

ANNOUNCEMENT
Housing Authority of the City of Bristol

December 21, 2017

The Housing Authority of the City of Bristol will be opening the Low-Income Public Housing waiting list for households who meet the Elderly preference, the Disabled preference, and/or households that are FEMA-certified disaster victims. ONLY households meeting ANY of these preferences will be eligible to apply at this time.

This is not Section 8. The Housing Choice Voucher Program is currently closed at this time.

Bristol Housing Authority will open the waitlist for qualified households on December 26, 2017 at 8:30 a.m. and will close the waiting list on March 30, 2018 at 4:30 p.m.

Pre-applications will be available for download and printing at www.bristolhousing.org. After the pre-application is downloaded and printed, they can be mailed to the mailing address shown above. Pre-application can also be picked up in person at 164 Jerome Ave. during business hours (M/W/F 8:30a-4:30p, Tues. 8:30a-1:00p, Thurs. 1:00-4:00p). Applicants must meet income requirements and eligibility requirements. The income limits are as follows;

Total household income cannot exceed the income limit for each household size.

No. Residents	1	2	3	4	5	6	7	8
Household income	47,600	54,400	61,200	68,000	73,450	78,900	84,350	89,800

Pre-applications must be completed in full to be accepted. Only one pre-application per household will be considered. All Pre-applications must be received either in person or mailed to:

The Housing Authority of the City of Bristol
164 Jerome Avenue
Bristol, CT 06010
Attn: Housing Service Assistant

If you are a person with a disability and require a reasonable accommodation to submit an pre-application, please contact us with any questions.

Questions may be directed to Carol Diaz at (860) 585-2024.

We are an equal housing provider and we do not discriminate based on race, color, national origin, religion, sex, actual or perceived sexual orientation, gender identity, disability or marital or familial status.



FOR OFFICE USE ONLY	
Application Entered By:	
Application Entered On:	
Elderly/Disabled Housing	
General Developments	
Bedrooms	0 1 2 3 4 5 6



DATE AND TIME STAMP

HOUSING AUTHORITY OF THE CITY OF BRISTOL
PUBLIC HOUSING PROGRAM
Office: 164 Jerome Avenue Bristol, CT 06010
(860) 582.6313 (Phone) & (860) 585.6033 (Fax)

Pre-Application for the Public Housing Program
Equal Housing Opportunity

This is not the full application form for the Public Housing 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 Public Housing Program. 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 to Bristol 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 Public Housing 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.

Assistance Available: If you need assistance completing this application, please call the receptionist at: (860) 582.6313 for an appointment.

Please print all Answers in a Legible Fashion

<p>1. Head(s) of Household: _____</p> <p>2. Residential Address: _____</p> <p>City or Town _____ State _____ Zip Code _____</p> <p>3. Current Mailing Address: _____</p> <p>City or Town _____ State _____ Zip Code _____</p> <p>4. Home Phone () _____ Work Phone () _____</p>

5. Please provide the full name including middle initial of all household members, their date of birth, place of birth, sex, relationship to the head of household, and **Social Security Number or attach proof of application for a Social Security Number**. If any of this information is not provided, the pre-application will be considered incomplete and will be rejected.

***Race and Ethnicity are optional.** HUD's race codes are: White, Black, American Indian/Alaskan Native, Asian, and Native Hawaiian/ Other Pacific Islander. HUD's ethnicity codes are: Hispanic, or Not Hispanic. Please use the HUD race and ethnicity codes that best describe *each* member of your family. For example: White/Hispanic, or Black/Non-Hispanic, etc. **Only the race/ethnicity column is optional.**

Name	Date of Birth	Place of Birth	SEX	Relation to Head of Household	Social Security Number	Race/Ethnicity: *Optional
				Head	- -	
					- -	
					- -	
					- -	
					- -	
					- -	
					- -	

6. Current Household Annual Income for all sources: \$ _____.
 (A determination of income, assets and deductions will be made as part of the final application review.)

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

Family Member	Type of Income (EMPL, Welfare, SSI, Child Support, etc)	Amount received	Weekly, Bi-weekly, Monthly, or Annually	Source of Income (Public Assistance, Name of Employer or Company, etc.)

7. Please check one or more if you meet any of these preferences; (You MUST meet at least one of these preferences in order to be considered for a full application.)

- Elderly - 62 years old or and over
- Disabled - Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.
- FEMA Certificated Disaster Victim- victim of a declared natural disaster that has registered with FEMA.

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 BHA to make inquiries to verify the information I have provided on this application. I understand that it is my responsibility to inform BHA of any change in address or in household composition, in writing.

 Applicant's Signature

 Date

 Co- Applicant Signature

 Date

