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APPLICATION FOR STERN CENTER/CONGREGATE TRUMBULL HOUSING AUTHORITY

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CONGREGATE LIVING

About the Congregate:

THE CONGREGATE IS A SMOKE-FREE BUILDING

By definition, the Congregate is a non-institutional, independent group living environment that integrates shelter and service needs to functionally impaired and/or socially isolated elders who *do not need institutional supervision and/or intensive health care*.

**The Congregate is NOT an Assisted Living Facility or a Nursing Home.
We do not provide aides.**

Applicant Requirements at the Time You Are Applying

You ***may*** be eligible for Congregate Housing of the Trumbull Housing Authority if you meet the following criteria at the time you are applying:

- You **MUST** be 62 years of age or older, considered physically frail and elderly, and **must have difficulty with one or more activities of daily living**.
- You do not require the kind of care that is provided in an assisted-living facility or nursing home.

Income

- Income cannot exceed \$47,600 per year.

APPLICATION FOR STERN CENTER/CONGREGATE

Date Received _____

Time Received _____

Control Number _____

PLEASE PRINT CLEARLY

APPLICANT	Gender:
Name:	Primary Phone Number:
SS Number:	Secondary Phone Number:
Date of Birth:	Driver's License:
Present Address (Include Street, Apartment Number, City, State, Zip):	
Email Address:	

What Daily Activities Do You Have Difficulty With?

Please check the one(s) that apply:

Feeding

Bathing

Grooming

Dressing

Moving

Other _____

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, stock dividends, all interest income, annuity payments, alimony, etc.

Social Security (Including Medicare)	\$ _____
Pensions	\$ _____
Wages earned	\$ _____
Interest/dividend income	\$ _____
Other income (disability, VA benefits, etc.)	\$ _____

You **MUST** provide copies of income (as indicated on the previous page) as follows:

- Social Security award letters or current social security eligibility reports.
- Pension check stubs or a statement from the pension source stating the current pension amount, if applicable.
- Two current bank statements in their entirety.
- 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, if applicable. (You **MUST** also attach a copy of W-2 forms.)
- Alimony, public assistance, unemployment benefits or regular contributions from Any organization or person(s), submit documentation, if applicable.
- Attach a copy of your Federal and State income tax, if filed. Check here if you DID NOT file an income tax return. _____**

FINANCIAL INFORMATION

Bank Accounts, Certificates of Deposit, and stocks.

As previously stated, you **MUST** submit a copy of your two most current bank statements in their entirety for all bank accounts and certificates of deposit as listed below:

Bank Name	Account Number	Type of Account	Balance

Have you sold or given away property or other assets (including cash) in the past two years?
Yes _____ No _____ If yes, the date of transfer: _____ Cash value: _____

Do you own any life insurance policies? Yes _____ No _____ Cash value: _____

Do you own a car? _____ Year, Make, Model: _____

License Plate Number: _____ Expiration Date: _____

Do you have a Handicapped Parking Sticker? _____

APPLICANT CHECKLIST

You **MUST** provide photocopies of the following documents:

- Birth certificate.
- Social Security card.
- Driver's license/State identification for all household members.
- Resident Alien card if non-U.S. citizen.
- Life insurance policies, if applicable.
- Court records such as tax notices, real estate, marriage and divorce, judgment, or bankruptcy.

EXPENSES

Do you pay for a home-health/medical attendant or aide? Yes _____ No _____

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

What is the cost? _____

If you pay for a home-health/medical attendant or aide, please provide the following:

Name of Agency:

Address: _____

Phone number: _____

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 _____

If yes, provide receipt(s) showing the portion of medical expenses that you paid in which you did not get reimbursed.

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 or 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 ___

Landlord name _____

Address of previous housing _____

Phone number: _____

Rent ___ or Own ___ How Long? _____ Rent or 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 ___

Landlord name _____

Address of previous housing _____

Phone number: _____

Rent ___ or Own ___ How Long? _____ Rent or 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 ___

PLEASE NOTE THE FOLLOWING

- Submission of your application **does not** guarantee 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
- National Background Check for Credit and Criminal History
- Must meet criteria for Congregate living
- Landlord Verification

EMERGENCY CONTACT

Name
Address
Telephone Number
Relationship

It is YOUR responsibility to submit proper documentation. You will be notified by mail and/or phone should your application be incomplete as it will not be processed.

Applications must be signed by Head of Household.

APPLICANT CERTIFICATION

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

SIGNATURE

Applicant Signature

Printed Name

Date