

**ELLINGTON HOUSING AUTHORITY**

PO Box 416  
Ellington, CT 06029

**Applicant's Personal Data**

Applicant's Name:		SS#:	
Address: Street Number and Name:			
City/Town:		Zip:	
How Long @ Current Address:		Date of Birth:	
Current Landlord Name:		Phone:	
Current Rent/Month: \$		Current Utilities/Month: \$	
What Size Unit Do You Require? (Check one)	O BR	1 BR	
	Either		

**Co-Applicant's Personal Data**

Co-Applicant Name:		SS#:	
Address: Street Number and Name:			
City/Town:		Zip:	
How Long @ Current Address:		Date of Birth:	
Current Landlord Name:		Phone:	
Current Rent/Month: \$		Current Utilities/Month: \$	

**Applicant's Occupation**

Occupation:	
Employer:	

**Co-Applicant's Occupation**

Occupation:	
Employer:	

**References - Financial**

Type	Name of Institution	Account #	Type (checking - savings)	Balance
Bank:				\$
Bank:				\$
Credit:				\$
Credit:				\$

**References - Personal**

Name	Address	Phone:	Length of Time Known

**Income and Source**

Source	Applicant	Co-Applicant
Social Security	\$	\$
Pension	\$	\$
VA	\$	\$
Interest	\$	\$
Wages	\$	\$
Other	\$	\$

	Yes	No
Have you ever filed for Bankruptcy?*		
Have you ever been evicted from any tenancy?*		
Have you ever wilfully refused to pay any rent when due?*		

**\* If yes, please submit an explanation.**

The order of admission to an Ellington Housing Authority housing unit is determined in part by a point system. Points are awarded based on such things as current place of residency, current housing expenses and housing conditions. Please respond to the following questions by checking the yes or no box. To qualify for these points, you must submit with your application supporting documentation. Supporting documentation may include, among other documents, statements or letters from Housing Code Enforcement or Health Officials, affidavits from Social Workers, Medical Professionals, Clergy or the Courts.

		Yes	No
(a)	Do you live in a condemned unit or one with serious housing code violation?		
(b)	Are you living with inadequate heating or cooking facilities?		

**II) Living Situation**

		Yes	No
(a)	Are you living in a documented physically or emotionally abusive situation?		
(b)	Are you living in a shelter or transitional housing?		
(c)	Are you living in temporary housing with others because of conditons beyond your control?		
(d)	Are you living in overcrowded conditions (more than 1.5 persons/room)?		
(e)	Do you own your own home?		
	If yes, your current mortgage payment:	\$	
	If yes, your current monthly property tax payment:	\$	
	if yes, your current property insurance payment:	\$	
	If yes, your home's estimated current value:	\$	
(f)	Have you sold your home within the past 5 Years?	Yes:	No:
	If yes, what was the profit to your after the sale?	\$	

I DECLARE THAT THE FORGOING INFORMATION IS TRUE AND CORRECT. I AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF A CONSUMER CREDIT REPORT. I AGREE THAT THE ELLINGTON HOUSING AUTHORITY MAY TERMINATE ANY AGREEMENT ENTERED INTO IN RELIANCE ON ANY MISSTATEMENT MADE ABOVE.

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_