubs AND the mailing address of employer's payroll department

\*Please note Savin Rock Communities needs verification from the income provider- a bank statement or tax return will NOT be accepted as proof of income. (to receive a current statement of SS benefits please call the SS Admin. at 1-800-772-1213, it is your responsibility to obtain these report(s).

2023 HUD published Public Housing Income Limits (80%)

**Persons in Family**

- 1- \$64,250
- 2- \$73,400
- 3- \$82,600
- 4- \$91,750

Pre-applications can be requested and/or submitted by telephone 203-934-8671 x. 100, mail at 23B Glade ST., West Haven, CT 06516 or email [TGoodwin@savinrockcommunities.org](mailto:TGoodwin@savinrockcommunities.org). If you need to hand deliver your completed pre-application during a time other than normal business hours, please contact Tina Goodwin.

Elderly/Disabled ☒ Family \_\_\_\_\_ Do you own property \_\_\_\_\_



<b>Who is Head of Household?</b> Last: _____  First: _____ MI _____		<b>SEX:</b> M F	<b>Social Security Number:</b> _____
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander	<b>Ethnicity:</b> <input type="checkbox"/> Latino <input type="checkbox"/> Non Latino	<b>DOB:</b>  <b>AGE:</b> _____	Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain, _____

**What is your present address?**

Street address: \_\_\_\_\_  
 Street City State Zip  
 Home telephone ( ) \_\_\_\_\_ Business Telephone ( ) \_\_\_\_\_

**Household Members:** List below ALL those who will reside in the household. Start with the head of household, then spouse, then any other adults, and then minors (oldest to youngest).

NAME	SEX M/F	RELATIONSHIP TO HEAD	SSN	DOB	AGE	SCHOOL NAME OR OCCUPATION

**Income Information:** Wages, Social Security, Pensions, State Assistance, Child Support, Etc.

Fam Mem	Source of Income	Rate/ Frequency	Type of Income	Annualized Income
				\$
				\$
				\$

Read this statement before signing: Section 1001 or Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter in its jurisdiction. The statements made by me in the application for the Public Housing waiting list are true to the best of my knowledge at the time of signing this application. I further understand that any change in address must be forwarded to Savin Rock Communities, 23B Glade St., West Haven, CT 06516 within 14 days of the change. Failure to receive mail due to my failure to report a change of address will not be cause to be reinstated to the wait list if failure to receive such mail results of the withdrawal of my application.

**Signature of Head of Household** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of spouse or adult** \_\_\_\_\_ **Date** \_\_\_\_\_

1. Do you want to also be placed on any currently open WHHA/SRC Section 8 tenant-based or project-based voucher waitlist if the list is open and you qualify?

YES\_\_\_\_\_ NO\_\_\_\_\_

2. Do you meet the HUD defined Extremely Low Income annual income limits?  
(not a requirement for admission to this program)

1 Person- \$24,100

2 Persons- \$27,550

3 Persons- \$31,000

4 Persons- \$34,400

YES\_\_\_\_\_ NO\_\_\_\_\_





**PREFERENCES: (documentation MUST be provided) without proper documentation, preferences will NOT be accepted**

**SRC is permitted to give priority to serving families that meet certain criteria. SRC preferences are as follows:**

- \_\_\_ Veteran or Surviving Spouse
- \_\_\_ Current West Haven Resident, or household who has a member who works, or has been notified that they are hired to work in West Haven.
- \_\_\_ Working Household: Head, spouse or sole member works at least 20 hrs/week or is 62 years old or disabled.
- \_\_\_ Violence Against Women ACT (VAWA): SRC will offer a preference to families that include victims of domestic violence, dating violence, sexual assault or stalking.
- \_\_\_ Involuntary Displacement due to State or Local declared disaster.
- \_\_\_ Termination of HCV due to program funding.
- \_\_\_ Displaced from West Haven Housing Authority/SRC property, if the displacement is due to PHA action or due to the City of WH eminent domain and WHHA/SRC is contracted as the relocation agency.

**DOCUMENTATION:**

**SRC must verify any preferences claimed by an applicant to determine placement on the waiting list as follows:**

- \_\_\_ Veteran or Surviving Spouse: DD-214
- \_\_\_ Current West Haven Resident: Proof of address
- \_\_\_ Works in West Haven Proof of employment or hire letter
- \_\_\_ Working Household: Proof of Work 20+ hours per week
- \_\_\_ VAWA: referral from partnering agency
- \_\_\_ Involuntary Displacement due to State or Local declared disaster: SRC will verify
- \_\_\_ Termination of HCV due to program funding: SRC will verify
- \_\_\_ Displaced from West Haven Housing Authority/SRC property, if the displacement is due to PHA or displaced from property due to city eminent domain and WHHA/SRC is relocation agency: WHHA/SRC will verify

If you or anyone in your family is a person with a disability and you require a specific accommodation or if you need services or information in a language other than English, in order to fully utilize our programs and services, please contact SRC at 203-934-9266 (Tina Goodwin).

TTD/TTY 1-800-545-1833 x. 901, large print and audio available upon request.

As an applicant currently on the WHHA/SRC Public Housing waiting list, you cannot be denied assistance because you are or have been the victim of domestic violence, dating violence, sexual assault or stalking, provided you are otherwise eligible for assistance. If you wish to claim protection under Violence against Women Act of 2013 (VAWA), complete and return the enclosed form HUD 5382 to our offices within (10) business days. If you need services or information in a language other than English, in order to read or understand this or any other communications from the SRC, or to fully utilize our programs and services, please notify 203-934-9266 x 100. If you or anyone in your family is a person with a disability and you require a specific accommodation or if you need services or information in a language other than English, in order to fully utilize our programs and services, please contact SRC at 203-934-9266. Unless required by Housing and Urban Development (HUD), no applicant will be denied housing assistance based on their criminal record without an opportunity to explain their circumstances during an informal review with the Director of Leased Housing or Director of Asset Management or their designated representative.

Applicants will be placed on the waiting list first according to PHA preference(s) and in the event of multiple families have the same preference points, then the date and time their complete application is received by the PHA.

