

# **INSTRUCTIONS FOR THE SECTION 8 HOUSING CHOICE WAIT LIST APPLICATIONS**

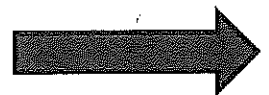
Applicants are eligible to pick up an application either at the Manchester Housing Authority (MHA) Administrative Office located at 24 Bluefield Drive or by downloading the application on its website [www.manchesterha.org](http://www.manchesterha.org). beginning Monday November 5, 2018 – Friday November 9, 2018.

Applicants will be allowed to mail or return the completed application back to the Manchester Housing Authority 24 Bluefield Drive, Manchester, CT. 06040 during the week of Monday November 26, 2018 – Friday November 30, 2018.

## **IMPORTANT INFORMATION**

**THIS IS NOT FIRST COME FIRST SERVE, THE MANCHESTER HOUSING AUTHORITY WILL PLACE ALL APPLICATIONS RECEIVED INTO A LOTTERY PROCESS. THE MAXIMUM AMOUNT THAT WILL BE SELECTED WILL BE A TOTAL OF 400 NAMES. ONCE THE LOTTERY IS PERFORMED THE INDIVIDUAL APPLICANTS WILL RECEIVE A LETTER FROM THE HOUSING AUTHORITY WITHIN A REASONABLE TIME FRAME. IF YOU DO NOT RECEIVE A LETTER WITHIN 4 MONTHS, THIS MEANS YOUR NAME WAS NOT SELECTED FROM THE LOTTERY**

**VER REVERSO EN ESPANOL**



**SECTION 8 HOUSING CHOICE VOUCHER PROGRAM  
WAITING LIST PRE-APPLICATION**

**2018**

**1. HEAD OF HOUSEHOLD**

Social Security or Alien Registration #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address\*: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Work Address\* (City/Town ONLY): \_\_\_\_\_

\*Some housing authorities give preference to applicants and/or spouses living or working in the housing authority's town.

Mailing Address (if different from Home Address): \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. SPOUSE/PARTNER**

Social Security or Alien Registration Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Work Address\* (City/Town ONLY): \_\_\_\_\_

**3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself.** \_\_\_\_\_

**4. TOTAL GROSS ANNUAL HOUSEHOLD INCOME:** \_\_\_\_\_

**5. IS HEAD OF HOUSEHOLD (Check ALL that apply):**  
 White  Black/African American  American Indian/Alaska Native  Native Hawaiian/Other Pacific Islander  Asian

**6. IS HEAD OF HOUSEHOLD (Check only one):**  
 Hispanic  Non-Hispanic  
Data on race & ethnicity is collected in accordance with federal regulations. Your answers will not affect your application.

**7. 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 Section 8 Housing Choice Voucher Program. I certify that I have attained the age of eighteen and therefore have full legal capacity to act on my own behalf in the matter of contracts.

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

Complete ALL information. Return completed application to the Manchester Housing Authority 24 Bluefield Drive, Manchester, CT. 06040. Incomplete, photocopied, e-mailed, or faxed application will not be accepted.