

**HOUSING AUTHORITY OF THE TOWN OF WATERTOWN**  
**Application for Rental Housing for Elderly Persons**  
**(ALL INFORMATION IS CONFIDENTIAL)**

You must meet the necessary requirements of the Tenant Selection Policy of the Watertown Housing Authority to be eligible. Applicant must be 62 years of age or older or certified as being disabled by the Federal Social Security Act. Income includes Social Security, Pension, Interest, Dividends, Social Service Assistance, Wages, and other income. All sources of Income combined cannot exceed the following annual amounts:

Single Occupancy limit minimum **\$15,000.00** maximum **\$45,500.00** and

Double Occupancy limit minimum **\$21,500.00** maximum **\$52,000.00**.

Note: Base Rents start at \$375.00 per month.

If you do not meet these requirements, you are not eligible to apply for tenancy and should not complete this form.

If you meet these requirements, please complete entire application with supporting documentation. Incomplete applications may not be acknowledged and may be returned for completion.

**APPLICANT #1**

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Last Name	First Name	Middle Initial
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DOB: \_\_\_\_\_ Social Security# \_\_\_\_\_

The following information is required for statistical purposes so that Watertown Housing Authority and HUD may determine the degree to which minority families utilize housing. Please check the appropriate boxes:

White    Black    Indian    Hispanic    Asian    Other

Do you need a Handicapped Accessible Unit: Yes    No    If yes, appropriate verification is required

Present Address (Include Street, Apt#, City, State & Zip)

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

How long at this address \_\_\_\_\_ Present Landlord: \_\_\_\_\_ Phone#: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

How long at this address \_\_\_\_\_ Present Landlord: \_\_\_\_\_ Phone#: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

If less than 5 years at present address, Former Address \_\_\_\_\_

Have you ever been evicted or are currently under eviction from any unit you have rented? Yes    No

If yes, please explain \_\_\_\_\_

**APPLICANT #2**

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Last Name	First Name	Middle Initial
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DOB: \_\_\_\_\_ Social Security# \_\_\_\_\_

The following information is required for statistical purposes so that Watertown Housing Authority and HUD may determine the degree to which minority families utilize housing. Please check the appropriate boxes:

White    Black    Indian    Hispanic    Asian    Other

**APPLICANT #2 continued**

Do you need a Handicapped Accessible Unit: Yes No If yes, appropriate verification required

Present Address (Include Street, Apt#, City, State & Zip)

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

How long at this address \_\_\_\_\_ Present Landlord: \_\_\_\_\_ Phone#: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

If less than 5 years at present address, Former Address \_\_\_\_\_

Have you ever been evicted or are currently under eviction from any unit you have rented? Yes No

If yes, please explain \_\_\_\_\_

**INCOME INFORMATION** Proper documentation must be attached:

Applicant #1 Social Security: \_\_\_\_\_ Pension: \_\_\_\_\_

Employment: \_\_\_\_\_ Interest Income: \_\_\_\_\_

Applicant #1 Social Security: \_\_\_\_\_ Pension: \_\_\_\_\_

Employment: \_\_\_\_\_ Interest Income: \_\_\_\_\_

Do you own any Real Estate Property? \_\_\_\_\_ If yes, what is the Value? \_\_\_\_\_

Have you disposed of any assets within the last (3) years? Yes No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

If you have a live-in aide/healthcare worker: Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

To the best of my knowledge, the information is true and accurate. I understand that I will be asked to sign an Authorization Form which will give the Watertown Housing Authority permission to check my credit, employment, police record and landlord reference.

Applicant #1 \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2 \_\_\_\_\_ Date: \_\_\_\_\_

*The Watertown Housing Authority Provides and Equal Housing Opportunity*

1091 Buckingham Street, Oakville, CT 06795

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