



Trumbull Housing Authority- Henry Stern Center Application  
210 Hedgehog Circle Trumbull, CT 06611  
203-459-1110 X2

Print clearly. This application must be entirely complete and signed upon submission.

The Congregate is NOT an Assisted Living Facility or a Nursing Home. 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. The Congregate is also a smoke free building.

Please select the type of apartment needed:

- For 1 adult
- For 2 adults
- ADA unit

**HEAD OF HOUSEHOLD**

**NAME:**

\_\_\_\_\_  
LAST FIRST MIDDLE

**CURRENT ADDRESS:**

\_\_\_\_\_  
STREET NUMBER & NAME CITY STATE ZIP CODE

**MAILING ADDRESS:**

\_\_\_\_\_  
STREET NUMBER & NAME CITY STATE ZIP CODE

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS:** circle one: Spouse/ Child /Other Adult

**NAME:**

\_\_\_\_\_  
LAST FIRST MIDDLE

**CURRENT ADDRESS:**

\_\_\_\_\_  
STREET NUMBER & NAME CITY STATE ZIP CODE

**MAILING ADDRESS:**

\_\_\_\_\_  
STREET NUMBER & NAME CITY STATE ZIP CODE



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DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

What daily activities do you have difficulty with? Please circle any that apply.

Feeding Bathing Grooming Dressing Mobility Other: \_\_\_\_\_

**If your address changes, you MUST alert us by telephone, email, or mail.**

**TYPE OF INCOME:** Please fill out the section below to include all income applicable to head of household and other household members. Please include how often you receive payments (example: Monthly, Yearly, Bi-monthly) In addition, please attach additional sheets for income if needed.

**Head of Household**

**Other Household members**

**Social Security:**

\$ \_\_\_\_\_ Per \_\_\_\_\_

\$ \_\_\_\_\_ Per \_\_\_\_\_

**Disability (SSI):**

\$ \_\_\_\_\_ Per \_\_\_\_\_

\$ \_\_\_\_\_ Per \_\_\_\_\_

**Pension:**

\$ \_\_\_\_\_ Per \_\_\_\_\_

\$ \_\_\_\_\_ Per \_\_\_\_\_

**Wages:(including overtime):**

\$ \_\_\_\_\_ Per \_\_\_\_\_

\$ \_\_\_\_\_ Per \_\_\_\_\_

**VA Benefits:**

\$ \_\_\_\_\_ Per \_\_\_\_\_

\$ \_\_\_\_\_ Per \_\_\_\_\_

**Interests & Dividends:**

\$ \_\_\_\_\_ Per \_\_\_\_\_

\$ \_\_\_\_\_ Per \_\_\_\_\_

**Other income:**

\$ \_\_\_\_\_ Per \_\_\_\_\_

\$ \_\_\_\_\_ Per \_\_\_\_\_

**TOTAL ANNUAL INCOME:** Please total all income on the line below:

Head of Household Total:

Other Household Members Total:

\$ \_\_\_\_\_

\$ \_\_\_\_\_



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**ASSESTS:**

**Head of Household**

**Other Household Members**

**Checking Account:**

\_\_\_\_\_ \$ \_\_\_\_\_

(Name of Bank)

\_\_\_\_\_ \$ \_\_\_\_\_

(Name of Bank)

**Saving Account:**

\_\_\_\_\_ \$ \_\_\_\_\_

(Name of Bank)

\_\_\_\_\_ \$ \_\_\_\_\_

(Name of Bank)

**C.D:**

\_\_\_\_\_ \$ \_\_\_\_\_

(Name of Bank)

\_\_\_\_\_ \$ \_\_\_\_\_

(Name of Bank)

**Stock, Bonds, ETC:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Home (Market Value):**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Other property (Market Value):**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Other:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ASSESTS:** Please total all assets on the line below:

Head of Household total:

\$ \_\_\_\_\_

Other Household Member total:

\$ \_\_\_\_\_



**IF YOU RENT YOUR HOME OR APARTMENT, COMPLETE THIS SECTION:**

1. Number of rooms: \_\_\_\_\_ (exclude bathrooms)
2. Location of unit building (check one)  
\_\_\_\_\_ First floor    \_\_\_\_\_ Second floor    \_\_\_\_\_ Above second floor    \_\_\_\_\_  
Is there an elevator?
3. Monthly Rent to the nearest dollar: \_\_\_\_\_
4. Utilities:
  - a. Electric Bill (if not included in rent) \$ \_\_\_\_\_
  - b. Gas bill (if not included in rent) \$ \_\_\_\_\_
  - c. Heating fuel (if not included in rent) \$ \_\_\_\_\_

**IF YOU OWN YOUR HOME OR APARTMENT, COMPLETE THIS SECTION:**

1. **Number of rooms:** \_\_\_\_\_ (exclude bathrooms)
2. **Type of room** (check one):  
Rooms all on one floor \_\_\_\_\_                      Rooms all on second floor \_\_\_\_\_  
Rooms up and down \_\_\_\_\_                      Rooms all above second floor \_\_\_\_\_
3. **Housing Costs:**  
Average monthly taxes \$ \_\_\_\_\_                      Monthly gas \$ \_\_\_\_\_  
Mortgage payments \$ \_\_\_\_\_                      Monthly heating \$ \_\_\_\_\_  
Monthly electric \$ \_\_\_\_\_                      Fuel \$ \_\_\_\_\_

**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: \_\_\_\_\_



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Phone Number of Agency: \_\_\_\_\_

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.

**\*\*\*Bring all receipts from all expenses from the pharmacy and doctor's office that were not reimbursed by insurance.**

**RENTAL HISTORY:**

Please provide your **Current landlord's name and address:**

\_\_\_\_\_  
\_\_\_\_\_

Address of unit:

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Length of stay: \_\_\_\_\_

***Please provide your previous addresses and landlord references for the past seven years:***

Landlord's name & address: \_\_\_\_\_

Address of unit: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Length of stay: \_\_\_\_\_

Landlord's name & address: \_\_\_\_\_

Address of unit: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Length of stay: \_\_\_\_\_

Landlord's name & address: \_\_\_\_\_

Address of unit: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Length of stay: \_\_\_\_\_



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**Use the additional space, or attach paper if more space is needed, if necessary, to list all previous addresses and landlord information over the past seven years. Failure to properly complete this section will result in rejection of your application!**

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**EMPLOYMENT:** begin with current employer

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

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

**Driver Information:**

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

DO YOU OWN/ LEASE YOUR OWN CAR?     YES     NO

LICENSE PLATE NUMBER: \_\_\_\_\_



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**EMERGENCY CONTACT (1) This person has permission to enter unit: Yes or No**

Name:

Address:

Best Phone Number to call:

Email:

Relationship to Applicant:

**EMERGENCY CONTACT (2) This person has permission to enter unit: Yes or No**

Name:

Address:

Best Phone Number to call:

Email:

Relationship to Applicant:

**PROGRAM INTEGRITY INFORMATION**

Has any household member (in the last 3 years) been put out of their home or about to be put out of their home?

Head of Household  YES  NO

Any Household Member  YES  NO



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Has the Head of the Household or any household member ever lived in public housing, received section 8 and/or rental subsidy before?

YES       NO      If yes:

When? \_\_\_\_\_ Where? \_\_\_\_\_

Under what name? \_\_\_\_\_

Are any members of the household still in the program? \_\_\_\_\_

If not, explain: \_\_\_\_\_

Has any member of the household ever been convicted of any crime in the past seven years? If yes, please explain: \_\_\_\_\_

Is any member of the household reporting zero income? If so, how will they pay rent?

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**IF YOU NEED A REASONABLE ACCOMODATION FOR A DISABILITY PLEASE NOTIFY THE OFFICE AND YOU WILL BE ADVISED ON HOW TO PROCEED WITH YOUR REQUEST.**

THE FOLLOWING INFORMATION IS BEING REQUESTED TO COMPLY WITH EQUAL OPPORTUNITY REQUIREMENTS AND TO ASSURE THAT NO DISCRIMINATION OCCURS. YOUR ANSWER WILL NOT AFFECT (EITHER POSITIVE OR NEGATIVE) YOUR SELECTION FOR THE PROGRAM; HOWEVER, COMPLETION OF THIS SECTION IS OPTIONAL- PLEASE CIRCLE THE APPROPRIATE NUMBER:





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**RACE/ETHNICITY**

**HEAD OF HOUSEHOLD**

**RACE:** White- 1 Black-2 Indian/Alaskan- 3 Asian/Pacific- 4  
**ETHNICITY:** Hispanic-1 Non-Hispanic- 2

**OTHER HOUSEHOLD MEMBERS**

**RACE:** White- 1 Black-2 Indian/Alaskan- 3 Asian/Pacific- 4  
**ETHNICITY:** Hispanic-1 Non-Hispanic- 2

I hereby swear and attest that all the information above about me is true. I also understand that **all changes** in the income of any member of the household, as well as **any changes** in the household members, **must be reported to the Housing Authority in writing immediately.**

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Signature of Head of Household Date

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Signature of Household Member Date

***I/we understand that Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.***

**RETURN APPLICATION TO: TRUMBULL HOUSING AUTHORITY  
HENRY STERN CENTER  
210 HEDGEHOG CIRCLE  
TRUMBULL, CT 06611**