

**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)**

**THE 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 October 1, 2025.**

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

**Pre-applications will be accepted POSTMARKED between**

**AUGUST 4, 2025 and SEPTEMBER 8, 2025**

**PRE-APPLICATIONS RECEIVED POST-MARKED**

**BEFORE AUGUST 4, 2025 OR**

**AFTER SEPTEMBER 8, 2025 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 \$63,700 for one (1) person & \$72,800 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. EOH. Se habla Español. If you are a person with a disability and you require a specific accommodation related to this Notice or if you need services or information in a language other than English, please contact Hamden Housing Authority Main office at 203-248-9036. If you are hearing impaired, please call the TTD/TTY number at 711. Para una traducción en español por favor llame a la oficina at 203-248-9036.