



Housing Mobility Program
Intake Application
211 Wethersfield Ave., Hartford, CT 06106
phone: 860-808-2041
fax: 860-756-0195
email: housingmobility@sistersplacect.org

Head of Household Information

First Name: _____ M.I.: _____
Address: _____
Phone: _____ Email: _____
Date of Birth: _____ Social Security No: _____ Household Size: _____
Do you have a Housing Choice Voucher (Section 8)? Yes No
Do you have a Rental Assistance Program Certificate (RAP)? Yes No
Who holds certificate? _____

Household Information

Name: _____ Relationship: _____
Birthdate: _____ Social Security No: _____
Name: _____ Relationship: _____
Birthdate: _____ Social Security No: _____
Name: _____ Relationship: _____
Birthdate: _____ Social Security No: _____
Name: _____ Relationship: _____
Birthdate: _____ Social Security No: _____
Name: _____ Relationship: _____
Birthdate: _____ Social Security No: _____

Employment Information

Employer: _____ Supervisor: _____
Address: _____ Job Title: _____
Phone: _____ Email: _____

Landlord Information

Name: _____ Phone: _____

Address: _____ Email: _____

Are you currently in a lease? Yes No When does lease end? _____

Do you own a car? Yes No

Size of unit required? Studio 1 Bdrm 2 Bdrm 3 Bdrm 4 Bdrm

Do you own any pets? Yes No If yes, what kind? _____

I certify that my answers are true and complete to the best of my knowledge.

Signature _____ Date: _____