

IMPORTANT CORONAVIRUS UPDATE AND OPERATIONAL CHANGES

Dear Housing Choice Voucher (HCV) Program Participants and Unit Owners,

As we continue to monitor the ongoing Coronavirus (COVID-19) pandemic, Charter Oak Communities (COC) is frequently evaluating our operations and how they impact the safety and well-being of our employees and community.

In an effort to help mitigate the spread of the virus, the following safety measures have been implemented effective immediately:

- COC offices are closed. Employees will provide services and are available by telephone and email. A directory with staff contact information is provided on the reverse side of this notice. We encourage the use of email to the greatest extent possible.
- Annual inspections have been cancelled until further notice and will be rescheduled at a later date to be determined.
- COC inspectors will respond to emergency violations and conduct initial inspections on vacant units.
- Housing Assistance Payments and Utility Allowance Payments will only be issued via direct deposit. If you have not registered for direct deposit already, please register immediately to avoid delay or interruption in payment.
- All in-office appointments and meetings have been cancelled. We will schedule virtual meetings as needed.
- A drop box has been placed in our lobby, located at 22 Clinton Avenue, Stamford, CT 06901, for document submission. Please write the head of household name on each page. We encourage you to secure all documents by clipping or stapling them, or placing them in an envelope.
- As per COC's interim policy, all households experiencing a loss of income for 30 days or more are encouraged to request an Interim Recertification.
- COC staff continues to process recertifications: therefore you must continue to submit all required documents.

All forms are available on our website, www.charteroakcommunities, and may be requested by telephone or email.

We appreciate your cooperation as we take these important and proactive steps to keep our communities safe. Please continue to visit our website for updates.

Sincerely,
Suela Pergjoni
HCV Manager

****Please see reverse side for the HCV Staff Directory****

Charter Oak Communities Housing Choice Voucher Staff Directory

We understand you may have immediate concerns regarding your account. Please know that we are doing our best to process your requests and keep you updated.

Due to higher than normal demands, our response time may be extended. In an effort to assist us in processing your request, we encourage you to utilize email as your primary method of communication.

SPECIALIST	PARTICIPANT'S LAST NAME (Caseload)	TELEPHONE	EMAIL ADDRESS
Erick Rivera	A – CRN	203-977-1400 ext. 3330	erivera@charteroakcommunities.org
Dee Almanzar	CRO – HILL	203-977-1400 ext. 3302	dalmanzar@charteroakcommunities.org
Ruth Jean Pierre	HILM – MILK	203-977-1400 ext. 3336	rjean-pierre@charteroakcommunities.org
Elvin Rodriguez	MILL – SAJ	203-977-1400 ext. 3306	erodriguez@charteroakcommunities.org
Veronica Nieves	SAK – Z	203-977-1400 ext. 3312	vnieves@charteroakcommunities.org
Ed Poole	General Info	203-977-1400 ext. 3314	epoole@charteroakcommunities.org
Curtis Robinson	Inspector	203-977-1400 ext 3311	crobinson@charteroakcommunities.org
Brad Hardisty	Inspector	203-977-1400 ext 3335	bhardisty@charteroakcommunities.org
Suela Pergjoni	HCV Manager	203-977-1400 ext 3318	spergjoni@charteroakcommunities.org

Please continue to visit our website, www.charteroakcommunities.org, for updates.

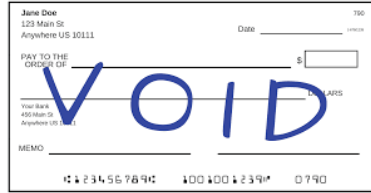
Thank you for your understanding!

DIRECT DEPOSIT AUTHORIZATION

Resident Last Name: _____

PLEASE COMPLETE THIS FORM AND RETURN ALONG WITH A VOIDED CHECK TO:

Housing Authority of the City of Stamford d/b/a Charter Oak Communities
 HCV Department
 22 Clinton Avenue
 Stamford, CT 06901
 Email: SPergjoni@CharterOakCommunities.org



Vendor Type:

LANDLORD: _____

Resident: _____

PART 1: Transaction Type

<input type="checkbox"/> New Setup	<input type="checkbox"/> Change Financial Institution
<input type="checkbox"/> Cancellation (Leave Part 4 Blank)	<input type="checkbox"/> Change Account Number
	<input type="checkbox"/> Change Account Type

PART 2: Payee/Landlord Identification

1. Tax ID (Social Security Number or Employer Identification Number)		2. Work Phone Number	
3. Name		4. Home Phone Number	
5. Address	6. City	7. State	8. Zip Code
Email address:			

PART 3: Authorization for Setup, Changes or Cancellations

I hereby request and authorize the Stamford Housing Authority to deposit payments by electronic funds transfer into the account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that, if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.

This authorization will remain in effect until written notice to terminate is given. The undersigned must allow a reasonable amount of time for initiating or terminating Direct Deposit and is responsible for notification of any change in financial institution information.

9. Authorized Signature	10. Printed Name	11. Date
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PART 4: Financial Institution (Must be completed by Payee, Owner or Manager)

12. Financial Institution Name	13. City	14. State	15. Zip Code
16. Routing Transit Number _____-_____-_____-	17. Customer Account Number _____		18. Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings