



PRE-APPLICATION – MODERATE INCOME HOUSING

Housing Authority of the City of Middletown
40 Broad St. Middletown, CT. 06457



The Housing Authority of the City of Middletown has opened its waiting list for the Moderate Income Housing Program from **June 15, 2026 at 8:30 am- June 22, 2026 at 4:30. To qualify, you must be a moderate-income family that is in need of a 2 or 3 bedroom apartment owned by the Housing Authority.** Applicants must demonstrate verifiable income sufficient to pay the minimum rent and utility expenses. Minimum/base rent charges plus utilities apply at the Moderate Income Program properties (please see below)

Base Rent:

2 BEDROOM BASE RENT \$600

3 BEDROOM BASE RENT \$700

Resident Responsibilities:

Resident pays for heat, hot water, electricity, water, and must supply their own stove and refrigerator. Residents are also responsible for the care of their own lawn and snow removal.

The PHA administers the State Moderate Housing Program by adhering to state laws and rental regulations enforced by Connecticut's Department of Housing (DOH) and the Connecticut Housing Finance Authority (CHFA). The Authority provides decent, safe, and sanitary housing for moderate income individuals and families in Housing Authority-owned units. ***THIS IS A PRE-APPLICATION FOR MODERATE INCOME HOUSING ONLY.***

Complete this form in its entirety, Mail or drop in the drop box at 40 Broad St. Middletown, CT. 06457 (Administrative Office). Incomplete pre-applications will be rejected without further notice.

PRE-APPLICATION RULES AND RESTRICTIONS

- Your pre-application must be ***complete and legible***. The Housing Authority will reject a pre-application that is not complete or legible.
- A family may submit ***only one*** pre-application. If a family submits multiple pre-applications, the Housing Authority may reject all of the family's pre-applications.
- The Housing Authority will verify all information provided and it will determine eligibility prior to assistance.

PRINTED PRE-APPLICATIONS MAY BE SUBMITTED TO THE HOUSING AUTHORITY BY:

- ***MAIL*** to the address above.
- ***HAND-DELIVERY*** to the Housing Authority's drop box at the main office (at the address above)

Placement on the waiting list does not indicate a family is eligible for admission to the program. When the Housing Authority selects a family from its waiting list, it then will determine the family's eligibility for admission to the program.

Questions may be directed to ***860-346-8671 TDD 711 or TTY 1-800-842-9710***

The Housing Authority of the City of Middletown does not discriminate. Any eligible individual will be served. If you or anyone in your family is a person with disabilities and you require an accommodation in the Housing Authority's policy or procedures to fully utilize our programs and services, please contact the Administrative Office at Housing Authority at 860-346-8671.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000, IMPRISONED FOR NOT MORE THAN FIVE YEARS, OR BOTH.



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PLEASE PRINT CLEARLY – COMPLETE THE ENTIRE FORM – DO NOT FORGET TO SIGN THE FORM

APPLICANT

Head of Household: _____
 First Name Middle Name Last Name

Address: _____
 Street (no P.O. boxes) Apt. City State ZIP code

Primary Phone #: _____ Alternate Phone #: _____ E-mail: _____

HOUSEHOLD MEMBERS

Print all answers, using the full legal name of each member as it appears on his or her Social Security card. Add additional members on a separate sheet of paper. Confirm all the requested information below is included for each member.

FIRST NAME	LAST NAME(S)	RELATION TO APPLICANT	DATE OF BIRTH [MM/DD/YY]	AGE	SOCIAL SECURITY NUMBER (SSN) OR ALIEN REG. NO.	SEX [M/F]	US CITIZEN [Y/N]	DIS- ABLED [Y/N]	OPTIONAL RACE [CODE 1]	OPTIONAL ETHNICITY [CODE 2]
		Applicant / Head-of- Household								

- RACE CODES: White - W | Black/African American - B | American Indian/Alaskan Native - N | Asian - A | Native Hawaiian/Other Pacific Islander - PI
- ETHNICITY CODES: Hispanic or Latino - H | Not Hispanic or Latino - NH

ADDITIONAL INFORMATION

Do you or does someone in your household need a wheelchair accessible (ADA) unit? Yes ___ No ___

APPLICANT'S CERTIFICATIONS (please initial each line)

- _____ I understand that I must notify the Housing Authority *in writing* when **my address changes** while my name is on the waiting list.
- _____ I understand that I must notify the Housing Authority *in writing* of any **changes to the list of household members**, including births, adoptions, court-awarded custody, marriage, or divorce.
- _____ I understand once my name reaches the top of the waiting list that I must complete a *Personal Declaration* and provide original supporting documentation for all household members, such as birth certificates, Social Security cards, valid photo identification, etc.

I hereby certify that all information I have provided on this pre-application is true and complete. I understand that attempts to obtain housing assistance by making false statements, impersonation, or failing to disclose information is a crime.

Signature of Applicant/Head of Household

Date