

Fairfield Housing Authority
15 Pine Tree Lane Fairfield Connecticut 06825

July 15, 2020

Dear Interested Applicants:

This correspondence is being provided as advanced notice that the **Fairfield Housing Authority** will be opening its **Housing Choice Voucher program** (HCV) wait list on July 31, 2020, and closing its wait list on August 13, 2020. Beginning Friday, July 31, 2020 and until Thursday, August 13, 2020, individuals and families who meet the income eligibility requirements for the HCV program may complete and submit Pre-Applications.

Please find attached the Preliminary Application (Pre-App) for the Housing Choice Voucher program administered by the Fairfield Housing Authority. Individuals and families that meet the income threshold of 80% of area median income (AMI) or less are eligible. The current income limits are as follows:

80% of Area Median Income

1 Person max income \$54,950
2 Person max income \$62,800
3 Person max income \$70,650
4 Person max income \$78,500

5 Person max income \$84,800
6 Person max income \$91,100
7 Person max income \$97,350
8 Person max income \$103,650

Pre-applications must be mailed directly to our offices located at 15 Pine Tree Lane, Fairfield, CT 06825. Emails, faxes and hand-delivered Pre-App forms will not be accepted. The envelope must be post marked no earlier than July 31, 2020 and no later than August 13, 2020, or it will remain unopened and permanently rejected.

Please complete the Pre-App form attached, and sign and date. Incomplete pre-applications will be rejected. Receipt and completion of this housing pre-app is not a guarantee of eligibility for housing. Please contact us at 203-366-6578 with questions related to the form or this letter. Once the application period has concluded, we will be using the random selection method (i.e. lottery) to determine selection and placement on the Housing Choice Voucher wait list. The maximum number of applications to be placed on the wait list is two hundred (200). Our staff is dedicated to assisting applicants through the process, and you will be notified in writing if your Pre-Application is placed on the wait list, or unfortunately, was not selected. **Should your mailing address change at any time, it is your responsibility to notify us in writing so we may update your pre-app.**

Please retain this letter for your records.

Very truly yours,



Carol J. Martin

The Fairfield Housing Authority does not discriminate against any applicant on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, gender identity, sexual orientation, unfavorable discharge, marital status, receipt of governmental assistance, disability or handicapped status in the admission or access to, or treatment or employment in its programs or services.



Fairfield Housing Authority

15 Pine Tree Lane Fairfield CT 06825

Preliminary Application (Pre-Application) for the Housing Choice Voucher Program

PLEASE PRINT CLEARLY – RETURN ENTIRE FORM

The Fairfield Housing Authority will use the random selection method (i.e. Lottery) to determine the selection and order of each Pre-Application on the wait list, and a maximum of 200 pre-applications will be accepted. The pre-applications from the lottery will be selected using PHA web software verified by the Management Agent. This form may be reproduced on a copy machine but cannot be altered in this original format.

NAME (HEAD OF HOUSEHOLD): _____

Social Security Number: _____ - _____ - _____

Street Address: _____ Apt.# _____ City: _____

State: _____ Zip code: _____ Date of Birth: _____ Age: _____ Male _____ Female: _____

TOTAL NUMBER OF MEMBERS IN HOUSEHOLD: Please include yourself:

ADULTS: Male _____ Female: _____ CHILDREN: Male: _____ Female: _____ ELDERLY: _____ DISABLED: _____ TOTAL _____

ANNUAL HOUSEHOLD GROSS (before taxes) INCOME: _____

Race of Head of Household (optional - for HUD Statistical Purposes only):
 _____ White _____ Black/African-American _____ Asian _____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander Ethnicity of
 Head of Household (optional - for HUD Statistical Purposes only): _____ Hispanic _____ Non-Hispanic

I certify that the above information is accurate and complete. I understand that submission of false information or any misrepresentation may result in loss of eligibility and placement on the wait list for Housing Choice Voucher program and is punishable under State and Federal Law.

Please Print Name of Head of Household : _____ Phone Number _____

 Head of Household Signature Date Signed

Current Income Limits for admission to the Fairfield Housing Authority:

| | | | |
|-----------|----------|-----------|-----------|
| 1 Person | \$54,950 | 5 Persons | \$84,800 |
| 2 Persons | \$62,800 | 6 Persons | \$91,100 |
| 3 Persons | \$70,650 | 7 Persons | \$97,350 |
| 4 Persons | \$78,500 | 8 Persons | \$103,650 |

PRE-APPLICATIONS MUST BE POSTMARKED

NO EARLIER THAN JULY 31, 2020 AND NO LATER THAN MIDNIGHT AUGUST 13, 2020

ENVELOPES POSTMARKED BEFORE JULY 31 2020 AND AFTER AUGUST 13 2020 WILL REMAIN UN-OPENED AND BE REJECTED

- ONLY MAIL-IN PRE-APPLICATIONS WILL BE ACCEPTED.
- HAND DELIVERED, E-MAILED, OR FAXED PRE-APPLICATIONS WILL NOT BE ACCEPTED.
- INCOMPLETE PRE-APPLICATIONS WILL BE REJECTED.
- DUPLICATE APPLICATIONS WILL BE REJECTED.
- ONLY ONE PRE-APPLICATION PER POSTMARKED ENVELOPE WILL BE ACCEPTED – MULTIPLE APPLICATIONS PER ENVELOPE WILL BE REJECTED.
- THIS PRE-APPLICATION DOES NOT GUARANTEE ELIGIBILITY FOR HOUSING
- Equal Housing Opportunity
 IQUALDAD DE OPORTUNIDAD EN LA VIVIENDA

