

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

<b><u>DATE AND TIME STAMP</u></b>
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**MUTUAL HOUSING ASSOCIATION OF SOUTHWESTERN CONNECTICUT, INC.**

63 Stillwater Avenue  
 Stamford, Connecticut 06902  
 Phone: 203.359.6940

**APPLICATION INSTRUCTIONS FOR WILTON COMMONS CONGREGATE**

Please fill out the application in full and drop off or mail to, **Mutual Housing Association of Southwestern Connecticut (MHASWCT) 21 Station Road, Wilton, CT 06897**. Please contact us at 203.487.3633 for any questions about the MHASWCT application process.

Please complete the attached application form. Answer all questions completely even if the answer is zero. 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 screened to determine eligibility and cannot exceed the income limits as follows:

1. Must be 62 years of age or older;
2. Meet the criteria for congregate care:
  - a. Physical and functional assessment of frailty
  - b. Current housing conditions and living arrangements, and
  - c. Daily living needs
3. Annual Income at 50% AMI or below

*The Base Rent and Area Medium Income is subject to change annually.*

**Based on 30% of Income with the following Base Rent Structure**

**Must have income that does not exceeds 50% of Area Medium Income (AMI) Effective April, 2015**

<i>Unit Size Equivalent</i>	<i>Person Per Unit</i>	<i>AMI</i>	<i>Maximum Income Limits</i>
1 Bedroom	1	30%	\$26,850.00
1 Bedroom	2	30%	\$30,700.00
	<i>Person per Unit</i>	<i>AMI</i>	<i>Maximum Income Limits</i>
1 Bedroom	1	50%	\$44,800.00
1 Bedroom	2	50%	\$51,200.00

<i>Unit Size</i>	<i>AMI</i>	<i>Base Rent</i>
1 Bedroom	30%	\$690.00
1 Bedroom	50%	\$1,150.00

**Wilton Commons Congregate** is designated as Congregate Housing. This means that in order to be eligible at This facility, applicant households must have 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. As of September, 2016, those fees are as follows:

**Mandatory Monthly Congregate Fee – Subject to change annually**

<i>Unit Size</i>	<i>Congregate Fee</i>
1 Person in unit	\$78.00
2 <sup>nd</sup> Person in unit	\$41.00

If you have any questions about the services or fess at this site, please speak to the Property Manager.

**Mutual Housing Association of Southwestern Connecticut, Inc. 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 congregare services offered at this site (*see facility description*).

Do you have a need for one or more of these services? \_\_\_\_\_ YES      \_\_\_\_\_NO

With whom can we verify that a need for services exists?

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

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

Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

# APPLICATION FOR HOUSING

Income limits do apply

**Please Print Clearly**

<b>Please complete this application and return to:</b>	<b>Name: Mutual Housing Association of SWCT</b>
	<b>Address: 63 Stillwater Avenue, Stamford, CT 06902</b>

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

## A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State ZIP

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:  Studio  One BR  Two BR  Three BR  Handicap BR

Do you currently have a Section 8 Voucher? \_\_\_\_\_

If so, how many bedrooms are you allowed for your family size? \_\_\_\_\_

## B. HOUSEHOLD COMPOSITION

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

Have there been any changes in household composition in the last twelve months?     Yes     No

*If yes, explain:*

Do you anticipate any changes in household composition in the next twelve months?     Yes     No

*If yes, explain:*

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?     Yes     No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**C. INCOME**

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		

Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.  
If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$

	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property:	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe the asset:	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please list:	

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**E. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

**F. REFERENCE INFORMATION**

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		

Account #:	Phone #:
Credit Reference #3:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

<b>G. VEHICLE AND PET INFORMATION</b> (if applicable)			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets? (MHA does not accept pets, reasonable accommodation's only)	Yes	No	
<i>If yes, describe:</i>			

**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.***

***I/We information provided on this application is true and correct to the best of your knowledge; I/We hereby certify that I/We Do/Will not maintain a separate subsidized rental unit in another location, upon execution of a lease agreement, shall make said leased unit your sole place of residence. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge. I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We consent to the verification of information you provide in order to determine your eligibility for this housing, I/We 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 and I/We All adult applicants, 18 or older, must sign application.***

Signatures

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(Signature of Tenant)

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Date

---

(Signature of Co-Tenant)

---

Date

---

(Signature of Co-Tenant)

---

Date

# **AUTHORIZATION TO RELEASE INFORMATION**

RE: Applicant/Tenant: \_\_\_\_\_ Unit # \_\_\_\_\_

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

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

\_\_\_\_\_

As managing agents for our Housing Projects, State/Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested i.e criminal/credit, irs tax return, income, and assets. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

\_\_\_\_\_  
Authorized Signature (MHA Employee) Title (MHA Employee)

\_\_\_\_\_  
Print Name Date

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## ***Release by Applicant/Tenant***

I hereby authorize you to furnish all requested information.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date