

# **Norwalk Housing Authority**

## **Pre-Application For FYI Voucher**

Are you or anyone in your family a person with disabilities that require a specific accommodation in order to fully utilize our programs and services?    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

**This pre-application is only for individuals/families between 18 and 24 years of age who was in foster care or will be leaving foster care in 90 days, and homeless or at risk of being homeless. Applicants must be certified or able to be certified as eligible by DCF.**

**Please print or type:**

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s: \_\_\_\_\_

Email Address: (ALL CAPS) \_\_\_\_\_

**Household Composition & Characteristics**

MEMBERS NAME	RELATIONSHIP TO HEAD	DATE OF BIRTH	BIRTH PLACE (CITY, STATE)	DISABLE D	AGE	SEX	SOCIAL SECURITY #
	<b>Head</b>						

**Sources of Income (Check all applicable boxes):**

- SSI
- SSDI
- Employment: Name and Address \_\_\_\_\_
- Other

**DCF Worker/Office:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #s: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**Birth Parent/Adoptive Parent/Guardian:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #s: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**What town/city do you seek to live in (must state at least one):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General Questionnaire:**

1. What is the race/ethnicity of the Head of Household?

<b>Ethnic Categories</b>	<b>Select One</b>
Hispanic or Latino	
Not Hispanic or Latino	
<b>Racial Categories</b>	<b>Select All That Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

2. Have you or anyone else listed above ever participated in the Section 8 Program? \_\_\_Yes \_\_\_No

If yes, when/where \_\_\_\_\_

3. Are you or any member of your household subject to the State Sexual Offenders Registration? \_\_\_Yes \_\_\_No.

If yes, list the State where the offense occurred: \_\_\_\_\_

**FALSE OR INCOMPLETE INFORMATION WILL BE GROUNDS FOR DENIAL OF THE APPLICATION**

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a), (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

This application must be signed by all adults who will occupy the apartment before it can be considered. In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer credit reporting agencies and obtaining credit information from other credit institutions. Additionally, I authorize all corporations, companies, landlords, law enforcement agencies, academic institutions, and current employers to release information they may have about me and release them from any liability and responsibility from doing so.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household

\_\_\_\_\_  
Date

This project does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. As required in the HUD Occupancy Handbook 4350.3 REV-1, all individuals with disabilities have the right to request reasonable accommodations. Reasonable accommodations are changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program; take advantage of a service; live in a dwelling; or perform a job. To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability. Requests for Reasonable Accommodations should be brought to the attention of management.