



Ellington Housing Authority

20 Main Street Ellington Connecticut 06029

Phone (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
Department of Public Welfare
Department of Employment Security
Veteran's Administration
Trust Administrators
Landlords
Credit Bureaus

Retirement & Pension Systems
Employer & Past Employers
Banks
Payers of Child Support
Insurance Companies
Personal References

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

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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.