

HOUSING AUTHORITY OF THE TOWN OF ENFIELD
Lottery Pre-Application for Section 8 Housing Choice Voucher Program

Autoridad de Vivienda de Enfield –Programa de cupón de Sección 8
Aviso de Aceptación de la solicitud Preliminar para la Lista de Espera

La solicitud preliminar estará accesible al público en nuestra página electrónica: United Way de CT www.cthcvp.org

The Housing Authority of the Town of Enfield (EHA) will be accepting preliminary applications for the Section 8 Housing Choice Voucher Program, which will subsidize decent, safe and sanitary housing for persons whose income falls at or below the very low income category as follows:

1 person - \$30,650	5 persons- \$47,250
2 persons- \$35,000	6 persons- \$50,750
3 persons- \$39,400	7 persons- \$54,250
4 persons- \$43,750	8 persons- \$57,750

Applicants must be determined eligible and qualified in accordance with the rules and regulations of the U.S. Department of Housing and Urban Development (HUD) and the EHA.

PRELIMINARY APPLICATIONS WILL BE ACCEPTED BY MAIL ONLY, POST-MARKED NO EARLIER THAN AUGUST 19, 2015 AND NO LATER THAN AUGUST 21, 2015. ONLY 250 APPLICATIONS WILL BE DRAWN BY LOTTERY. *****ONLY THOSE SELECTED WILL RECEIVE A FULL APPLICATION BY MAIL. ALL CURRENT ENFIELD HOUSING AUTHORITY RESIDENTS MUST SUBMIT A PRELIMINARY APPLICATION IF THEY WISH TO BE CONSIDERED FOR THE LOTTERY. *****

PRELIMINARY APPLICATION- PLEASE PRINT CLEARLY

This form may be reproduced on a copy machine.

- All preliminary applications must be mailed and postmarked no earlier than August 19, 2015 and no later than August 21, 2015.
- Applications will only be accepted my mail. No walk in's, phone calls, fax or voice mail preliminary applications will be accepted.
- Incomplete and/or illegible applications will not be processed.
- Only one preliminary application per household/family. (If more than one application per household/family is submitted, the household/family will be disqualified)
- Only one application per envelope. (Envelopes with more than one application will be disqualified)

Head of Household Name: _____

Social Security Number: _____

Race: White _____ Black _____ American Indian/Alaska Native _____ Asian/Pacific Islander _____

Ethnicity: Hispanic _____ Non-Hispanic _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Number of People in Family: _____ Gross Annual Income: \$ _____

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 Choice Voucher Program and is punishable by Federal law.

Head of Household Signature: _____ Date: _____

Mail to:
Housing Authority of the Town of Enfield
Attn: Section 8 Preliminary Application
1 Pearson Way
Enfield, CT 06082

The Enfield Housing Authority provides equal opportunity to participate in our housing programs. Any disabled individual requiring a reasonable accommodation to fully utilize the housing programs and related services may request such by contacting Shari Riddick, Portfolio Manager, at (860) 745-7493 ext. 202

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Equal Housing Opportunity 