



<u>FOR OFFICE USE ONLY</u>	
Application Entered By:	
Application Entered On:	

<u>DATE AND TIME STAMP</u>

CONNECTICUT HOUSING PARTNERS

1235 Huntington Turnpike
Trumbull, CT 06611
Phone: 203.359.6940

APPLICATION INSTRUCTIONS FOR WILTON COMMONS II CONGREGATE

Please fill out the application in full and drop off or mail to Connecticut Housing Partners (CHP), 21 Station Road, Wilton, CT 06897. Please contact us at 203-359-6940 x1737 for any questions about the CHP application process.

Please complete the attached application form. Answer all questions completely. If the answer is zero, please write N/A or cross out the space. Incomplete applications will not be processed. This applies to each person 62 years of age and older who will be living in the apartment.

ELIGIBILITY: All applicants must meet the required income requirements and are subject to other screening criteria including Congregate care needs, credit, criminal, sex offender and landlord references. All income and asset information will be verified with a third-party to determine eligibility. Applicants must meet the criteria below in order to qualify for congregate housing:

1. Must be 62 years of age or older;
2. Meet the criteria for congregate care:
 - a. Physical and functional assessment of frailty with one or more essential activities of daily living examples such as feeding, bathing, grooming, dressing, transferring;
 - b. Current housing conditions and living arrangements, and
 - c. Daily living needs
3. Annual Income at 80% AMI or below
The Area Medium Income is subject to change annually.

Eligibility conditions for acceptance into Wilton Congregate:

1. Is the applicant 62 years of age or older?

YES	NO
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2. Does the applicant have physical and functional assessment of frailty?

YES	NO
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3. Meets Income limits for admission and continued occupancy.
(Annual recertification of income will be required of all residents)

YES	NO
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4. CURRENTLY LIVING IN SUSTANDARD HOUSING

25 POINTS MAXIMUM
25 Points
20 Points

 - a. Condemned or verified serious housing code violations.
 - b. Inadequate heating, plumbing, or cooking facilities.

5. CURRENT LIVING SITUATION INCLUDES	25 POINT MAXIMUM
a. Living in documented physically or emotionally abusive situation.	25 Points
b. Living in a shelter or transitional housing.	25 Points
c. Living in temporary housing with others because of conditions beyond Applicant control (condemnation, foreclosure, fire, loss of job, etc.)	20 Points
d. Living in overcrowded conditions in own housing unit. (Example: 1.5 persons per room)	15 Points
6. INCOME/RENT RATIO	15 POINTS MAXIMUM
a. Currently paying more than 50% of income for rent or housing.	15 Points
b. Currently paying between 31% and 50% of income for rent/housing.	10 Points
7. RESIDENT OR LEAST LIKELY TO APPLY	NO MAXIMUM
a. Resident of town in which housing is located.	10 Points
b. Has a family member living in the town in which the housing is located.	10 Points
c. Least Likely to Apply Applicant.	10 Points

Wilton Commons Congregate is designated as Congregate Housing. This means that in order to be eligible at this facility, applicant households must have a verified need for the weekly light housekeeping and one hot meal per day which are offered at this site. Verification will take place when an applicant's name is near the top of the list and as vacancies occur.

The site charges fees for Congregate Services used. Congregate fees are billed in addition to rent and calculated according to a formula determined by the Department of Housing. If you have any questions about the services or fees at this site, please speak to the Property Manager.

Connecticut Housing Partners and their managed facilities are Equal Opportunity Housing Providers and Employers.

The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, creed, color, religion, sex, disability, 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, gender identity or expression, 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.

CONGREGATE SERVICES:

In order to qualify at this facility, you must demonstrate a need for one or more of the congregate services offered at this site (*see facility description*).

Do you have a need for one or more of these services? _____ YES _____ NO

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.

_____ You consent to the release of wage matching data to the Connecticut Department of Housing (DOH) or its assigned agent and the facility owner for the purpose of complying with regulatory guidelines.

Signature

Date

Signature

Date



CONNECTICUT
**HOUSING
PARTNERS**

PRE-APPLICATION FOR HOUSING

OFFICE: 203.359.6940

FAX: 203.373.7326

WEB: WWW.CTHOUSINGPARTNERS.ORG

DATE AND TIME STAMP

Application Entered By: _____

Name and Mailing Address of Head of Household			Household Information	
Last Name	First Name	MI	/	
Full Street Address		Apt #	Home #	Cell Phone#
City	State	Zip	Email Address	
<p>The information below will be used for statistical reporting</p> <p>Race (optional) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <p>Ethnicity (optional)</p> <p><input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Other Race <input type="checkbox"/> Alaskan Native</p>			<p>How many persons will live with you in the apartment, including yourself:</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Apartment Sized Needed:</p> <p><input type="checkbox"/> <input type="checkbox"/> </p>	

The information which you are being asked to provide as the head of household is used to determine if your household appears to be eligible to be added to the CT Housing Partners' Waiting List. You will be required to complete a full application prior to any final processing for an offer of a unit. All information is subject to third party verification, and you will be required to sign releases that will permit the CT Housing Partners to verify all information provided below. By signing this application, you are certifying that the information you have provided is correct and that your household is within the income limits for the program as of the date of signature. Misrepresentation of information is grounds for immediate removal from the waiting list or termination from the CT Housing Partners Program.

Incomplete Pre-applications will not be processed. It is the responsibility of the applicant to provide all required information and answer all questions completely. All applications are the property of the CT Housing Partners.

CT Housing Partners acting as management agent does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status, gender, physical or mental disability, lawful source of income, and in the access or admission to the developments, its employment, or in its programs, activities, functions or services.

EQUAL HOUSING OPPORTUNITIES



HOUSEHOLD COMPOSITION						
	Name	Relationship to head	Birth Date	Social Security	Age (optional)	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Please complete this section based on ALL income/money coming into the household for ALL family members

INCOME				
Family Member	Type of Income (Employment, Welfare, SSI, Child Support)	Amount Received	Weekly, Bi-Weekly Monthly or Annual	Source Of Income (Employer, Public Assistance)

Please complete this section based on ALL assets for ALL family members

ASSETS			
Family Member	Type of Asset (Checking, Savings, COD, IRA Mutual Funds, Trust Life Insurance, Real Estate)	Amount	Account Number