

**Public Notice**  
**Naugatuck Housing Authority**  
**This is a Pre-Application**

Naugatuck Housing Authority will be opening the 2-bedroom waiting list for Federal Family Housing apartments at Lewis Circle Complex in Naugatuck, Connecticut. Apartments are 2 Bedroom townhouse style Federal Family Housing. Head of Household must be eighteen (18) years of age or older to apply. All Applicants must meet all U.S. Department of Housing and Urban Development Occupancy and income guidelines listed below: All applicants 18 years and older are subject to criminal and credit check.

**Occupancy Guidelines:**

Minimum Occupants: 2      Maximum Occupants: 4

**Income Guidelines:**

2 Person	3 Person	4 Person
\$38,750	\$43,600	\$48,400

**Pre-applications for the 2-bedroom Lewis Circle waiting list will be accepted beginning Monday, July 9, 2018 through Friday, October 5, 2018.**

Additional copies of the Pre-Application are available between the hours of 9:00am to 4:00pm  
Monday - Friday at the following Location:

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

**Pre-Application below may be dropped off Monday-Friday 9am-4pm, or mailed to above address.**  
**NO PHONE CALLS WILL BE ACCEPTED.**

*NO 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. Ages and Sex of Children:** \_\_\_\_\_

**4. 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 \_\_\_\_\_

**Si usted necesita ayuda en español llamar al 203-729-8214 Ext 14**