



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

April 1, 2021

Date Received: _____

Time Received: _____

Control Number: _____

The above is for office use, only

**Please Check The Following
Type of Apartment Needed:**

- For 1 adult
- For 2 adults
- Handicapped

How did you hear about us?

**THE TRUMBULL HOUSING AUTHORITY
IS A SMOKE-FREE FACILITY**

**PRINT CLEARLY. APPLICANTS MUST FILL OUT THE ENTIRE
APPLICATION PRIOR TO SUBMISSION.**

Applicant #1
Head of Household

Name:	
Age:	Date of Birth:
Gender:	
Social Security Number:	

Applicant #2

Name:	
Age:	Date of Birth:
Gender:	
Social Security Number:	

Current Address (Include entire address; house/apt. number, street name, state, zip code))
 Mailing address can be included below current address.

If your address changes, you MUST alert us

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

Home Phone:	Cell:
Work:	Other:
Email Address:	

GENERAL

You *may be eligible* for Stern Village 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; or a combination of both.

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 \$54,950 per year.

For a 2-person family and your combined income cannot exceed \$62,800 per year.

INDEPENDENT LIVING

This is an independent living facility. It is for people who do not require the type of care provided in an assisted living facility or a nursing home. We are not HUD or Section 8.

FAMILY COMPOSITION

Does anyone live with you now who are not listed on this application? Yes _____ No _____

If yes: Name _____ Relationship to applicant _____ Age _____

Do you expect a change in your household composition? Yes _____ No _____

If Yes, Please Explain _____

LOTTERY SYSTEM

Applications will be chosen by a lottery system.

ONLY APPLICATIONS RECEIVED FROM APRIL 1, 2021 - JUNE 15, 2021 WILL BE ACCEPTED.

-Submission of your application does not guarantee housing.

-Applications must be approved by the THA 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
- Interview with the Assistant Property Manager or Executive Director

-The application process takes approximately 5 weeks. You will receive a letter if your application has been accepted or rejected.

-NO TELEPHONE CALLS, PLEASE! Accepted applicants can view the Wait List posted in the Community Room at Stern Village or on our website at www.sternvillage.com.

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.

APPLICANT CHECKLIST

Please provide photocopies of:

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

All applicants MUST provide the following information:

INCOME AND ASSET INFORMATION MUST BE LISTED

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

Social Security (Including Medicare)	\$ _____
Social Security (Including Medicare) Spouse	\$ _____
Pensions	\$ _____
Stocks	\$ _____
CD’s	\$ _____
Wages earned	\$ _____
Interest/ Dividend income	\$ _____
Other Income received (from family or Caregivers, VA benefits, disability, etc.)	\$ _____
Rental Income from Property Owned (SNAP benefits ARE NOT considered income)	\$ _____
Total Income	\$ _____

All applicants MUST provide copies of the following information for yourself and any household members:

- a) Social Security award letters, current Social Security eligibility reports, 1099’s
- b) Pension check stubs or a statement from the pension source stating the current pension amount
- c) Current bank statements (3)
- d) Four (current) consecutive paycheck stubs or a letter/statement from your employer stating the hours worked the rate of pay
- e) W-2 forms
- f) Alimony payments, public (cash) assistance, unemployment benefits or regular contributions from any organization or person
- g) **Federal and State Income Tax return (if filed)**
Initial here if you DID NOT file an income tax return _____

All applicants MUST provide the following information:

FINANCIAL INFORMATION: Bank Accounts, Certificates of Deposit, Real Estate

Please submit a copy of the three most current bank statements for all bank accounts (checking/savings), credit union accounts, certificates of deposit, and property deeds.

Bank Name	Account Number	Type of Account	Balance

REAL ESTATE

Do you own any real estate? _____ If yes, what is the value? _____
 Have you sold, given away property or other assets (including cash) in the past two years?
 _____ If yes, the date of transfer: _____ Cash value: _____

VEHICLE

Do you own a car? Yes ___ No ___

MEDICAL EXPENSES

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

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 ___

EMPLOYMENT INFORMATION (If Employed)

Employer:	Immediate Supervisor:
Address:	
Phone Number:	Email Address:
Dates of Employment:	

Employer:	Immediate Supervisor:
Address:	
Phone Number:	Email Address:
Dates of Employment:	

If your current 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.

PREVIOUS HOUSING HISTORY

Please provide your housing history for the last five years, beginning with the most current.
If you have more to add, please attach to this application.

Landlord name _____
Address of previous housing _____
Phone number _____
Email Address _____
Rent___ or Own___ How Long? _____ Rent or Mortgage Paid \$ _____
What was your reason for leaving?

Landlord name _____
Address of previous housing _____
Phone number _____
Email Address _____
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___
If yes, please describe the kind of difficulty you have been having and the reason for the difficulty:

EMERGENCY CONTACT

Name: _____
Address: _____
Phone numbers: Home: _____
Cell: _____ Work: _____
Email: _____
Relationship to Applicant: _____

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/Conservator Signature

Co-Applicant Signature

Date _____

Date _____

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

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)

Caucasian

African-American

American Indian/Alaskan

Asian/Pacific Islander

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

Hispanic

Non-Hispanic

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.

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/Conservator Signature Printed Name Date

Co-Applicant Signature Printed Name Date