

PUBLIC NOTICE – RENT SUBSIDY WAITING LISTS OPEN

The State of Connecticut Department of Housing, with contractor J . D'Amelia & Associates, announces the opening of the Section 8 Housing Choice Voucher Program (HCV) and State Rental Assistance Program (RAP) waiting lists statewide on August 4, 2014. Pre-applications will be accepted from single-member households, families, the elderly and people with disabilities. Applicants must be 18 years of age or older to apply, or an emancipated minor. The programs offer rent subsidies to eligible households.

Filling out the pre-application form will put a household in a lottery for possible inclusion on the waiting lists for both programs. The computer lottery system will be used to randomly select 5,000 pre-applications for the Section 8 HCV Program and 3,000 pre-applications for the RAP waiting lists from pre-applications received during the application period.

Pre-applications for the waiting list lottery must be mailed to **Section 8/RAP, P.O. Box 16, Cheshire CT 06410** or completed online through a link on the Department of Housing website **CT.gov/DOH** or by visiting <https://www.ctsection8hcv.com> **Only pre-applications postmarked August 4, 2014 through August 18, 2014 will be accepted. Online pre-applications must be completed by August 18, 2014 by 5:00 p.m.** Only one pre-application form per household will be accepted. Only pre-applications that are completed and legible will be accepted. **All applicants will be notified whether they are selected or not.**

Applicants with disabilities who require assistance may dial 2-1-1-InfoLine. Deaf and hearing-impaired individuals may contact the department via TDD/TTY at 1-800-671-0737.

PRE-APPLICATION FORM



1. HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ Middle I _____

Social Security Number _____ Date of Birth _____

Mailing Address _____

(City) _____ (State) _____ (Zip Code) _____

Telephone Number () _____ - _____

2. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Include yourself. _____

3. FOR HUD STATISTICAL PURPOSES (answer both (a) and (b))

(a) Please identify your race by checking one box below:

- ☐ White ☐ Asian
☐ Black/African American ☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander

(b) Please identify your ethnicity by checking one box below:

- ☐ Hispanic or Latino ☐ not Hispanic or Latino

(c) DO ANY PERSONS WHO WILL LIVE IN THE UNIT HAVE A DISABILITY? ☐ Yes ☐ No

4. TOTAL ANNUAL GROSS FAMILY INCOME \$ _____

5. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing subsidy programs.

Date _____ Signature of Head of Household _____

DOH is an affirmative action/equal opportunity employer, providing programs and services in a fair and impartial manner. It is the policy of DOH to comply fully with all federal, state, and local nondiscrimination laws. In conformance with the Americans with Disabilities Act, DOH makes every effort to provide equally effective services for persons with disabilities.