Naugatuck Housing Authority
16 Ida Street – Naugatuck – Connecticut – 06770-4422
Phone: (203) 729-8214 Fax: (203) 729-5181

Studio Wait List 2026

APPLICATION FOR STATE ELDERLY/DISABLED HOUSING
OAK TERRACE ~ 53 CONRAD STREET, Naugatuck, CT 06770

Applications accepted November 9, 2026 through November 20, 2026
Must be post-marked by November 20, 2026 to be eligible

Dear Applicant:

Thank you for your interest in becoming a resident of the Naugatuck Housing Authority (NHA). Please take a moment to review the following requirements before you complete the application and authorization form attached to this letter.

1. The application must be fully complete and submitted to the NHA. Incomplete applications will not be ACCEPTED.

2. All applicants are subject to the same screening criteria. The approval or disapproval of your application will be based upon the results of the following but not limited to:
   - All Household Income
   - Landlord Verification, Credit and Criminal History

3. Please make sure to bring applicable documents when you return your application (see-attached checklist).

4. You MUST notify the NHA in writing if there is a change in address or if there is a change with your current phone number.

All information will be kept confidential and verified by appropriate parties.
Submission of your application does not guarantee you housing. Your application must be approved prior to you being placed on our waiting list. If you are on the waiting list for twelve months or more your background check will have to be rechecked.

Once an approved applicant is offered an apartment, payments for first month's rent will be required by check, money order or cashier check only. **We do not accept cash**. Your will also be given 3 days to make a decision on accepting the unit offered. The unit charges will start at the time you receive keys to the unit.

*Please note that application needs to be filled out on both sides.

Sincerely,

Maritza Valentin
Public Housing Manager
mvalentin@naugatuckhousing.org

We Do Business in Accordance with the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)

PARA UNA TRADUCCION LLAME A LA OFICINA TELEFONO (203) 729-8214

Updated 11/2/2026

Naugatuck Housing Authority

16 Ida Street – Naugatuck – Connecticut – 06770- 4422

Phone: (203) 729-8214 Fax: (203) 729-5181

Date:

CHECKLIST

The following materials must be submitted with your completed application in order for it to be processed:

____Photocopy of birth certificates for **All** persons who will be living in the apartment.
____Photocopy of Social Security Cards for **All** persons who will be living in the apartment.
____Photocopy of Drivers License or current state identification card.
____Photo of Alien Card if non-US citizen.
____Photo of the last three rent receipts, or copy of your lease.
____Proof of Current Income (**Current SSI or Social Security Benefits letter**, State Assistance, Employment - 6 weeks stubs, child support, retirement benefits, Pension, IRA's and any other income).
____Bank Statements (current 3 months Checking and Savings statements)
____Life Insurance policies.
____Identification card issued by medical insurance company or provider (including Medicare and Medicaid).
____Court records (real estate tax notices, marriage and divorce, judgment, or bankruptcy records).
____Proof of Veteran's Status (Honorably Discharged)

If you have checked off all of the above, please mail your application and paperwork to:

Naugatuck Housing Authority
16 Ida Street
Naugatuck, CT

If your application is fully completed and you have submitted all required documentation, you will receive a receipt in writing with time /date of receipt. In the event your application is rejected, after all verifications are received by the authority's property manager, you will be notified in writing and given an opportunity for an informal review hearing.

If you need help filling out this application, please call Mike Mormile Housing Assistant at (203) 729-8214 x-110. for assistance."



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PARA UNA TRADUCCION LLAME A LA OFICINA TELEFONO (203) 729-8214 X-112

Updated 11/2/2026

NAUGATUCK HOUSING AUTHORITY
APPLICATION FOR STATE ELDERLY/DISABLED HOUSING
OAK TERRACE 53 CONRAD STREET

Please Check: Elderly (62 & older) _____ Disabled _____ # In Family _____
Marital Status: Single ( ) Married ( ) Divorced ( ) Widowed ( )

Applicant Name (print): _____ Maiden Name: _____

Address: _____ Telephone: _____

City/State/Zip: _____ Work Number: _____ Cell Phone: _____

Current Monthly Rent: _____ Check Utilities you Pay: ___Electric ___Gas ___Water ___Other (explain)_____

Present Landlord Name:(print): _____ Phone #: _____

Present Landlord Address: _____

How long at this address: _____Reason for Moving: _____

List all persons, including yourself, who will live in this rental unit while you are on this program (List head of household first)
Maximum occupancy – 2 persons

Full Name	Relationship to Head of Household	Social Security #	Birth Date	Place of Birth	Age
1.					
2.					

Household Income: List all full and/or part-time employment for all household members over 18 years old, include self-employed earnings. DO NOT INCLUDE FOOD STAMPS**.**

Are you currently in an employment-training program funded by the State, Federal or Local Government? _____ If so, where? _____

Household Members	**Employer Address**	***PLEASE LIST MONTHLY AMOUNT***			
		Cash Assistance	**Child Support**	**Social Security/SSI**	**Pension**
Head					
Other					

You must provide verification or proof of current income, birth certificates, disability and social security cards for all listed above

Anticipated change in family composition: ____ Yes ____ No

Name of closest relative: _____ Relationship: _____

Address: _____

City, State, Zip Telephone

The following information is required for statistical purposes so that the Naugatuck Housing Authority and HUD may determine the degree to which minority families utilize housing. Please check the appropriate boxes:

White ( ) Black ( ) Indian ( ) Hispanic ( ) Asian ( ) Other_____

Ethnicity: Hispanic ( ) Non-Hispanic ( ) Do you need a Handicapped Accessible Unit: Yes ( ) No ( )

ASSETS: (Type of Account) Have you disposed of any assets within the last two years? ___ Yes ___ No

	Name of Bank	Account Number	Amount
Checking			
Savings			
Credit Union			
CDs, IRA, Stocks, Bonds			
Other			

Do you own a House or any Real Estate Property? _____ If yes, what is the value? $_____(must submit documentation)

Applicant MUST provide name and address of all landlords.

Previous address	From – To	Landlord Name and Address	Landlord Telephone Number

Have you ever been evicted or are currently under eviction from any dwelling unit you rented? ___Yes ___ No. If yes, when: _____

Have you ever been housed with **any other** Housing Authority? ___Yes ___ No. If yes, where _____ When _____

Have you ever been arrested? ___ Yes ___ No. If yes, explain: _____

Nearest Relative: Name: _____ Relationship: _____ Phone #: _____

Address: _____

MEDICAL EXPENSES: Do you pay a Care Attendant or for any equipment for any household member with disabilities necessary to permit yourself or someone else to work? ___ Yes ___ No

Name and address for Care Attendant: _____

Cost of Care Attendant and/or equipment ($_____)

Do you have Medicare? ___ Yes ___ No Monthly cost $_____

Do you have any other kind of Medical Insurance? ___ Yes ___No Monthly cost $_____

Do you have outstanding medical bills, which you are paying? List with amounts: _____

If you are a veteran, please complete the following information: Military Service Data

Name of family member, period of service: _____

Would you require an apartment with handicapped features? ___Yes ___No If yes, list features: _____

*Do you require any **reasonable accommodations?** _____Yes _____No (If Yes, please explain):_____

*Request: _____

*Signature: _____Date: _____
Please Sign- Reasonable Accommodation

NAUGATUCK HOUSING AUTHORITY
APPLICATION FOR STATE ELDERLY/DISABLED HOUSING
OAK TERRACE 53 CONRAD STREET

To the best of my knowledge, this information is true and accurate. I understand that I will be asked to sign an "Authorization Form: which will give the Naugatuck Housing Authority permission to check my credit, employment, police record, landlord reference and medical information. (Verifying disabled status).

(Applicant #1): Head of Household_____ (Applicant #2) _____Date: _____

I/We have no objections to inquiries by the Naugatuck Housing Authority concerning my residence, income qualifications or other data listed above. I agree to notify the Naugatuck Housing Authority, in WRITING, immediately of any changes in the information reported by me. Any changes and/or correspondence must be mailed to:

Naugatuck Housing Authority
16 Ida Street
Naugatuck, CT 06770

Section 5 of the Connecticut Public Acts of 1947 provide: "any person who makes a false statement concerning the gross income of the family for which application for housing accommodations is made, may be fined not more than five hundred dollars ($500) or sentenced to six (6) months in jail, or both.

The statements made by me in this application are true to the best of my knowledge at the time of signing this application. I also understand that the status of my application will not be given out over the telephone.

Signature: (Head) _____ Date:_____

Spouse or Other: _____ Date: _____

ELIGIBILITY CRITERIA FOR LEASING MODERATE INCOME ELDERLY AND DISABLED HOUSING

Sec. 8-45a. Consideration of criminal record, alcohol abuse and status as registered sexual offender of applicant or proposed occupant. A housing authority, as defined in subsection (b) of section 8-39, in determining eligibility for the rental of public housing units may establish criteria and consider relevant information concerning,

(1) Applicant's or any proposed occupant's history of criminal activity involving:

a. Crimes of physical violence to persons or property,
b. crimes involving the illegal manufacture, sale, distribution or use of, or possession with intent to manufacture, sell, use or distribute, a controlled substance, as defined in section 21a-240, or
c. other criminal acts which would adversely affect the health, safety or welfare of other tenants,

(2) an applicant's or any proposed occupant's abuse, or pattern of abuse, of alcohol when the housing authority has reasonable cause to believe that such applicant's or proposed occupant's abuse, or pattern of abuse, of alcohol may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents, and (3) an applicant or any proposed occupant who is subject to a lifetime registration requirement under section 54-252 on account of being convicted or found not guilty by reason of mental disease or defect of a sexually violent offense. (1969, P.A. 133; P.A. 95-247, S. 7; P.A. 99-157, S. 4.)

1. A State Police background check shall be preformed for all proposed applicants. Previous Landlord verification and other references may also be acquired.
2. Public Housing Manager of the Naugatuck Housing Authority shall determine eligibility considering the above relevant information.
3. In evaluating any such information, the housing authority shall give consideration to the time, nature and extent of the applicant's or proposed occupant's conduct and to factors which might indicate a reasonable probability of favorable future conduct such as evidence of rehabilitation and evidence of the willingness of the applicant, the applicant's family or the proposed occupant to participate in social service or other appropriate counseling programs and the availability of such programs.

I/We have read the above statement and understand that the Naugatuck Housing Authority will review my application and make a decision to determine my eligibility for housing and that I will be notified my mail as to the status of my application. I understand that if there is a change in income, family composition, address or telephone number; it is my responsibility to notify the Naugatuck Housing Authority in writing. This form is to be signed by all family members over the age of eighteen (18) who will be living in the unit.

_____ _____

Head of Household Date

_____ _____

2nd Family Member (over the age of 18) Date

NAUGATUCK HOUSING AUTHORITY
APPLICANT CERTIFICATION

Giving true and complete information: I certify that all the information provided on household composition, income, family assets and items for allowance and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

Reporting changes in Income or Household Composition: I know I am required to report changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on prior Housing Assistance: I certify that I have disclosed where I received any previous Federal or State Housing Assistance and I certify that I have disclosed where I received any previous Federal or State Housing Assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresented any information or vacated the unit in violation of the lease.

No duplicate residence or assistance: I certify that the apartment will be my principal residence and I will not obtain duplicate Federal or State Housing Assistance while I am in the current program.

Cooperation: I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits or verify my true circumstance. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays or eviction.

Criminal and Administrative Actions for False Information: I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of tenancy.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll Free Hot Line at 1-800-424-8590. After verification by the Naugatuck Housing Authority the information will be submitted to the Department of Housing and Urban Development or HUD form 50058 (Tenant Data Summary) a computer-generated facsimile of the form or on a magnetic tape. See the enclosed Federal Privacy Statement for more information about its use.

_____ _____
Head of Household Date

_____ _____
Spouse or 2nd occupant (over age 18) Date

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State or Local Agency, Organization, Business, or individual to release and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Public Housing or other Housing Assistance Programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Naugatuck Housing Authority in administering and enforcing program rules and policies. I also consent for the Naugatuck Housing Authority to release information from my file about my rental history to credit bureaus, collection agencies or future landlords. This includes records on my payment history, and any violations of my lease or N.H.A. policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to: Identity and Marital Status; Medical or Child Care Allowances, Residences and Rental Activity; Employment, Income, Assets, Credit and Criminal Activity.

GROUP OR INDIVIDUAL THAT MAY BE ASKED: The groups or individuals that may be a asked to release the above information (depending on program requirements) include but are not limited to: Previous Landlords (Including Public Housing Authorities); Courts, Retirement Systems; Utility Companies; Credit Providers and Bureaus; Past and Present Employers; Welfare Agencies; Unemployment Agencies; Social Security Administration; Support and Alimony Providers; Veterans Administration; Banks and Other Financial Institutions.

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that the Naugatuck Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. The Naugatuck Housing Authority may in the course of its duties exchange such information with other Federal, State or Local Agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Naugatuck Housing Authority. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____	_____	_____
(Head of Household)	(Print Name)	(Date)
_____	_____	_____
(2nd Occupant- over 18)	(Print Name)	(Date)

NAUGATUCK HOUSING AUTHORITY
APPLICATION FOR STATE ELDERLY/DISABLED HOUSING
OAK TERRACE 53 CONRAD STREET

AUTHORIZATION FOR CREDIT CHECK

By signing below, you authorize and request all credit reporting agencies, employers, credit and personal references to release all pertinent information about me/us to the Naugatuck Housing Authority. A photocopy of this shall be as valid as the original. I understand that the credit report (rental history, arrest and/or conviction records and retail credit history) will be completed through the facilities of First American Registry, Inc. Rockville MD. CoreLogic Saferent. Consumer Request Line 1-888-333-2413. Crimcheck America. Experian Credit Report - Consumer Assistance 888-397-3742.

Signature(s) of Applicant(s)

Head: _____ Date _____

Spouse or 2nd Occupant _____ Date _____

The Naugatuck Housing Authority utilizes the following Local preferences:

Veteran -A person who served in the active military service of the United States during established periods and who has been discharged or released under conditions other than dishonorable.

Resident -Residence in the locality or acceptance of or employment in the jurisdiction. Former residents or applicants with immediate family in the Borough will also qualify for the local preference.

Eligible Borough residents who are veterans will be housed first. Other eligible Borough residents will be housed before non-residents.

Please check all those that apply:

___ I am 62 years of age, handicapped or disabled.

___ I reside work or have been hired to work in the Borough.

___ I am a former resident of the Borough. Former Address: _____

___ I have immediate family living in the Borough: _____

Name Address Phone #

___ I am an Honorably Discharged Veteran (Must provide DD 214 Form)

Signature _____ Date _____

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(The Fair Housing Amendments Act of 1988)

NAUGATUCK HOUSING DOES NOT DISCRIMINATE

Updated 11/2/2026

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully. Complete, sign and return to the Housing Authority office.

Last Name: _____

First Name: _____

Middle Name:_____

Relation to Head of Household: _____ Sex: Male __ Female __

Date of Birth: _____

Admission #: _____ Alien Registration # _____

(If applicable – This is an 11 digit # found on INS form 1-94, Department Record)

Nationality: _____

(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

[ ] I am a citizen by birth, naturalized citizen or national of the United States.
OR
[ ] I have eligible immigration status and I am 62 years of age or older (attach proof of age).
OR
[ ] I have eligible immigration status as checked
(Attach INS document(s) providing eligible immigration status)

[ ] Immigrant status under 101(a)(15) or 101(a)(20) of the INA
OR
[ ] Permanent residence under 249 of INA
OR
[ ] Refugee, asylum or conditional entry status under 207, 208 or 203 of the INA
OR
[ ] Parole status under 212(d)(5) of the INA
OR
[ ] Threat to life of freedom under 243(h) of the INA
OR
[ ] Amnesty under 245A of the INA

_____ _____
Signature of Family Member Date

[ ] Check box if signature of adult residing in the unit is responsible for a child named on statement above.

Note: If you or any member does not meet any of the above stated you must contact the Naugatuck Housing Authority immediately for additional paperwork which must be completed.

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Last Name: _____

First Name: _____

Middle Name:_____

Relation to Head of Household: _____ Sex: Male __ Female __

Date of Birth: _____

Admission #: _____ Alien Registration # _____

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Nationality: _____

(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

[ ] I am a citizen by birth, naturalized citizen or national of the United States.
OR
[ ] I have eligible immigration status and I am 62 years of age or older (attach proof of age).
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OR
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OR
[ ] Parole status under 212(d)(5) of the INA
OR
[ ] Threat to life of freedom under 243(h) of the INA
OR
[ ] Amnesty under 245A of the INA

_____ _____
Signature of Family Member Date

[ ] Check box if signature of adult residing in the unit is responsible for a child named on statement above.

Note: If you or any member does not meet any of the above stated you must contact the Naugatuck Housing Authority immediately for additional paperwork which must be completed.

***For NHA Office Use Only*:**

Application Screening Completed on _____ by _____
Date NHA Staff member

Credit Check approved on _____by _____
Date NHA Staff Member

Criminal Check Approved on _____by _____
Date NHA Staff Member

Application _____Approved OR _____Denied by _____

Notes:

_____

_____

_____