

**COSGROVE COMMONS**

815-817 Wethersfield Ave.

Hartford, CT 06114

860-206-8489

**APPLICATION PACKET FOR:** \_\_\_\_\_  
NAME OF APPLICANT

**PLEASE READ THIS INFORMATION CAREFULLY  
WE ASK THAT YOU FOLLOW THESE INSTRUCTIONS**

Please answer **ALL** Questions even if the answer is “Not Applicable” (N/A) or zero and sign all consent forms. A blank does not mean “Not Applicable”

Please make sure all necessary information is attached when returning the package and that the application is **BOTH** signed and dated.

Applications will be processed based on time and date stamped and placed on the waitlist accordingly.

Please be aware than an incomplete application **will not** be accepted for the waitlist processing.

It is critical that we have current contact information or a means to reach you in a timely manner. Returned correspondence or failure to respond will prevent your application from being processed.

**Applications must be returned via US Mail, Fax or Email to:**

Cosgrove Commons

815-817 Wethersfield Ave.

Fax Number: 860- 904-6489

Email: [mmedina@millennium-realty.com](mailto:mmedina@millennium-realty.com)

If you have any questions please call (860) 951-9411 or you can reach us using the AT&T relay service by dialing 711 or TRS telecommunications is also available by calling CCC: (800) 842-9710 in Hartford or outside of Connecticut (203) 233-7878.



*Equal Housing Opportunities*



## INSTRUCTIONS FOR APPLICATION PROCESS

### Application:

Please complete the application in its entirety and sign and date all consent forms. Check all applicable boxes and fill in all lines even if the answer in “Not Applicable” (N/A) or zero. Incomplete applications will not be processed. Return all forms and make copies for your records. This applies to all persons who will be living in the apartment.

### Identification:

We require two (2) forms of identification. *Please do not send originals.*

We require a picture ID (driver’s license) and your social security card. Picture ID must have date of birth on it.

*Other acceptable forms of identification:* Birth Certificate, Baptismal Certificate, Military Discharge Paper, Valid Passport, Naturalization Certificate, Social Security Benefits Printout, Divorce Actions, Employer Records, Income Tax Return, Marriage Certificates, Veterans Administration (VA) Records.

### Qualifications:

To qualify for tenancy at Cosgrove Commons, an applicant **MUST** be a U. S. Citizen, National or Eligible Non-Citizen and have a gross annual income per the established guidelines as stated below. All household members age 18 or older must complete & sign the application and provide proof of income. Income is recertified every 12 months and annual household income will be verified.

### Maximum Income Limits as of 2015:

#### Income limits per the size of Household

Income Limit	1 person	2 person
50 % AMI	30,650.00	35,000.00

County /Area: **Hartford HMA**

AMI = area median income

**Minimum Occupancy is 1 person per unit and Maximum Occupancy is 2 persons per unit**



## HOUSING PROGRAM DISCRIPTION

# Program Eligibility Criteria

Cosgrove Commons is a Supportive Housing development that consists of twenty four (24) one-bedroom apartments. Eligibility must be certified by medical professionals or service providers. There are Release Forms attached to this application that must be signed by all applicants.

All twenty four (24) units will serve individuals having an income at or below 50% of HUD Area Median Income Guidelines for the Hartford Region at the time of determined eligibility for housing. This program has been approved to receive Rental Assistance Payments (RAP) through the Permanent Supportive Housing Initiative.

Rents are calculated at 30% to 40% of an approved tenants' annual adjusted income pending program policies.

If you are claiming waiting list eligibility please indicate all preferences begin claimed below. The property management company will determine if you are eligible for "Least Likely to Apply" based on the information provided on the form HUD-27061-H, which can be found at the end of this packet.

The Chrysalis Center, Inc. will provide supportive housing services which will combine decent, safe, affordable apartments with individualized case management support, and employment services for as long as they are needed to assist residents in retaining permanent housing, increase their life skills and income. It is their goal to aid each individual with achieving greater self-sufficiency.



**HOUSING PROGRAM PREFERENCES**

# Preferences

As mentioned on the previous page, if you would like to claim a waiting list preference please indicate all applicable preferences below.

<b>Preference Category</b>	<b>Yes or No</b>
Young Adults between the ages of 18 -23 with Special Needs Aging out of DCF system with their children	
Chronically Homeless / at Risk of Homeless Veteran of the U.S. Military	
Income eligible at or below the 50% Area Income Median For the Hartford Area	

I/we certify that the preference(s) claimed above is current at the time of my application submission. I/we will be able to provide the necessary documentation when requested to confirm the eligibility for the preference(s) claimed.

\_\_\_\_\_  
Please Print - Applicant Name  
Head-of-Household

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print – Applicant Name  
Co-Head/Spouse/Other

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**INCOME AND/OR ASSET REPORTING TO BE VERIFIED**

All sources of Income must be reported and verified:

<input type="checkbox"/> Paycheck stubs (2-4)	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Workman's Compensation	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Social Security Payments	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> SSI (Supplemental Security Income)	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Pensions	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Budget Sheet (TANF/SAGA)	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Court Records Child Support or Alimony	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Bank Statements	<input type="checkbox"/> Not Applicable

-----  
All sources of Assets must be reported and verified:

<input type="checkbox"/> Checking Accounts	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Savings Accounts	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Certificate of Deposits (CD'S)	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> 401K Accounts	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> 403B Accounts	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> IRA/Roth Accounts	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Keogh Accounts	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Real Estate (own a home/condo/land)	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Stock or Bonds	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Money Market Accounts	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Life Insurance Whole or Universal Policy Only	

**Applications may be denied if any of the following apply:**

1. You are NOT eligible because:
  - Your income is too high
  - You are an ineligible non-citizen
2. You did not sign all verification and consent forms
3. Unfavorable criminal background and/or credit check
4. Unfavorable landlord reference
5. Reasonable doubts as to ability to pay rent
6. Failure to supply requested documentation



## THINGS YOU SHOULD KNOW

### Waiting List:

When your application arrives at: 815-817 Wethersfield, Ave, Hartford, CT 06114, via Fax, Email, FEDEX, USPS or hand-delivered in person it will then be logged in for processing through a random lottery. The waitlist will be established according to the random lottery results. In order for applications to be date and time stamped and logged onto a waiting list, it must be complete **(with no missing information)** and include all applicable supporting documentation.

### Security Deposits:

A security deposit equal to one month's tenant paid rent or a minimum of \$50.00, will be due upon acceptance of an available unit.

### Pets:

There will be no pets allowed unless there is a need for an assistance animal which will need to be a verified reasonable accommodation.

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**My signature below indicates that I have read and fully understand the application process, information and instructions provided.**

\_\_\_\_\_  
Please Print - Applicant Name  
Head-of-Household

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print – Applicant Name  
Co-Head/Spouse

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# APPLICATION FOR HOUSING

**Please Print Clearly**

This is an application for housing at:	Cosgrove Commons
	815 Wethersfield Ave. – Hartford CT. 06114
Return Completed Application to:	Cosgrove Commons
	815 Wethersfield Ave. – Hartford CT. 06114
	<b>-or-</b>
	Fax to: 860-206-8493 Attention: Marisol Medina Email to: <a href="mailto:mmedina@millennium-realty.com">mmedina@millennium-realty.com</a>

Applications will be time and date stamped for processing which will be **used determine the sequence of applications on the waiting list.**

## A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

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

Street
Apt.#
City
State
ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR'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 property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:  Studio  One BR  Two BR  Three BR  Handicap BR



**B. HOUSEHOLD COMPOSITION**

	<b>Name</b>	<b>Relationship to head</b>	<b>Birth Date</b>	<b>Age (optional)</b>	<b>SS#</b>	<b>Student Y/N</b>
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

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:*

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, please answer the following question:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No





### C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security - Disability	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF – FOOD STAMPS	\$
	Title IV/TANF - STIPEN	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$



Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



**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 NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$



Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>	
Market value when sold/dispensed	\$
Amount sold/dispensed 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
List all states that you or a member of your household has lived in:		
Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

### F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:	Phone #:	
Credit Reference #2:		
Address:		
Account #:	Phone #:	



Credit Reference #3:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

<b>G. VEHICLE AND PET INFORMATION</b> (if applicable)		
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.		
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Do you own any pets?	Yes	No
<i>If yes, describe:</i>		



**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

**SIGNATURE (S):**

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date



**General Authorization for Release of Information  
For  
Cosgrove Commons - DeMarco Management Corporation**

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

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

I, the above named individual, have authorized DeMarco Management Corporation to verify the accuracy of the information I have provided to them. This information will be used to determine eligibility for the housing programs as required by Department of Economic and Community Development (DECD), Housing & Urban Development (HUD) Department of Housing (DOH) and DSS/CHFA Annual Recertification ASSETS, ALL Income, LANDLORD verification, Year to date taxes, AND Criminal/credit Records.

I hereby give you my permission to release this information to DeMarco Management Corporation as Agent for Cosgrove Commons and the Chrysalis Center, Inc. understanding that it is to be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to DeMarco Management Corporation 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*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF FIFTEEN MONTHS FROM THE DATE  
NOTED ABOVE.**





**Race and Ethnic Data  
Reporting Form**  
Office of Housing

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2502-0204  
(Exp. 03/31/2014)

Cosgrove Commons

815-817 Wethersfield, Ave Hartford CT

Name of Property

Project #

Address of Property

DeMarco Management Corporation

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 in compliance 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 provided 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 not require any special protection.



Equal Housing Opportunities



## 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 should check as many as apply to you.

**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.

OMB Control # 2502-0581



Equal Housing Opportunities



COSGROVE

**SUPPLEMENT TO APPLICATION FOR EMERGENCY CONTACT**

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**DATE**



### Citizenship 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 \_\_\_\_\_ SEX \_\_\_\_\_ 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 if and when received)

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:

#### DECLARATION

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.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_



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

4350.3 REV-1

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (\*\*see Sample Verification Consent Form in Exhibit 3-6\*\*).

AND

b. One of the following documents:

(1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as 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 Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(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 (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."



(5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

(6) 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.

(7) Form I-151 Alien Registration Receipt Card.

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 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

<b>REQUEST FOR EXTENSION</b>	
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 if adult signed for a child: _____	

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and 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: \_\_\_\_\_

