HOUSING AUTHORITY
CITY OF SHELTON
187 Meadow Street
Shelton CT 06484
equal opportunity housing

ACCEPTING APPLICATIONS
FOR
ELDERLY HOUSING
FROM
February 1, 2016 through February 29, 2016
Apply in Person Mon. – Fri. 9:00am – 1:00pm
Or Phone (203) 924-2736

ELIGIBILITY
AGE: 62 YEARS OR OLDER
OR
CERTIFIED DISABLED UNDER THE FEDERAL SOCIAL SECURITY ACT
or certified by any other federal board or agency as being totally disabled.
HOUSING AUTHORITY  
CITY OF SHELTON

AUTHORIZATION FOR RELEASE OF INFORMATION TO THE 
HOUSING AUTHORITY

DATE:  

APPLICANT'S NAME: (1) ________________________________

(2) ________________________________

ADDRESS:  

______________________________

______________________________

SOCIAL SECURITY #: (1) ________________ (2) ________________

[1] [We], ________________________________, do hereby authorize the Shelton Housing Authority, and its staff or agents, to contact any agencies, groups or individuals, to obtain any information or materials which are necessary to determine the applicants eligibility to participate in any of their programs. This authorization shall also permit the release of third party documentation required to complete annual and interim recertification.

SIGNED: (1) ________________________________  
(applicant’s signature)

(2) ________________________________  
(applicant’s signature)

Rev10- 4/2011
## APPLICATION FOR ELDERLY HOUSING

Name(s): (1) __________________________ (2) __________________________

Address: __________________________________________________________

____________________________________________________________________

Telephone: __________________________

Alternate contact: Name: _____________________________________________

Telephone: __________________________

Applying for: Single occupancy: _____ Double occupancy: ______

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<table>
<thead>
<tr>
<th></th>
<th>Applicant</th>
<th>House hold member</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Birth</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Social Security number</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong> (including, but not limited to, that listed below)</td>
<td>monthly</td>
<td>yearly</td>
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<tr>
<td>Social security (ssa form 1099-box 5)</td>
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<tr>
<td>Pensions, annuities (including veteran’s pensions)</td>
<td></td>
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<tr>
<td>Interest, dividends</td>
<td></td>
<td></td>
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<tr>
<td>Wages</td>
<td></td>
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<tr>
<td>Other income (e.g. alimony, rental income, govt. allotment, survivor’s ins., veteran’s benefits)</td>
<td></td>
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<tr>
<td>total</td>
<td></td>
<td></td>
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<tr>
<td><strong>Combined total</strong> (applicant &amp; h/h member)</td>
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<tr>
<td><strong>Assets</strong> (including, but not limited to, that listed below)</td>
<td></td>
<td></td>
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<tr>
<td>Checking accounts &amp; cash</td>
<td></td>
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<tr>
<td>Savings accounts &amp; certificates of deposit (CD’S)</td>
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<tr>
<td>Securities (e.g. stocks, bonds, mutual funds, reits, trusts, etc.) – CV*</td>
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<tr>
<td>IRA, Keogh, 401 &amp;/or other like accounts – CV*</td>
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</tr>
<tr>
<td>Real property (e.g. home, rental property etc.) – CV*</td>
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<td></td>
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<tr>
<td>Personal property – CV*</td>
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<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>total</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Combined total</strong></td>
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</table>

*CV= cash value (i.e. cash value is the market value of the asset minus reasonable costs incurred in converting the asset to cash.)

Rev. 10 –4/2011
LIVING SITUATION

1. Do you rent your home or apartment? YES_ NO_ (if yes complete parts 1,3, &4) (if no complete parts 2, 3 &4)

   Landlord's Name: __________________________
   Address: __________________________
   Telephone #: __________________________

   a) Monthly Rent
   __________________________

   b) Number of rooms (exclude bathroom)
   __________________________

   c) Number of occupants
   __________________________

   d) Total average monthly bill for electricity, gas, and heating fuel
      if not included in rent
   __________________________

2. Do you own your home check here? YES_ NO_ (if yes complete parts 2,3 &4) (if no complete parts 3 & 4)

   a. Taxes – monthly average
   __________________________

   b. Mortgage payment per month
   __________________________

   c. Insurance – monthly average
   __________________________

   d. Electric Bill – monthly average
   __________________________

   e. Heating Fuel – monthly average
   __________________________

   f. Gas Bill – monthly average
   __________________________

3. Living Arrangements (check items that apply to you)

   a. With another family
   __________________________

   b. Living alone
   __________________________

   c. Living in redevelopment area
   __________________________

   d. To be displaced by government action
   __________________________

   e. Being evicted
   __________________________

   f. Living in substandard housing
   __________________________

   g. Other (explain)
   __________________________

4. Available Facilities in present housing (check each available item)

   a. Toilet & Bath in unit
   __________________________

   b. Hot & cold water in unit
   __________________________

   c. Stove & refrigerator in unit
   __________________________

   d. Furnace, oil or gas
   __________________________

   e. Space heater or other
   __________________________

REFERENCE: (do not list relatives)

Name: __________________________
Address: __________________________
Telephone #: __________________________

Name: __________________________
Address: __________________________
Telephone #: __________________________

Name: __________________________
Address: __________________________
Telephone #: __________________________

Name: __________________________
Address: __________________________
Telephone #: __________________________

Rev.10-4/2011
PREVIOUS ADDRESS(S) & DATES (LAST 5 YEARS):

<table>
<thead>
<tr>
<th>(dates)</th>
<th>(address)</th>
<th>(landlord’s name)</th>
<th>(address)</th>
<th>(phone)</th>
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<tbody>
<tr>
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VOLUNTARY

a.) In order to meet State reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.

1. Sex: Female ______ Male ______

2. Race/Ethnic Data: Black ______ Hispanic ______ White ______
   American Indian or Alaskan Native ______
   Asian or Pacific Islander ______

b.) Please tell us if you have any special housing needs. ______________________________________________

Notice: any person who makes a false statement concerning the income of the elderly person for whom application for admission to this project is made may be fined not more than five hundred dollars or imprisoned not more than six months, or both.

The applicant understands and agrees that an incomplete application form is cause for disqualification of the applicant. The SHA shall allow each applicant ten (10) working days from the date of a certified mail notification to respond to omissions on an application and/or questions raised by the application as submitted. Failure of the applicant to respond and resolve application issues in the time allocated will automatically disqualify the applicant. Individuals who have been disqualified may apply again in future marketing events.

SIGNATURE OF APPLICANT

OFFICE USE ONLY
DATE & TIME RECEIVED: ____________________________
RECEIVED BY: ____________________________
RECEIPT NUMBER: ____________________________
FILE NUMBER: ____________________________

Rev 10 – 4/2011
APPEAL PROCEDURE

1. Applicant deemed ineligible shall be notified, in writing, before final selection.
2. Applicant who receives notice of ineligibility must appeal within Ten (10) days of notice of rejection.
3. All appeals shall be heard within five (5) days of request.
4. The SHA shall appoint an impartial hearing officer to render a written opinion within five (5) days of a hearing.
5. Applicants who, after the decision of the hearing officer, are still aggrieved may appeal to:

   Department of Economic and Community Development
   Attention: Affirmative Action Office
   505 Hudson Street
   Hartford CT 06106

   Such an appeal must be made in writing, and be brought within ten (10) days of the adverse decision of the hearing officer.

HOUSING AUTHORITY
CITY OF SHELTON
APPLICANT REFUSAL POLICY

Applicants who have been selected to become tenants through the Shelton Housing Authority ("SHA") selection procedure and refuse the vacancy offered them shall:

1. Forfeit their position on the current Eligibility List and be placed in the last most position on the Eligibility List. Their name shall remain on the Eligibility List, in the newly established position, until a second offer for tenancy is made. The applicants name shall be removed from the Eligibility List at the time they refuse the second offer, or

2. the applicant may remain on the current Eligibility List until the conditions set forth in paragraph 1 above are satisfied or a new Eligibility List is created, whichever comes first.

However, once any additions are made to the Eligibility List, then all requirements of the SHA selection procedure shall apply.