



# APPLICATION FOR STERN CENTER/CONGREGATE TRUMBULL HOUSING AUTHORITY

210 Hedgehog Circle  
Trumbull, CT 06611  
203-459-1110 X2

## **THE CONGREGATE IS A SMOKE-FREE BUILDING**

The Congregate is a non-institutional, independent group living environment that integrates shelter and service needs for 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. If applicant needs assistance, our Resident Service Coordinator can help with resources for our tenants.**

**Please note the following:**

- 1. Submission of your application does not guarantee housing.**
- 2. Application must be approved prior to being placed on the waiting list.**
- 3. All applications are subject to the same conditions of screening criteria.**
- 4. Approval or denial of your application will be based on household income.**
- 5. National Background check for credit and criminal.**
- 6. History must meet criteria for Congregate living.**
- 7. Landlord verification.**
- 8. All applications must be submitted by mail only.**

### **Income:**

- Income cannot exceed \$65,750.00 per year for one person, and \$75,150.00 per year for two people.

Control Number: \_\_\_\_\_

Other: \_\_\_\_\_

Please select the type of apartment needed:

For 1 adult

For 2 adults

ADA unit

**HEAD OF HOUSEHOLD:** (PLEASE PRINT CLEARLY)

Name: \_\_\_\_\_  
Last First Middle

**CURRENT ADDRESS:**

\_\_\_\_\_  
Street Name & Address City State Zip Code

**MAILING ADDRESS:** (If different than mailing address)

\_\_\_\_\_  
Street Name & Address City State Zip Code

**PHONE NUMBER:** \_\_\_\_\_

**SECONDARY PHONE NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**What Activities do you have difficulty with:** (Please check all that apply)

Dressing: \_\_\_\_\_

Eating: \_\_\_\_\_

Grooming: \_\_\_\_\_

Walking: \_\_\_\_\_

Other: \_\_\_\_\_

**Income & Asset Management:**

Total Household Income: Please list all money earned or received in your household. This includes money from wages, Social Security payments, disability, workmen's comp, pension, etc.

Disability (SSI): \_\_\_\_\_

Social Security: \_\_\_\_\_

Pension: \_\_\_\_\_

Wages, if applicable: \_\_\_\_\_

Interest/Dividend(s): \_\_\_\_\_

Other Income: \_\_\_\_\_

You must send copies of income, as stated above, and from the list below:

1. Social Security award letter or current social security eligibility report(s).
2. Pension check stubs or a statement form the pension source stating the current pension amount.
3. **Three** current bank statements from **all** banking accounts.
4. Alimony, public assistance, unemployment benefits or regular contributions from any organization or person(s).
5. A copy of your Federal and State income tax, if applicable.  
\*\*Let us know if you did not file an income tax return.
6. Any other information that would be a source of income.

**Financial Information:**

Bank accounts, Certificate of deposits and stocks.

As previously stated, you must submit a copy of your three most current bank statements in their entirety from all bank accounts and certificates of deposit.

Have you sold or given away property or other assets (including cash), in the past two years? Yes \_\_\_ No \_\_\_

If yes, state the date of transfer: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Any life insurance policies: Yes \_\_\_ No \_\_\_ Cash Value: \_\_\_\_\_

Do you own a car? Yes \_\_\_ No \_\_\_ Year/Make/Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Applicant Checklist:**

You must provide proof of the following documents at the time of application:

1. Birth Certificate
2. Social Security Card
3. Driver's License/State Identification for all HH Members (**1 car** per head of household)
4. Resident Alien Car, if non-U.S. Citizen
5. Life Insurance Policies, if applicable
6. Court Records, tax notices, real estate, marriage, divorce, judgement or bankruptcy.
7. Other

**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?

\_\_\_\_\_

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 \_\_\_ Own \_\_\_ How long \_\_\_\_\_

Rent or Mortgage paid \$ \_\_\_\_\_ per month.

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 \_\_\_ Own \_\_\_ How long \_\_\_\_\_

Rent or Mortgage paid \$ \_\_\_\_\_ per month.

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 \_\_\_ Own \_\_\_ How long \_\_\_\_\_

Rent or Mortgage paid \$ \_\_\_\_\_ per month.

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 \_\_\_

Use the additional space, or attach paper of 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.

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

**Driver Information:**

Driver's license number/State: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Do you own/lease your vehicle? Yes or No

License Plate: \_\_\_\_\_

**Employment:** begin with current employer

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Other information you would like to add: \_\_\_\_\_

\_\_\_\_\_

**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? (Please circle your response.)

Head of Household: **Yes or No**

Other household members: **Yes or No**

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

**Yes or 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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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:

**Race/Ethnicity:**

Head of household: please circle those that apply.

Race: White-1    Black-2    Indian/Alaskan-3    Asian/Pacific-4

Ethnicity: Hispanic-1    non-Hispanic-2

Other household members: (if applicable) please circle those that apply.

Race: White-1    Black-2    Indian/Alaskan-3    Asian/Pacific-4

Ethnicity: Hispanic-1    non-Hispanic-2



**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.**

**Emergency Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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 my make me subject to termination of my tenancy and may subject me to penalties under state laws.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**Please remember that all applications must be mailed to:**

**Henry Stern Center  
Attention: Congregate Manager  
210 Hedgehog Circle  
Trumbull, CT 06611**