

**Public Notice**  
**The Naugatuck Housing Authority**

**Announces the opening of the Section 8 Housing Choice Voucher waiting list.** This program offers rent subsidies in the Borough of Naugatuck. All applicants must be 18 years of age or older to apply. Applicants must meet all U.S. Department of Housing and Urban Development eligibility guidelines and must not exceed income limits posted below

**Income Guidelines:**

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$28,400	\$32,450	\$36,500	\$40,550	\$43,800	\$47,050	\$50,300	\$53,550

**Pre-applications for the Section 8 waiting list must be mailed to:**

**Naugatuck Housing Authority**  
**16 Ida Street**  
**Naugatuck CT 06770**

Only Pre-applications **postmarked** between **Monday, August 17, 2015 and Friday August 21, 2015** will be accepted. One pre-application form per family will be accepted. Duplicate pre-applications will be disregarded. Only pre-applications that are complete and legible will be accepted. Applicants will be required to live in Naugatuck for one year.

Five Hundred (500) Pre-applications for the Section 8 Program will be placed on the waiting list in chronological order as determined by lottery. Only those selected will be notified via mail by September 30, 2015.

**PRE-APPLICATIONS MUST BE MAILED!**  
**NO PHONE CALLS WILL BE ACCEPTED.**  
**NO DROP OFF OR FACSIMILE (FAX) TRANSMISSIONS WILL BE ACCEPTED**

The Naugatuck Housing Authority does not discriminate based upon race, color, disability, familial status, religion, sex or national origin.

**PRE-APPLICATION FORM**  
(Must Be Complete)

**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**

Please identify your race and ethnicity by checking one box below:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> White                    | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian / Alaska Native          |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Asian              | <input type="checkbox"/> Native Hawaiian / Other Pacific Islander |

**4. TOTAL ANNUAL 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 Program.

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