

# Ellington Housing Authority

P. O. Box 416, 20 Main Street, Ellington, Connecticut 06029

Phone & Fax: (860) 872-6923

## CONSENT

### GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I, the above named individual, have authorized the Ellington Housing Authority to verify the accuracy of the information which I have provided to it, from the following sources:

Social Security	Retirement & Pension Systems
Department of Public Welfare	Employer & Past Employers
Department of Employment Security	Banks
Veteran's Administration	Payers of Child Support
Trust Administrators	Insurance Companies
Landlords	Personal References
Credit Bureaus	

I hereby give permission to release this information to the Ellington Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Ellington Housing Authority within five (5) days of receipt of this request.

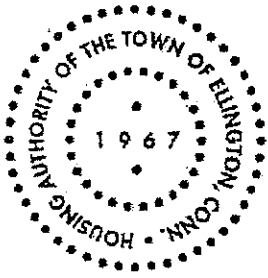
I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR  
FROM THE DATE NOTED ABOVE.**



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## Application

### Applicant's Personal Data

Applicant's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: Street Number and Name: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long at Current Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Landlord Name: \_\_\_\_\_ Your Phone# \_\_\_\_\_

Current Monthly Rent: \_\_\_\_\_ Current Utilities/Month: \_\_\_\_\_

What Size Unit Do you Require? (Check one) 0 BR \_\_\_ 1BR \_\_\_ either \_\_\_\_\_

### Co- Applicant's Personal Data

Co -Applicant's Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: Street Number and Name: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long at Current Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Landlord Name: \_\_\_\_\_ Your Phone# \_\_\_\_\_

Current Monthly Rent: \_\_\_\_\_ Current Utilities/Month: \_\_\_\_\_

### Applicant's Occupation

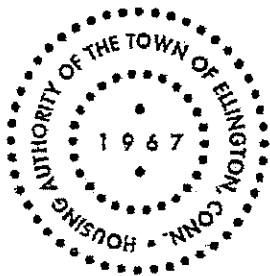
Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

### Co- Applicant's Occupation

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_



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## References – Financial

Type	Name of Institution	Account#	Checking/Savings	Balance
Bank	_____	_____	_____	\$ _____
Bank	_____	_____	_____	\$ _____
Credit	_____	_____	_____	\$ _____
Credit	_____	_____	_____	\$ _____

## References – Personal

Name	Address	Phone	Length of time known
_____	_____	_____	_____
_____	_____	_____	_____

## Income and Source

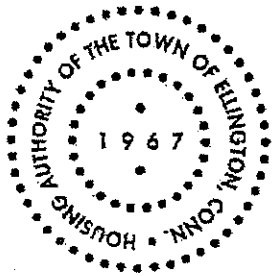
Source	Applicant	Co-Applicant
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
VA	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Wages	\$ _____	\$ _____
Other	\$ _____	\$ _____

Have you ever filed Bankruptcy?\* Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been evicted from any Tenancy?\* Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever willfully refused to pay any rent when due?\* Yes \_\_\_\_\_ No \_\_\_\_\_

\* If yes, please submit an explanation.



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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.

(a) Do you live in a condemned unit or one with serious housing code violations?

\_\_\_yes \_\_\_no

(b) Are you living with inadequate heating or cooking facilities? \_\_\_yes \_\_\_no

## LIVING SITUATION

(a) Are you living in a documented physically or emotionally abusive situation?

\_\_\_ yes \_\_\_ no

(b) Are you living in a shelter or transitional housing? \_\_\_yes \_\_\_no

(c) Are you living in temporary housing with others because of conditions beyond your control? \_\_\_yes \_\_\_no

(d) Are you living in overcrowded conditions (more than 1.5 persons/room)?

\_\_\_yes \_\_\_no

(e) Do you own your own home? \_\_\_yes \_\_\_no

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 \$ \_\_\_\_\_



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(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: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please mail application to: Ellington Housing Authority  
PO Box 416  
Ellington, Ct 06029  
860-872-6923 ext. 2



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## The Housing Authority of the Town of Ellington

### Snipsic Village 1 & 2

### Addendum to Application

Please be advised that the paragraph 10. Tenant Selection Methodology of the Resident Selection Plan for Snipsic Village has been updated as of October 1, 2019 eliminating Option A- Point System and replacing it with Option B- Lottery as provided below and in accordance with statutory and regulatory procedure. Accordingly, the section of the Rental Application is not required to be completed by the applicant as the information provided will have no bearing on the order in which your application will be selected for consideration.

#### Random Selection Method- Lottery

If an owner selects the random selection method, they shall order the waiting list in the following manner:

The Housing Authority of the Town of Ellington uses the lottery system for selection of applicants for tenancy. The following steps are taken:

1. Review the income reported for eligibility of all applicants.
2. Prescreen/interview for credit worthiness and other reasonable common rental or ownership criteria, and for verification of applicant information.
3. Put all applicants with favorable interviews, that is, having no ground for disqualification, back in the pool and choosing by a lottery system.
4. EHA will seek third-party services, where feasible, to conduct the lottery.

# Ellington Housing Authority

## RELEASE OF INFORMATION AGREEMENT

RELEASE: I/We hereby reside at Snipsic Village. With my/our signature(s) below I/we hereby authorize and request Federal, State or local agency, organization, business or individuals to release all pertinent information about me/us to the undersigned. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Ellington Housing Authority in administering and enforcing program rules and policies. A photocopy of this shall be as valid as the original, and stay in effect for 15 months from the date signed.

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Tenant Signature

Date

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Tenant Signature

Date

All applicants within the household must sign this release over the age of eighteen (18).

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Management Agent for Ellington Housing Authority

Date