PARK CITY COMMUNITIES (PCC) – PRELIMINARY APPLICATION FOR HOUSING

Name of Head of Household (please print) **(Note: must be 18 years old or emancipated minor)**

First MI Last

Name of Co-Head of Household (Note: must be 18 years old or emancipated minor and will have equal rights to the application)

First MI Last

Mailing Address

Street Apt

City State Zip Code

I wish to apply for the public housing program (check one or both and complete the choice forms):

☐ Family Public Housing

☐ Elderly/Disabled Public Housing: to qualify for this program, you must 62 or older, or disabled as defined by the Social Security Administration or federal regulations.

Does your household include: (Check one or all that apply)

☐ A Veteran ☐ A Disabled Person ☐ A Victim of Domestic Violence

☐ A Person 62 or Older ☐ A Person Needing Congregate Care

☐ A Person in a Witness Protection Program ☐ None of the Above

Address where currently residing (if different from above): _____ **Is your household homeless?** Yes( ) No( ) **Working?** Yes( ) No( )

Day time Phone: (____) _____-_____ **Evening Phone: (____)** _____-_____ **Language Spoken:**_____ **Language Read:**_____ **Is your household displaced?** Yes( ) No( )

Household Composition. Please list all individuals who will live with you if housed with the PCC. Request an additional page if you will have more than 5 household members.

	First Name	MI	Last Name	Relationship To Head	Sex M/F	Date of Birth Mo/Day/Year	Age	Social Security #	Disabled Yes/No	Race–See Codes*	Hispanic/Latino? Yes/No	US Citizen, Yes/No	If No, Alien Registration #	Income Source**	Annual Gross Income	Value of Assets
1				Head		/ /		- -								
2				Co-Head		/ /		- -								
3						/ /		- -								
4						/ /		- -								
5						/ /		- -								

Please answer the following questions: If the response is not applicable write N/A

1. A household member is a disabled individual whose disability requires special housing features such as wheelchair access, first floor unit, accommodations for hearing or blindness, etc. **If yes, please identify the family member and indicate the accommodations needed**: _____ **Need Wheelchair Unit**? Yes ( ) No ( )
2. My household has special expenses such as medical expenses, childcare, care of a disabled family member and/or mandatory support payments.$_____
3. Have you or your Co-Head ever been evicted from PCC or any Subsidized Housing Program? Yes ( ) No ( ) **If ye**s, from where and when:_____
4. Do you or your Co-Head owe any money to the PCC or other Subsidized Housing or Section 8 Program? Yes ( ) No ( )
   If yes, from where and how much do you or your Co-Head owe? _____
5. Are you or anyone in your household subject to a **life-time** Sex Offender Registry? Yes ( ) No ( )
   Name of Member(s) _____
6. Have you or anyone in your household been convicted, **found guilty**, of a crime? Yes ( ) No ( )
   Name of Member(s) _____
7. Have you or anyone in your household been convicted, **found guilty**, of producing Methamphetamine? Yes ( ) No ( )
   Name of Member(s) _____
8. A member of the household is pregnant with a due date of: _____
9. Are you a board member, employee or a member of the immediate family of a board member or employee of PCC?_____

Notes: If you change your address, telephone number, or household composition, please notify the PCC immediately, IN WRITING, to: PCC, 301 Bostwick Avenue, Bridgeport, CT 06605. **PCC staff Full Name & Time Stamp Here↓**

***Race Codes - you must choose one of these codes: 1 = White 2 = Black 3 = Native American/Native Alaskan 4 = Asian/Pacific Islander**

****Possible Sources of Income: Employment, TAFDC, Social Security, SSI, SSDI, Pension, Veterans Benefits, Unemployment, etc.**

I declare that the information provided above is true to the best of my knowledge and understand that any false statements which I have knowingly and willingly made will be sufficient cause for the rejection of my application.

Signed: Head of Household: _____ Date_____ Co-Head of Household:_____ Date:_____ rev. 06/21/2017

This information is available in alternative format upon request