



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 Last MI

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

Mailing Address
Street #
City State Zip Code

Address where currently residing (if different from above): _____
Day time Phone: () - - Evening Phone: () - -
Language Spoken: _____ Language Read: _____
is your household displaced? Yes () No ()
is your household homeless? Yes () No () Working? Yes () No ()

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 be 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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
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					
			Head		/ /															
			Co-Head		/ /															
					/ /															
					/ /															

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: _____
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 yes, 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!

*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. 08/03/2018

FOR HACR/PCC OFFICE USE ONLY (Circle answers)					
Qualified?	Yes	No	# of BRs:	1	2
				3	4
				5	

This information is available in alternative format upon request-Application-Aug 13-31, 2018

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY!!