

MILFORD REDEVELOPMENT & HOUSING PARTNERSHIP (MRHP)  
PUBLIC HOUSING PRE-APPLICATION

For

SENIOR / DISABLED HOUSING  
(Efficiency and One Bedroom Units Only)

Instructions: Please read carefully.

- Only substantially completed pre-applications will be processed. Be sure to provide complete address and telephone numbers. Any information left blank on the pre-application could result in the pre-application being rejected.
- Answer all questions leaving nothing blank. If it does not pertain to you be sure to put N/A (Not Applicable).
- Pre-applications must be postmarked no later than 12:00 midnight, Friday, April 16, 2010.
- Only pre-applications mailed to: MRHP, P.O. Box 512, Milford, CT 06460 will be processed.
- Faxed or hand delivered pre-applications will not be accepted.
- Applicants who submit more than one pre-application or envelopes containing more than 1 pre-application will be disqualified.
- Income Limits for 1 person family is \$44,800/yr., for 2 person family is \$51,200/yr.
- A random drawing of pre-applications will take place on, Friday, April 23, 2010 at 2:00 pm, located in the community room at 75 DeMaio Drive, Milford, CT 06460.
- Persons with disabilities who need assistance in completing the pre-application may call or come to the MRHP office, 75 DeMaio Drive, Milford, CT 06460, or call (203) 877-3223, ext. 611 or 612. Hearing impaired can call 711.
- To avoid being disqualified for sending in more than one pre-application, be sure no one else mails in a pre-application for you in addition to the one you sent.
- 350 pre-applications will be numbered in the order they are drawn and will make up the waiting list which will be structured in accordance with the MRHP Admissions and Continued Occupancy Policy (ACOP).
- Applicants must meet or exceed the selection criteria, including financial (credit) and criminal background checks. Applicant's inability to meet the credit and criminal background criteria will result in denial of admission to the MRHP housing.
- Failure to follow these specific instructions as directed above will result in the pre-application being rejected!
- **Our facilities are now smoke free! Smoking is prohibited in ALL of our common areas and apartments.**

Please Print:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

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

Total Number of Household Members (can not exceed 2) \_\_\_\_\_

Social Security # of Head of Household \_\_\_\_\_

Birth date of Head of Household \_\_\_\_\_  Male  Female

Name of Other Household Member \_\_\_\_\_

Social Security # of Other Household Member \_\_\_\_\_

Birth date of Other Household Member \_\_\_\_\_  Male  Female

Total Gross Annual Income, from all sources, for all household members: \$ \_\_\_\_\_

Is Head of Household or Other Household Member Disabled?  Yes  No

**For Preference purposes only:**

Do you, the pre-applicant currently live in Milford?  Yes  No

Is an adult member of the household employed?  Yes  No

Is an adult member of the household employed in Milford?  Yes  No

Has an adult member of the household been hired to work in Milford?  Yes  No

**For statistical purposes only:**

Race of Head of Household:  Caucasian/White  African American/Black

Hispanic/Latino  Asian/Pacific Islander

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

I/we certify that the statements in this pre-application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we understand that any false statement made on this pre-application will cause me/us to be disqualified for admission. 18 U.S.C. 1001 provides that whoever knowingly or willfully makes or uses a document or writing containing false, fictitious or fraudulent statement 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.

Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_