

HAMDEN HOUSING AUTHORITY - WAITING LIST PRE-APPLICATION  
STATE ELDERLY/DISABLED HOUSING PROGRAM  
P.O. BOX 185548 - HAMDEN, CT 06518 - [www.hamdenhousing.com](http://www.hamdenhousing.com)

**DUE TO COVID-19 OFFICES ARE CLOSED TO THE PUBLIC - NO WALK-INS ARE ALLOWED!**  
**PRE-APPLICATION - SELECTION WILL BE BY RANDOM DRAW LOTTERY**  
**Applicants whose names are drawn will be notified via regular mail by FEBRUARY 15, 2022**

**EFFICIENCY APARTMENTS - 1 PERSON / ONE- BEDROOM APARTMENTS - 2 PEOPLE**

**Pre-applications will be accepted POSTMARKED between**  
**SEPTEMBER 1, 2021 and NOVEMBER 19, 2021**  
**PRE-APPLICATIONS RECEIVED POST-MARKED**  
**BEFORE SEPTEMBER 1, 2021 OR**  
**AFTER NOVEMBER 19, 2021 WILL BE REJECTED**  
**DUPLICATE APPLICATIONS WILL ALSO BE REJECTED**

Pre-applications are to be returned by MAIL ONLY TO: P.O. BOX 185548, HAMDEN CT 06518  
(No walk-ins, faxes, or e-mails will be accepted) - Please Print Clearly!  
**Applicants must be at least 62 years of age or handicapped/disabled certified by Social Security**  
Income limits are **\$55,950 for one (1) person & \$63,950 for two (2) persons**

**Head of Household (HOH) Information**

Name of Applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt. or Fl.# \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Social Security Number Head of Household (last 4 numbers) XXX-XX- \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_ Source(s) of Income: \_\_\_\_\_  
\_\_\_\_\_

**Spouse or Co-Head Name (if applicable):** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security Number (last 4 numbers) XXX-XX- \_\_\_\_\_  
Gross Monthly Income: \_\_\_\_\_ Source(s) of Income: \_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE HOH:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The Hamden Housing Authority does not discriminate based upon race, color, disability, financial status, religion, sex, sexual orientation, or national origin. In order to provide an adequate pool of persons likely to qualify for the State Elderly/Disabled Housing Program, no less than 500 pre-applications will be chosen. Questions may be directed to 203-248-9036 x. 100 or x. 111. EOH. Se habla Español.