

MILFORD REDEVELOPMENT & HOUSING PARTNERSHIP

**FAMILY HOUSING PRE-APPLICATION
FOR
TWO AND THREE BEDROOM UNITS ONLY**

Important Instructions regarding the completion of this pre-application. Please read carefully!

- Income Limits for a 2 person family is \$75,750; 3 person family is \$85,200; 4 person family is \$94,650; 5 person family is \$102,250; 6 person family is 109,800.
- Applicants must be a family as defined in MRHP’s Admissions & Continued Occupancy Policy (ACOP) and meet the minimum occupancy standard.
- Only substantially completed pre-applications will be processed. Be sure to provide **ALL** information. Any information left blank on the pre-application will result in the pre-application being rejected. There will be no exception. If it doesn’t pertain to you put N/A (Not-Applicable).
- Pre-applications **must be postmarked between June 22, 2023 and 12 midnight on Friday, July 21, 2023.**
- Only pre-applications mailed to: MRHP, P.O. Box 512, Milford, CT 06460 will be processed.
- Faxed, hand delivered or electronically delivered pre-applications will not be accepted.
- Applicants who submit more than one pre-application or envelopes containing more than one pre-application will be disqualified. To avoid duplication be sure that another individual is not submitting a pre-application on your behalf. Failure to follow these instructions as directed will result in the pre-application being rejected! Applicants must provide Social Security numbers for all family members.
- Persons with disabilities who need assistance in completing pre-applications may call or come to the MRHP office, 75 DeMaio Drive, Milford, CT 06460, (203) 877-3223 ext. 11 or 12. Hearing impaired can call 711.
- A random drawing of pre-applications will take place on Tuesday, August 1, 2023 at the MRHP office at 75 DeMaio Drive, Milford, at 2:00 P.M. You may attend by ZOOM meeting using the following link: <https://us02web.zoom.us/j/82795444419> . The ZOOM meeting is limited to 100 attendees at a time.
- 150 pre-applications will be drawn, numbered sequentially and will comprise the waiting list which will be structured in accordance with the MRHP Admissions & Continued Occupancy Policy.
- MRHP facilities are smoke free. Smoking is prohibited in the apartments and common areas of all our properties. MRHP facilities are protected by a video surveillance system/CCTV for the safety and security of our residents.

FAMILY INFORMATION (Print Legibly)

Head of Household _____

Current Address _____

City/State/Zip _____

Current Phone Number _____

	First & Last Name of all Family Members	Date of Birth	M/F	Relationship to Head of Household	Social Security Number	Disabled?	Citizen or Eligible Alien?
H						Y N	Y N
2						Y N	Y N
3						Y N	Y N
4						Y N	Y N
5						Y N	Y N
6						Y N	Y N

FAMILY INCOME INFORMATION: List the source and amount of all income received by all members of the household, including yourself. Include earnings, unemployment benefits, AFDC/TANF, SS, SSI, SSDI, Veterans Benefits, Child Support, Workers Compensation, Alimony, etc.

SOURCE OF INCOME	MONTHLY AMOUNT (\$)

For Preference Purposes only:

- Is any member of the household employed in Milford? Yes No
- Does the family currently live in Milford? Yes No
- Is any adult family member enrolled in a job, vocational or skills training program, including one required under the CT Welfare to Work Program? Yes No
- Is any adult member enrolled in an educational program full time? Yes No

For Statistical Purposes only (optional):

- Race of the Head of Household:
- Caucasian/White
 - African American/Black
 - American Indian/Alaskan Native
 - Asian
 - Native Hawaiian/Pacific Islander

- Ethnicity of the Head of Household: Hispanic/Latino Non-Hispanic/Latino

I/We certify that the statements made in this pre-application are true to the best of my/our knowledge and belief and I/We understand that they will be verified. I/We understand that any false statements made on this pre-application will cause me/us to be disqualified for admission. Warning: 18U.S.C. 1001 provides that whoever knowingly or willfully makes or uses a document or writing containing false, fictitious or fraudulent statements or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than 5 years or both.

Signature of Head of Household

Date

Other Adult Signature (18+ years of age)

Date

For MRHP Use Only:

Postmark _____ Random Application # _____

The MRHP is an Equal Housing Provider and does not discriminate on the basis of race, color, national origin, gender, religion, children/family status, disability, ancestry, marital status, age(except minors), sexual orientation, gender identity or veteran status.

