

**TRUMBULL HOUSING AUTHORITY – STERN VILLAGE
APPLICATION FOR VILLAGE ELDERLY HOUSING
200 HEDGEHOG CIRCLE
TRUMBULL, CT 06611
(203)261-5740**

Rev3x: 51914

Date Received: _____

Time Received: _____

Control Number: _____

PLEASE PRINT CLEARLY

Applicant #1

Head of Household

Name
Date of Birth
Gender
Social Security Number
Driver's License

Applicant #2

Name
Date of Birth
Gender
Social Security Number
Driver's License

Present Address: (Include Street, Apt. Number, City, State, Zip)

Please Check The Following Type of Apartment Needed:

- ☐ Efficiency *or*
- ☐ 1-Bedroom Apartment *or*
- ☐ Barrier Free Apartment For Limited Mobility

Are You A :

- ☐ Non –Smoker
- ☐ Smoker

Preferred Phone Number to Reach You: Please circle: Home Cell Other

Home Phone		
Cell	Other	
Email Address		

General Information:

You *may be eligible* for Stern Village Elderly Housing of the Trumbull Housing Authority if you meet the following criteria:

Applicant Requirements At The Time You Are Applying:

AGE

You **MUST** be 62 years of age or older; your household includes a spouse/relative who is 62 years of age or older; or you are 18 years of age or older and have a disability.

Definition of Disability: Federal laws define a person with a disability as, any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.

INCOME:

For 1 person: Income cannot exceed \$44,750 per year.

For a 2-person family and your combined income cannot exceed \$51,500 per year.

INDEPENDENT LIVING

Your health is such that you do not require the kind of care that is provided in an assisted living facility or nursing home. **This is an independent living facility.**

Applications will be chosen by a lottery system.

ONLY APPLICATIONS RECEIVED BETWEEN JULY 1, 2014 and OCTOBER 1, 2014 WILL BE ACCEPTED.

- Submission of your application does not guarantee you housing.
- Applications must be approved prior to being placed on the waiting list.
- All applicants are subject to the same screening criteria.
- The approval or denial of your application will be based upon the following:
 - Household Income
 - Landlord Verification
 - National Background Check for Credit and Criminal History

If your home address and/or mailing address changes, you must notify the Trumbull Housing Authority immediately by phone, email, or mail in order to maintain your waiting list status.

The application process takes approximately 12 weeks. This allows the Trumbull Housing Authority time to complete background checks.

Any incomplete applications will not be processed and will be returned to the applicant for completion

Does anyone live with you now who are not listed on this application? Yes_____ No_____

Do you expect a change in your household composition? Yes_____ No_____

If Yes, Please Explain _____

Applications must be signed by Head of Household, and, if applicable, Spouse or Co-tenant.

INCOME AND ASSET INFORMATION

TOTAL HOUSEHOLD INCOME: List all money earned or received in your household. This includes money from wages, Social Security payments, disability payments, workmen's compensation, pension, General Assistance (SSI), Veteran's benefits, rental property income, stock dividends, and all interest income, annuity payments, alimony.

Social Security (Including Medicare)	\$ _____
Social Security (Including Medicare) Spouse	\$ _____
Pensions	\$ _____
Wages earned	\$ _____
Interest/ Dividend income	\$ _____
Other Income (disability, VA Benefits, etc.)	\$ _____
Rental Income from Property Owned	\$ _____

Required Documentation for the Above Responses:

For yourself and any household members;

- Please submit copies of social security award letters or current copies of social security eligibility reports.
- Please submit a copy of form 1099-R.
- Current bank statements.
- If you work, submit three consecutive paycheck stubs or a statement from your employer stating the number of hours usually worked in a week and your rate of pay. Also attach a copy of W-2 forms.

- e) If you receive, or will receive alimony, public assistance, unemployment benefits or regular contributions from any organization or person, submit documentation.
- f) **Attach a copy of your federal income tax if filed. Initial here if you DID NOT file an income tax return.** _____

FINANCIAL INFORMATION: Bank Accounts, Certificates of Deposit, and stocks.

Please submit a copy of your last two bank statement for all bank accounts and certificates of deposit.

Bank Name	Account Number	Type of Account	Balance

Do you own any real estate? _____ If yes, what is the value? _____

Have you sold or given away property or other assets (including cash) in the past two years?
 _____ If yes, the date of transfer: _____

Cash value: _____

Do you or spouse/co-tenant own any whole life insurance policies? Yes _____ No _____

Do you own a car? _____

Year	Make/Model	Handicapped Parking Sticker	Plate Number/Registration

APPLICANT CHECKLIST

Please provide photocopies of:

- Birth Certificates or
- Social Security cards
- Driver's License/State Identification for all household members
- Resident Alien card if non-U.S. Citizen
- Court Records such as tax notices, real estate, marriage and divorce, judgment, or bankruptcy
- Auto Registration

EXPENSES

Do you have Medicare? Yes _____ No _____

Have you incurred any medical expenses in the last 12 months that you have paid and for which you have not been reimbursed by an insurance plan? Yes _____ No _____

Do you pay for medical attendant or aide? Yes _____ No _____ What is the cost? _____

Do you pay for any medical equipment? Yes _____ No _____ What is the cost? _____

PREVIOUS HOUSING HISTORY

Please provide your housing history for the last five years, beginning with the most current:

Landlord name _____

Address of previous housing _____

Phone number: _____

Rent _____ or Own _____ How Long? _____ Rent of Mortgage Paid \$ _____

What was your reason for leaving? _____

Landlord name _____

Address of previous housing _____

Phone number: _____

Rent _____ or Own _____ How Long? _____ Rent of Mortgage Paid \$ _____

What was your reason for leaving? _____

Have you ever had any special difficulties in paying your rent or mortgage on time during the last two years? Yes _____ No _____

If yes, please describe the kind of difficulty you have been having and the reason for the difficulty:

EMPLOYMENT INFORMATION

Employer
Immediate Supervisor
Address
Phone Number
Dates of Employment

Employer
Immediate Supervisor
Address
Phone Number
Dates of Employment

EMERGENCY CONTACT

Name
Address
Phone number
Relationship

APPLICANT CERTIFICATION

I/We certify that all the statements made in this application and any documentation submitted is true and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information regarding income or other factors considered in determining my/our eligibility and rent is a material non-compliance of the lease and may make me/us subject to termination of my/our tenancy and may subject me/us to penalties under State Law.

Applicants refusing a unit, regardless of the reason, will be withdrawn from the waiting list. Applicants will be given 3 working days to view a unit and, after viewing, 3 working days to accept or refuse. A working day is any day in which the Trumbull Housing Authority is conducting business currently Monday through Friday.

Applicant Signature_____
Date _____**Co-Applicant Signature**_____
Date _____

DEMOGRAPHIC DATA-VOLUNTARY INFORMATION

**The information regarding race, national origin, sex, and disability solicited on this application is requested in order to assure government agencies that laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status age and handicap are complied with. This information will not be used in evaluating your application or to discriminate against you in any way.

**Race of Head of Household. (Check one) (For statistical purposes only)

☐ White

☐ Black

☐ American Indian/Alaskan

☐ Asian/Pacific Islander

**Ethnicity of Head of Household. (For statistical purposes only)

☐ Hispanic

☐ Non-Hispanic

AUTHORIZATION FOR RELEASE OF INFORMATION
TO THE TRUMBULL HOUSING AUTHORITY
200 HEDGEHOG CIRCLE
TRUMBULL, CT 06611
(203) 261-5740

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested included but not limited to: Identity and Marital status, Employment Income and Assets, Medical or Child Care Allowances, Credit or Criminal Activity, and Residences and Rental Activity.

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and to verify my application for participation, and/or to maintain my continued assistance under the State of Connecticut Elderly or Congregate Programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Connecticut Housing Finance Authority ("CHFA") in administering and enforcing program rules and policies. I authorize the Trumbull Housing Authority to obtain from State Wage Information Collection Agencies (SWICAs), the IRS, the SSA or from a previous or current employer income information pertinent to the person's eligibility; and I further authorize the Trumbull Housing Authority to access my criminal record with any and all police and/or law enforcement agencies and to obtain any police reports or materials necessary to complete or verify the application for participation or for eligibility for continued occupancy. This consent to

release information shall expire 15 months after the date I sign this form and any release of information after the 15 month period shall require a new authorization.

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that CHFA and the Trumbull Housing Authority may conduct computer matching programs to verify the information supplied for any application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove/correct information. CHFA or the Trumbull Housing Authority may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies, U.S. Department of Defense, U.S. Office of Personnel Management, the U.S. Postal Service, and the U. S. Social Security Administration and State Welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will remain on file with the Trumbull Housing Authority. I understand I have no right to review my file and correct any information that I can prove is incorrect.

SIGNATURE

_____	_____	_____
Applicant Signature	Printed Name	Date

_____	_____	_____
Co-Applicant Signature	Printed Name	Date