

PLEASE PRINT CLEARLY
HOUSING AUTHORITY City of DERBY

30 Elizabeth Street, P.O. Box 843 Derby, CT 06418
Elderly/Disabled Housing Phone (203) 735-6652
Fax (203) 734-0204

ELDERLY/DISABLED HOUSING PRE-APPLICATION

HEAD OF HOUSEHOLD

SPOUSE/OTHER ADULT

NAME _____ NAME _____

ADDRESS _____ City _____ State _____ Zip _____

TELEPHONE NUMBER _____ CELL PHONE _____

DATE OF BIRTH _____ SP/OTHER _____

SOCIAL SECURITY # _____ SP/OTHER _____

DISABLED YES _____ NO _____ SPOUSE/OTHER YES _____ NO _____

Do you need wheel chair accesssibilty? YES ___ NO ___ Do you need wheel chair accesssibilty? YES ___ NO ___

Optional
RACE: White ___ Black ___ Asian Pacific Islander ___ Optional
RACE: White ___ Black ___ Asian Pacific Islander ___

Asian Pacific Islander _____ Asian Pacific Islander _____

ETHNICITY: Hispanic ___ Non Hispanic ___ ETHNICITY: Hispanic ___ Non Hispanic ___

MONTHLY RENT PAYMENT \$ _____ OWN HOME: Yes ___ NO ___ PROPERTY VALUE _____

HAVE YOU or YOUR SPOUSE/OTHER EVER LIVED IN ANY SUBSIDIZED HOUSING? Yes ___ No ___

INCOME* (Monthly \$ dollar amounts)

SOCIAL SECURITY _____	OTHER _____
PENSION _____	OTHER _____
WAGES _____	OTHER _____
OTHER _____	OTHER _____

ASSETS* (Current Balance \$ dollar amounts)

SAVINGS ACCOUNT _____	OTHER _____
CHECKING ACCOUNT _____	OTHER _____
CD'S _____	OTHER _____
IRA'S _____	OTHER _____
STOCKS/BONDS _____	OTHER _____
OTHER _____	OTHER _____

MEDICAL EXPENSES * (Monthly \$ dollar amounts)

Medicare _____	OTHER _____
MEDICAL INSURANCE _____	OTHER _____
OTHER _____	OTHER _____

NOTE that all income, assets, and medical expenses must be verified prior to admission
BACKGROUND CHECKS ARE SUBMITTED TO THE STATE POLICE PRIOR TO
ADMISSION TO THE WAITING LIST.

Please send a copy of your license or STATE PHOTO ID with this application.

Rental amount is based upon income and is redetermined annually in accordance with State Housing Regulations. All tenants are requires to sign a lease.

DOGS, CATS, and SMOKING ARE NOT PERMITTED.

ALL APARTMENTS ARE SMOKE FREE

APPLICANT SIGNATURE _____ DATE _____

SPOUSE/OTHER SIGNATURE _____ DATE _____



Elderly Housing Pre-Application