Application for Admission and Rental Assistance

Property Name:	Hill Central LLC	Telephone:	(203) 562-3035
Address:	259 ½ Putnam Street	Fax:	(203) 745-4234
Address 2:	New Haven, CT 06519	TTD/TTY:	711 National Voice Relay
Property Web Site	www.hillnewhaven.com	Email	tawanna@westmountmgmt.com

Dear Applicant:

Enclosed is an application package for the above-referenced property, which participates in a governmentally assisted affordable housing program, provided through the Department of Housing and Urban Development (HUD).

In addition to our affordable housing program, Hill Central LLC also offers market rate apartment units. Current market rates are as follows:

- **One-Bedroom:** $1,540/month (minimum income required: **$49,946**)
- **Two-Bedroom:** $1,830/month (minimum income required: **$59,351**)

If an applicant's income does not meet the minimum requirement, but receives rental assistance payments (*such as a Housing Choice Voucher (HCV) or Rental Assistance Program (RAP)*), please indicate this on your application and/or provide a copy of your voucher at the time of submission.

You are welcome to complete this application package at the property's management office, or you can complete the application package in advance and bring it or mail it to the management office. The application package can be submitted in an equally effective format, as a reasonable accommodation, if there is the presence of a disability.

If you have trouble understanding this document, please contact the management office.

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a. (Haitian Creole)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)
- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen. (German)
- 請聯絡管理辦公室，如果你需要幫助理解這份文件。(Chinese)
- もしこの文書を理解しているための助けを必要としていれば、経営オフィスと連絡を取ってください。(Japanese)

Please note the following before completing and returning this application.

1. **Application Package Checklist:** Please check **Attachment 1** which is the **Application Package Checklist** to ensure that you have received all of the required documents. Please review each document's instructions **BEFORE** you begin to complete any of the forms.

2. **Application Submission Checklist:** Applications will be reviewed based on the date and time the completed application is received. A completed application includes all of the documents indicated on the **Application Submission Checklist** which is **Attachment 2** of this package.

3. **IMPORTANT…IMPORTANT…IMPORTANT**
Completing the Application Documents: The application and all attachments should be filled out very carefully. We will not review an application until all application documents are complete, signed as appropriate and submitted to the management office of Hill Central LLC.

Failure to answer all questions on the application may result in disqualification. If information does not apply, please use N/A (Not Applicable) as your response.

Application for Admission and Rental Assistance

DO NOT USE WHITE-OUT OR LIQUID PAPER anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) initial near the change.

Applicants are added to the waiting list **based on the date and time the complete application package is received**.

Applications must be submitted to the office either in person or by mail. Faxed or emailed applications will not be accepted. Return your application to:

Hill Central LLC
259 ½ Putnam Street
New Haven, CT 06519

4. **Income Limits:** Please note that income limits apply only to the three- and four-bedroom affordable units. One- and two-bedroom market rate units are not subject to HUD income limits but do have separate minimum income requirements. For applicable income limits, please contact the management office or visit: www.huduser.org/datasets/il.html

HUD requires that property managers use the most recently published income limits when determining eligibility. Income limits are updated annually.

If you have any questions regarding the application process, contact our office at (203) 562-8299 or tawanna@westmountmgmt.com. We look forward to working with you.

Warm Regards,

Tawanna Lasane
Property Manager

Hill Central LLC 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.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name:	Rick Ross
Address:	PO Box 719
City/State/Zip:	Branford, CT 06405
Telephone – Voice:	(203) 483-4375
Telephone – TTY:	711 National Voice Relay

Attachment 1 – Application Package Checklist

Please check to make sure that all the documents indicated below are included in this package. If any documents are missing, please contact the management office. This package includes:

- ☐ Attachment 2 – Application Submission Checklist
- ☐ Attachment 3 - An application
- ☐ Attachment 4 - A Family Summary - Include the names of anyone who will be living in the unit including live-in aides and foster children/adults when applicable.
- ☐ Attachment 5 - A Citizenship Declaration (Please make a copy and complete for each adult and child to be included as part of the household. If a minor is included as part of the household, an adult household member must complete the form and sign and date the form on behalf of the minor.)
- ☐ Attachment 6 - A Non-citizenship Eligibility Consent Form (Please make a copy and complete for each adult who is under the age of 62 and each child to be included as part of the household. An adult household member must complete and sign/date the form on behalf of the minor.)
- ☐ Attachment 7 – Race and Ethnicity Form (Please make a copy and complete for each adult and child to be included as part of the household. If a minor is included as part of the household, an adult household member must complete the form and sign and date the form on behalf of the minor.)

Attachment 2 – Application Submission Checklist

This checklist **must** be returned with the application.

Check off each item to ensure that it is included in your application package. Return all of the following documents as indicated. The owner/agent will not process any application until all documentation is received:

- ☐ **A completed application *(Attachment 3)* for each adult household member.** The application must be dated and signed.
- ☐ **Copy of Photo Identification for each adult household member**. Acceptable forms of identification are motor vehicle issued state id or driver's license; U.S. Passport or Military ID.
- ☐ **Copy of Birth Certificate for ALL members of the household – long form only**
- ☐ **Copy of Social Security Cards for ALL members of the household**
- ☐ **Copy of Current Income Documentation for ALL household members**. Refer to the examples listed below
    a. Employment: most recent pay stubs. (4-6 consecutive pay stubs regardless of pay frequency) and/or workman's compensation benefits for the four (4) weeks prior to your appointment date;
    b. Current monthly Social Security, SSI and/or Veteran's benefit Verification;
    c. Pension or annuity check stubs, or a letter from the payer on their letterhead stating the gross amount;
    d. Unemployment Statement from the website www.ctdol.state.ct.us or a recent Unemployment History Printout;
    e. Military Pay
    f. Divorce decree or Family Relations Court letter or lawyer's statement verifying the amount and frequency of alimony and/or child support, OR a recent Child Support Enforcement letter or printout;
    g. If you or a household member is self-employed, you will need to submit a copy of the most recent 1040 IRS form, including all relevant schedules (C, D, E, SE, K, etc.);
    h. A notarized statement indicating the amount and frequency of payments from friends and relatives who are contributing toward your household's support. This letter must include the name, address and telephone number of the contributing person.
- ☐ **A completed Family Summary (See Attachment 4)** This form is to be completed by the HOH. Only one Family Summary per household is required
- ☐ **A completed Citizenship Declaration (See Attachment 5) for all family members including minors**
- ☐ **A completed Non-Citizen Eligibility Verification Consent (See Attachment 6) form for all family members, under the age of 62, who contend eligible non-citizen status**
- ☐ **A completed Race and Ethnicity Form (See Attachment 7) for all family members including minors**

APPLICATION FOR HOUSING

Please Print Clearly

This is an application for housing at:	**Project: Hill Central LLC/HC1 LLC** **Address: 259 ½ Putnam Street New Haven, CT 06519**
Please complete this application and return to:	**Name: Hill Central LLC Attn: Tawanna Lasane** **Address: 259 ½ Putnam Street New Haven, CT 06519**

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Property Applying for (check all that apply):

☐ Hill Central LLC (3-Bedroom Units Only)

☐ HC1 LLC (1 through 4 Bedroom Units)

Applicant Name(s):				
Current Address:				
City, State, Zip:				
Home Phone:		Cell Phone:		
Work Phone:		May we contact you at work?	☐ Yes	☐ No
Email Address:				
# of Bedroom's in current unit:		Do you:	☐ RENT or ☐ OWN (check one)	
Amount of current monthly rental or mortgage payment:			$	
If owned, do you receive monthly rental income from the property?			☐ Yes ☐ No (check one)	
Check all utilities paid by you:	☐ Heat ☐ Electricity ☐ Gas ☐ Other: _____			
Approximate monthly cost of utilities paid by you (excluding phone and cable TV):				
Bedroom size requested:	☐ One Bedroom ☐ Two Bedroom ☐ Three Bedroom ☐ Four Bedroom ☐ Handicap One Bedroom ☐ Handicap Two Bedroom ☐ Handicap Three Bedroom ☐ Handicap Four Bedroom			

B. HOUSEHOLD COMPOSITION						
	Name	**Relationship to Head**	**Birth Date**	**Age** (optional)	**Soc Sec # ***	**Student Y/N**
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

*If you are age 62 years or older as of January 31, 2010, ***who was receiving HUD rental assistance at another location on or before January 31, 2010, and does not have a Social Security number,*** you have the right to exempt supplying your social security number.

Will all listed minors be living in the unit at least 50% of the time?	☐ Yes	☐ No
Have you or any other household member lived in any other state besides the State of Connecticut?	☐ Yes	☐ No
If yes, please indicate each state lived and when:		
Have there been any changes in household composition in the last twelve months?	☐ Yes	☐ No
If yes, explain:		
Do you anticipate any changes in household composition in the next twelve months?	☐ Yes	☐ No
If yes, explain:		
Is there someone not listed above who would normally be living with the household?	☐ Yes	☐ No
If yes, explain:		

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	☐ Yes	☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	☐ Yes	☐ No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	☐ No
Are any full-time student(s) a TANF or a title IV recipient?	☐ Yes	☐ No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	☐ Yes	☐ No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	☐ Yes	☐ No

C. INCOME List ALL sources of income as requested below. If a section doesn't apply, cross out or write N/A.				
		Source of Income	**Household Member Name**	**Gross Monthly Amount**
☐ Yes	☐ No	Social Security		
☐ Yes	☐ No	Social Security		
☐ Yes	☐ No	Social Security		
☐ Yes	☐ No	SSI Benefits		
☐ Yes	☐ No	SSI Benefits		
☐ Yes	☐ No	SSI Benefits		
☐ Yes	☐ No	Pension (list source):		
☐ Yes	☐ No	Pension (list source):		
☐ Yes	☐ No	Veteran's Benefits (list claim #):		
☐ Yes	☐ No	Veteran's Benefits (list claim #):		
☐ Yes	☐ No	Military Pay		
☐ Yes	☐ No	Military Pay		
☐ Yes	☐ No	Unemployment Compensation		
☐ Yes	☐ No	Unemployment Compensation		
☐ Yes	☐ No	Worker Compensation		
☐ Yes	☐ No	Worker Compensation		
☐ Yes	☐ No	Public Assistance (Title IV/TANF, etc.)		
☐ Yes	☐ No	Contributions to the Household (monetary or non-monetary)		
☐ Yes	☐ No	Full-Time Student Income (18 & Over Only)		
☐ Yes	☐ No	Financial Aid (excluding loans)		
☐ Yes	☐ No	Annuities (list source		
☐ Yes	☐ No	Long Term Medical Care Insurance Payments in excess of $180/day		
☐ Yes	☐ No	Scheduled Payments from Investments		
If you answer yes to the income listed above, how is the income received?				
Income #1	☐ Check	☐ Direct Deposit	☐ Pre-paid Debit Card	☐ Other: _____
Income #2	☐ Check	☐ Direct Deposit	☐ Pre-paid Debit Card	☐ Other: _____

		Household Member Name	Source of Income	Gross Monthly Amount
☐ Yes	☐ No		**Employment amount:**	**$**
			Employer:	
			Position Held:	
			How long employed?	
		How often are you paid:	☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly	
		How are you paid:	☐ Cash ☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	
☐ Yes	☐ No		**Employment amount:**	**$**
			Employer:	
			Position Held:	
			How long employed?	
		How often are you paid:	☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly	
		How are you paid:	☐ Cash ☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	
☐ Yes	☐ No		**Employment amount:**	**$**
			Employer:	
			Position Held:	
			How long employed?	
		How often are you paid:	☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly	
		How are you paid:	☐ Cash ☐ Check ☐ Direct Deposit ☐ Pre-paid Debit Card	
☐ Yes	☐ No		Do you receive Alimony?	
			If yes, list the amount received:	**$**
☐ Yes	☐ No		Do you receive Child Support?	
			If yes, list the amount received:	**$**
☐ Yes	☐ No		Do you receive net income from a business?	
			If yes, list the amount received:	**$**
☐ Yes	☐ No		**Other Income:**	
☐ Yes	☐ No		**Other Income:**	
☐ Yes	☐ No		**Other Income:**	

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	$	
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	$	
Do you anticipate any changes in this income in the next 12 months?	☐ Yes	☐ No
Is any member of the household legally entitled to receive income assistance?	☐ Yes	☐ No
Is any member of the household likely to receive income or assistance **(monetary or not)** from someone who is not a member of the household as listed on Page 2, etc.)?	☐ Yes	☐ No
If yes to any of the above, explain:		
Is the income received?	☐ Yes	☐ No

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D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write N/A.

		Asset Type	Household Member	Bank/Company	Last 4 Digits	Balance/Value
☐ Yes	☐ No	Checking Accounts			#	$
					#	$
					#	$
☐ Yes	☐ No	Savings Accounts			#	$
					#	$
					#	$
☐ Yes	☐ No	Direct Deposit Cards for SS, SSI, TANF, Child Support, etc.			#	$
					#	$
					#	$
☐ Yes	☐ No	Certificate of Deposit			#	$
					#	
☐ Yes	☐ No	Money Market Account			#	
					#	
☐ Yes	☐ No	401K or other-like employer savings acct			#	
☐ Yes	☐ No	IRA or other retirement account			#	
☐ Yes	☐ No	Savings Bonds			#	
☐ Yes	☐ No	Life Insurance Policy			#	
					#	
☐ Yes	☐ No	Mutual Funds			#	
					#	
☐ Yes	☐ No	Stocks			#	
					#	
☐ Yes	☐ No	Bonds			#	
					#	
☐ Yes	☐ No	Investment Property	Address:			$

Real Estate Property: Do you own any property?				☐ Yes	☐ No
If yes, Type of Property:					
Location of property:					
Appraised Market Value:	$	Mortgage or outstanding loan balance:		$	
Amount of annual insurance premium:	$	Amount of most recent tax bill:		$	
Does any member of the household have an asset(s) own jointly with a person who is NOT a member of the household as listed on Page 2?				☐ Yes	☐ No
If yes, describe:					
Do they have access to the asset(s)?				☐ Yes	☐ No

Have you sold/disposed of any property in the last 2 years?		☐ Yes	☐ No
If yes, Type of property:			
Market value when sold/disposed		$	
Amount sold/disposed for:		Date of transaction:	

Have you disposed of any other assets in the last 2 years? (Example: Given away money to relatives, set up Irrevocable Trust Accounts)		☐ Yes	☐ No
If yes, describe the asset:			
Date of disposition:		Amount Disposed:	$

Do you have any other assets not listed above (excluding personal property)?	☐ Yes	☐ No
If yes, please list:		

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	☐ Yes	☐ No
Have you or any member of your family ever been convicted of a felony or misdemeanor?	☐ Yes	☐ No
If yes, describe:		
Are you or any member of your household required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes	☐ No
Have you or any member of your family ever been evicted from any housing?	☐ Yes	☐ No
If yes, describe:		
Have you ever filed for bankruptcy?	☐ Yes	☐ No
Will you take an apartment when one is available	☐ Yes	☐ No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION			
Rental History: List your current and previous landlord(s) for the past FIVE years for all household members aged 18 and over. If additional space is needed, please provide the information on a separate piece of paper.			
Current Address:			
How long have you lived at this address?		Monthly Rent	$
Current Landlord Name:			
Landlord's Address:			
Contact Name (if known):		Phone Number	
Reason for leaving:			
Does everyone, listed in the Household Composition, reside at this address?		☐ Yes	☐ No
If no, list who does not:			
Do you currently have any outstanding overdue balances owed to this landlord?		☐ Yes	☐ No
Is this landlord attempting to evict you or another person living at this address?		☐ Yes	☐ No

Previous Address #1:			
How long have you lived at this address?		Monthly Rent	$
Previous Landlord Name #1			
Landlord's Address:			
Contact Name (if known):		Phone Number	
Reason for leaving:			
Did everyone, listed in the Household Composition, reside at this address?		☐ Yes	☐ No
If no, list who does not:			
Did you leave owing money or have an outstanding balance owed to this landlord?		☐ Yes	☐ No
Were you or any household member served a Notice to Quit or has been asked to leave this property?		☐ Yes	☐ No
Previous Address #2:			
How long have you lived at this address?		Monthly Rent	$
Previous Landlord Name #2			
Landlord's Address:			
Contact Name (if known):		Phone Number	
Reason for leaving:			
Did everyone, listed in the Household Composition, reside at this address?		☐ Yes	☐ No
If no, list who does not:			
Did you leave owing money or have an outstanding balance owed to this landlord?		☐ Yes	☐ No
Were you or any household member served a Notice to Quit or has been asked to leave this property?		☐ Yes	☐ No
Credit Reference: A person or business that has a financial relationship with a member listed in the Household Composition. It can be a utility company, credit card or loan provider, etc.			
Credit Reference #1:			
Address:			
Account #:		Phone Number:	
Credit Reference #2:			
Address:			
Account #:		Phone Number:	
Credit Reference #3:			
Address:			
Account #:		Phone Number:	
Personal Reference: Please provide three (3) personal references. It can be a family member, friend, coworker, etc.			
Personal Reference #1:			
Address:			
Relationship:		Phone Number:	
Personal Reference #2:			
Address:			
Relationship:		Phone Number:	

Personal Reference #3:			
Address:			
Relationship:		Phone Number:	

In case of emergency notify:			
Name:			
Address:			
Relationship:		Phone Number:	

G. VEHICLE AND PET INFORMATION (if applicable) List any cars, trucks or other vehicles owned. Only one parking permit will be issued per household.					
Type of Vehicle:		Year/Make:			
Model:		Color:			
License Plate #:		State:			
Is this vehicle registered and insured to a member listed in the Household Composition?				☐ Yes	☐ No
Type of Vehicle:		Year/Make:			
Model:		Color:			
License Plate #:		State:			
Is this vehicle registered and insured to a member listed in the Household Composition?				☐ Yes	☐ No
Do you own any pets?				☐ Yes	☐ No
If yes, describe:					
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?				☐ Yes	☐ No

CERTIFICATION

By signing this document, I/We certify do/will not maintain a separate subsidized rental unit in another location. I/We further certify that is selected, the unit I/We occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We authorize the owner/agent to verify all the information provided in this application and to contact previous and/or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/We certify that the statements made in the application are true and complete. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination after occupancy. All adult applicants, 18 or older, must sign the application.

SIGNATURE(S):

Signature of Tenant _____ Date _____

Signature of Tenant _____ Date _____

Signature of Tenant _____ Date _____

Signature of Tenant _____ Date _____

Attachment #4

Family Summary Sheet

Property Name:	Hill Central LLC	Telephone:	(203) 562-8299
Address:	259 ½ Putnam Street	Fax:	(203) 562-2475
Address 2:	New Haven, CT 06519	TTD/TTY:	711 National Voice Relay
Property Web Site	www.hillnewhaven.com	Email	tawanna@westmountmgmt.com

(To be filled out below by applicant/resident)

No.	Last Name	First Name	Date of Birth	Relationship (check one)	Declaration
1				☐ Head ☐ Child ☐ Co-Head ☐ Foster Adult/Child ☐ Spouse ☐ Live-In Aide ☐ Other Adult ☐ None of the Above	☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen
2				☐ Head ☐ Child ☐ Co-Head ☐ Foster Adult/Child ☐ Spouse ☐ Live-In Aide ☐ Other Adult ☐ None of the Above	☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen
3				☐ Head ☐ Child ☐ Co-Head ☐ Foster Adult/Child ☐ Spouse ☐ Live-In Aide ☐ Other Adult ☐ None of the Above	☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen
4				☐ Head ☐ Child ☐ Co-Head ☐ Foster Adult/Child ☐ Spouse ☐ Live-In Aide ☐ Other Adult ☐ None of the Above	☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen
5				☐ Head ☐ Child ☐ Co-Head ☐ Foster Adult/Child ☐ Spouse ☐ Live-In Aide ☐ Other Adult ☐ None of the Above	☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen
6				☐ Head ☐ Child ☐ Co-Head ☐ Foster Adult/Child ☐ Spouse ☐ Live-In Aide ☐ Other Adult ☐ None of the Above	☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen
7				☐ Head ☐ Child ☐ Co-Head ☐ Foster Adult/Child ☐ Spouse ☐ Live-In Aide ☐ Other Adult ☐ None of the Above	☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen
8				☐ Head ☐ Child ☐ Co-Head ☐ Foster Adult/Child ☐ Spouse ☐ Live-In Aide ☐ Other Adult ☐ None of the Above	☐ US Citizen ☐ Eligible Non-citizen ☐ Ineligible Non-citizen

PENALTIES FOR MISUSING THIS VERIFICATION FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

By my signature I certify that the information I have provided above is true and complete.

_____ _____

Signature of Applicant/Resident Date

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Attachment 5

Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER: _____
(if applicable - this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO._____
(To be entered by owner/agent if and when received)

PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

I, _____, hereby declare, under penalty of perjury, that I am:
(print or type first name, middle initial, last name)

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
   (1) The following documents will be accepted as proof of citizenship
      (a) United States (U.S.) Passport
   (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided *(Note: Proof of identity is not required for minors)*
      (a) U.S. Birth Certificate
      (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
      (c) U.S. Citizen ID card issued by USCIS
      (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
      (e) Certificate of Citizenship issued by USCIS
      (f) American Indian card issued by USCIS for the Kickapoo tribe
      (g) Final Adoption Decree
      (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
      (i) Official Military Record of Service showing U.S. place of birth (i.e., a DD-214)
      (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
      (k) Extract of U.S. hospital birth record established at the time of birth
   (3) Proof of Identity includes
      (a) Driver's License
      (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
      (c) Tribal government issued ID and documents, including Certificate of Indian Blood
      (d) Day care or nursery record (minors only)
      (e) School record or report card (under 16 only)
      (f) School ID with picture
      (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature: _____ Date: _____

☐ Check here if adult signed for a child

Attachment 5

Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:	a. This signed declaration of eligible immigration status and b. Proof of age
From non-citizens claiming eligible status who is not 62 or older:	a. This signed declaration of eligible immigration status and b. Verification Consent Form c. One of the documents from the list below

1. Form I-551, Permanent Resident Card.
2. Form 1-94, Arrival-Departure Record annotated with one of the following:
   a. "Admitted as a Refugee Pursuant to Section 207";
   b. "Section 208" or "Asylum";
   c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
   d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
   a. A final court decision granting asylum (but only if no appeal is taken);
   b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
   c. A court decision granting withholding of deportation; or
   d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

_____ _____
Signature Date

☐ Check here if adult signed for a child.

EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

_____ _____
Signature Date

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

_____ _____
Signature Date

☐ Check here if adult signed for a child.

Attachment #6

Citizen/Non-Citizen Eligibility Verification Consent Form

INSTRUCTIONS: Complete this form for each noncitizen household member who declared eligible immigration status on the Citizenship Declaration. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and

2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:

   a. The Department of Housing and Urban Development (HUD), as required by HUD; and

   b. The Department of Homeland Security (DHS) for purposes of verification of the immigration status of the individual.

NOTIFICATION TO HOUSEHOLD:

Evidence of eligible immigration status shall be released only to the Department of Homeland Security (DHS) for purposes of establishing eligibility for housing assistance and not for any other purpose. HUD is not responsible for the further use or transmission of evidence or other information by the DHS.

_____ _____
Signature Date

☐ Check here if adult signed for a child.

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

Attachment # 7

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Hill Central
Name of Property

Project No.

c/o Westmount Management
Branford, CT 06405-3799
Address of Property

Hill Central LLC
Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	**Select One**
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

form HUD-27061-H (9/2003)

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Attachment #8

Dual Subsidy Notice

Applicant Name		
Head-of-Household Name (if different)		
Current Address		
Address Line 2		
City, State, Zip		
Home Phone		
Cell Phone		
Email address		
Work Phone		
May we contact you at work?	☐ Yes	☐ No

This form must be completed by each adult applicant. Choose one of the options below, sign the document and return it with the application package.

I understand that my application to move to **Hill Central LLC** with the rest of my household members has met preliminary eligibility requirements.

I have indicated, on the application, that:

1. ☐ I am not currently receiving HUD assistance in another unit
2. ☐ I am currently receiving HUD assistance in another unit.
3. ☐ I am the recipient of a housing voucher.

Important Notice About Dual Assistance
If you are applying for an assisted unit and checked option #2 or #3 above, you must fully terminate any current HUD-assisted tenancy or subsidy prior to receiving assistance at this property. Failure to do so will result in the delay or denial of assistance, and you may be responsible for paying the full market rent until eligibility is confirmed.

Any overlap in assistance will result in suspension or denial of rental assistance at this property, responsibility for paying full market rent until eligibility is established, and possible repayment of any subsidy received in error.

Additional Requirements

If You Selected Option #2 (Project-Based Assistance)

- You must provide proper notice (typically 30 days) to your current housing provider in accordance with your lease
- You must vacate your current assisted unit before receiving assistance at this property
- Assistance at this property will not begin until your previous assistance has been fully terminated

If it is determined that any household member has not properly vacated a previously assisted unit:

Attachment #8

Dual Subsidy Notice

- No subsidy or utility allowance will be provided until the conflict is resolved
- The household will be responsible for full market rent during that period

If You Selected Option #3 (Housing Choice Voucher)

- You must relinquish or forfeit your voucher before receiving assistance at this property
- Project-based assistance at this property does not transfer with you if you move out in the future
- If you wish to receive voucher assistance again, you must reapply through the Public Housing Authority (PHA)

If it is determined that a voucher was not properly terminated:

- Assistance will be delayed until the issue is resolved
- You will be responsible for full market rent during that time

This information will be verified using the Existing Tenant Report in EIV. If EIV indicates a conflict and verification information indicates that the information provided is not true, and the information provided by EIV is then verified, the owner/agent will reject the application based on misrepresentation of information.

PENALTIES FOR MISUSING THIS FORM

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By signing this notice, I certify that the information provided is accurate. I understand the penalties for attempting to receive assistance in multiple residences, and I have been given an opportunity to ask questions.

_____ _____

Signature of Applicant Date

cc: Applicant/Resident File

Hill Central LLC / HC1 LLC 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.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name:	Rick Ross
Address:	36 Park Place • P.O. Box 719
City/State/Zip:	Branford, CT 06405
Telephone – Voice:	(203) 483-4375
Telephone – TTY:	711