

INITIAL WRITTEN APPLICATION FOR HOUSING

PLEASE RETURN TO:



HILL HOUSE
10 RIVERSIDE AVENUE
RIVERSIDE, CT 06878



1. HEAD OF HOUSEHOLD: _____
Last First Middle
2. ADDRESS: _____
Street City State Zip
3. TELEPHONE NUMBER: [Day] (____) _____ [Night] (____) _____
4. HOUSEHOLD COMPOSITION: **Please complete all boxes for each household member. Use N/A if item is not applicable.**

*Legal names of House-hold Members and Maiden Name if Applicable	Date of Birth	Marital Status	Social Security Number	Medicare Number
1)				
2)				

5. UNIT SIZE / TYPE REQUESTED:
 _____ 1BR _____ 1BR ACCESSIBLE
 (Please refer to the facility description included with this application for a list of unit sizes / types available at this facility)
6. DO YOU PRESENTLY LIVE ALONE? _____ IF NO, PLEASE BE SURE YOU HAVE LISTED ALL HOUSEHOLD MEMBERS YOU EXPECT WILL BE LIVING WITH YOU SHOULD YOU BE GIVEN AN APARTMENT AT THIS FACILITY.
7. WHAT TYPE OF HOUSING DO YOU OCCUPY? (Single family home, duplex, apartment) _____
 DO YOU OWN? _____ RENT? _____ OTHER (please explain): _____
8. PRESENT LANDLORD: Name: _____ Tel.# () _____
 Address: _____ How long? _____

FOR OFFICE USE ONLY

Unit Type Requested:	Income Category:
Disposition (i.e., wait list, rejected):	If rejection, reason?

9. PREVIOUS LANDLORD: Name: _____ Tel.# () _____
Address: _____ How long? _____

10. PLEASE LIST THREE INDIVIDUALS (*not relatives or your physician*) WHO KNOW YOU WELL AND COULD SERVE AS A REFERENCE FOR YOU:

A. Name: _____ Phone #:(_____) _____
Address: _____ Occupation: _____

B. Name: _____ Phone #:(_____) _____
Address: _____ Occupation: _____

C. Name: _____ Phone #:(_____) _____
Address: _____ Occupation: _____

11. NAME, ADDRESS, AND TELEPHONE NUMBER OF AN IMMEDIATE RELATIVE OR CLOSE FRIEND WHO IS LIKELY TO KNOW WHERE YOU ARE IF WE NEED TO CONTACT YOU:

NAME: _____ Phone: _____
ADDRESS: _____

12. WHY WOULD YOU LIKE TO LIVE IN THE HOUSING COMMUNITY FOR WHICH YOU HAVE SUBMITTED THIS INITIAL WRITTEN APPLICATION? _____

13. COULD YOU COME FOR A PERSONAL INTERVIEW AT A MUTUALLY CONVENIENT TIME? ___YES ___NO
IF NO, PLEASE EXPLAIN: _____

14. HOW DID YOU LEARN ABOUT THESE APARTMENTS? _____

15. **HOUSING EXPENSES**

RENT:	ELECTRICITY:	HEAT:	WATER:	OTHER HOUSING EXPENSE:
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16. **CERTIFICATION:** (Each ADULT applicant must sign this application).
This is an initial written application. Additional information will be requested at a later date to complete the processing of applicant(s). Your signature below certifies that:

Initial

- _____ The information provided on this application is true and correct to the best of your knowledge; and
- _____ That you and your household members, upon execution of a lease agreement, shall make said leased unit your sole place of residence; that you will not maintain another subsidized apartment; and
- _____ You consent to the verification of information you provide in order to determine your eligibility for this housing.

NOTE: *Please be sure that you have initialed next to each of the previous statements, and that you have filled this application out completely. If an item does not apply, please be sure it is marked N/A. Applications that are incomplete or not signed/initialed as required will be returned to you for completion before placement on the wait list.*

HEAD OF HOUSEHOLD Signature: _____ **Date:** _____
APPLICANT #2 Signature: _____ **Date:** _____

****Please be sure that all household members listed on the front of this application have signed above.****

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE A WILFULLY FALSE STATEMENT OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

HOUSEHOLD STATISTICS

****** The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, DOH, and their assigned agents that Federal and State laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. *You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.*

Gender / Ethnicity Data

Name of Household Member**	Hispanic or Latino	Not Hispanic or Latino	Gender
1)			
2)			

Race:

Name	American Indian / Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White

ELDERLY HOUSING MANAGEMENT, INC.

INCOME AND ASSET STATEMENT

1. **FINANCIAL DATA**

GROSS MONTHLY AMOUNTS

Applicant #1

Social Security \$ _____ SSI or Disability \$ _____ Veteran's Benefits \$ _____

Unemployment Income \$ _____ Annuity Income \$ _____

Pension/Retirement \$ _____

 (Name and Address of Employer)

Current Employment \$ _____

 (Name and Address of Employer)

Has this person been awarded Alimony / Child Support by the Court? ___ Yes ___ No If yes, amount awarded:

\$ _____ per _____. If different than amount awarded, Amount received currently \$ _____ per _____.

Applicant #2

Social Security \$ _____ SSI or Disability \$ _____ Veteran's Benefits \$ _____

Unemployment Income \$ _____ Annuity Income \$ _____

Pension/Retirement \$ _____

 (Name and Address of Employer)

Current Employment \$ _____

 (Name and Address of Employer)

Has this person been awarded Alimony / Child Support by the Court? ___ Yes ___ No If yes, amount awarded:

\$ _____ per _____. If different than amount awarded, Amount received currently \$ _____ per _____.

If additional space is needed, please include a separate sheet of paper.

2. **Family Assets (please include the assets of minors):**

Bank	Acct. #	Current Balance	Int. Rate	DO NOT WRITE BELOW
Name				
Address				
Name				
Address				
Name				
Address				

If necessary add an additional sheet to complete this list with all items.

Are any of the assets listed IRAs? _____ If YES, do any of them have a Required Minimum Distribution? _____

If YES, please provide the total annual amount of RMDs \$ _____

3. DO YOU OWN ANY STOCKS, BONDS, OR OTHER SECURITIES? _____ Yes _____ No If yes, please provide:

Name of Fund	Company / Broker Address	# of Shares / Value	Yearly Dividend
1.			
2.			
3.			
4.			

(If additional space is needed please use another paper and attach)

4. DO YOU OWN ANY REAL ESTATE? _____ If YES, Current Value \$ _____

Taxes: \$ _____ Date of most recent assessment: _____

If source of valuation is tax statement, rate of valuation used in town: _____

Mortgage Balance \$ _____

Please list the exact location of the property: _____

Please give the address of the tax assessor's office: _____

(Please list additional Real Estate Property Owned on separate sheet, providing the same information for each location.)

If applicable, rental income from Property \$ _____ / month.

5. GIFTS STATEMENT

Have you given away or sold any asset in the last 24 months for which you received less than current value? (Example: Property / bank asset worth \$2,000 which was sold for \$100 or signed over to another person for \$1.00).

____ Yes ____ No If YES, actual cash value at the time you disposed of asset? \$ _____

Date of asset transfer: _____

6. OTHER ASSETS:

LIFE INSURANCE: Do you have any life insurance policies that have a cash value (typically whole life insurance):

____ Yes ____ No If YES, what is total cash value? \$ _____

Please sign below:

HEAD OF HOUSEHOLD Signature: _____ Date: _____

APPLICANT #2 Signature: _____ Date: _____

**Initial Application Supplemental Questionnaire
DOH Congregate Facilities**

**** PLEASE NOTE: THIS QUESTIONNAIRE MUST BE RETURNED WITH YOUR APPLICATION ****

1. In order to qualify at this facility, ***all members of the household*** must be 62 years of age or older. Please confirm that you understand this requirement by initialing here: _____

2. In order to qualify at this facility, applicants must demonstrate a need for one or more of the congregate services offered at this site (24/7 staffing, one main meal daily, weekly light housekeeping).

Which service(s) do you and/or another member of your household require?

___ - weekly light housekeeping

___ - lunchtime meal served in the common dining area

___ - 24/7 staffing

If needed, with whom can we verify that a need for services exists?

Name: _____

Address: _____

Phone: _____ Relationship to Applicant: _____

Please note that congregate facilities do not provide the following services: medication management, nursing services, medical services, meal services other than the daily meal, live-in aide services, companion services, transportation, personal care, assistance with lifting / transferring, or financial management. Residents who need those services must make their own arrangements with outside providers.

Signature of Head of Household:

Date: _____

If anyone has helped you or completed this Initial Written Application for you, please give name, telephone number and relationship below.

Name: _____ Telephone: (_____) _____ - _____

Address: _____

Relationship: _____

If anyone has Power of Attorney or Conservatorship for you, please attach a copy of that document to this application, and fill out the information below:

Name: _____ Telephone: (_____) _____ - _____

Address: _____

Relationship (Power of Attorney, Conservator, etc.): _____

If you would prefer that we contact a third party rather than the listed applicant for discussions related to the status of your application, vacancies, etc., please provide their information below.

Name: _____ Telephone: (_____) _____ - _____

Address: _____

Relationship (Power of Attorney, Conservator, etc.): _____

“We are Equal Housing Opportunity providers. The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, creed, color, religion, sex, handicap, familial status, or national origin. Complaints of discrimination may be forwarded to the Fair Housing Administrator, US Department of Housing and Urban Development, Washington, D.C. 20410, Phone 1-800-669-9777.” Connecticut law prohibits discrimination in housing in all of the above categories plus these additional categories: lawful source of income, marital status, sexual orientation, use of a guide dog, and age (except when program regulations restrict the housing to an age-specific category). Complaints of discrimination may be forwarded to the Commission on Human Rights & Opportunities at 860-541-3400.)

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our assisted programs and activities.