



Summer Place Senior Housing Program Application

This program will provide 0 and 1 bedroom units located at 992 Summer Street in Stamford, CT. All Applicants must meet the income and eligibility requirements.

Maximum income levels based on family size are as follows:

Household Size	Minimum Income	Maximum Income Tier II	Maximum Income Tier III
1 Person	\$28,000	\$58,950	\$70,740
2 Person	\$28,000	\$67,350	\$80,820

Instructions for Applications

- 1) PLEASE READ CAREFULLY. Complete all areas.
 - a. All sources of earned income must be reported for all household members.
 - b. All unearned income and assets must be reported for all household members, including minors.
- 2) Signatures are required by all household members.
- 3) If you are employed complete the income verification form **(Top portion only)**
- 4) All members must complete a police record verification form
- 5) Please provide the list of documents that apply to your household:
 - a. Birth Certificate (State ID, Drivers License)
 - b. Social Security card
 - c. Letter from your landlord/owner stating: 1) Amount of rent you pay, 2) Address of your apartment, 3) How long you have been a tenant, 4) What kind of tenant you have been.
 - d. Rent receipts for past three (3) months
- 6) All assets and sources of income –
 - a. Current income from Social Security, Pension, Veterans Payments, Interest from Dividends etc.
 - b. Budget Sheet if you receive State or City Assistance
 - c. Last six (6) current and consecutive pay stubs
 - d. If you are self employed – copy of last year’s Federal Tax Return and W-2 form
 - e. Most recent Checking and/or Savings Account statements, IRA, 401K etc.

NOTE: Applications will be Date/Time stamped and processed in order received. All adult applicants will undergo through a background screening process in order to establish eligibility, which will include criminal and credit check.

If you have any questions, please feel free to contact the office at 203-977-1400 ext. 3374 or visit the Charter Oak Communities office during the business hours from 8:00am to 4:00pm.

Charter Oak Communities

THE FOLLOWING INFORMATION IS REQUIRED FOR STATISTICAL PURPOSES SO THAT THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT MAY DETERMINE THE DEGREE TO WHICH ITS PROGRAMS ARE UTILIZED BY MINORITY FAMILIES. RACIAL GROUP IDENTIFICATION (Used for statistical purposes only).

ETHNICITY: _____ HISPANIC
_____ NON-HISPANIC

RACE: _____ WHITE
_____ BLACK
_____ AMERICAN INDIAN
_____ HISPANIC
_____ ASIAN/ PACIFIC ISLANDER
_____ OTHER

SIGNATURE

DATE

CHARTER OAK COMMUNITIES
22 CLINTON AVENUE
STAMFORD, CT 06901
(203)977-1400

SUMMER PLACE
992 Summer Place.
Stamford, CT 06905
(0 & 1 Bedrooms)

(PRINT CLEARLY)

NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ PHONE: () _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ E-MAIL ADDRESS: _____

(PLEASE LIST HEAD OF HOUSEHOLD FIRST AND THEN ALL FAMILY MEMBERS WHO WILL BE LIVING IN THE UNIT)

	NAMES OF FAMILY MEMBERS	RELATIONSHIP	DATE OF BIRTH	SEX	SOCIAL SECURITY #
1		HEAD OF HOUSEHOLD			
2					
3					
4					
5					
6					

FAMILY INCOME

PLEASE LIST NAMES OF ALL FAMILY MEMBERS WHO RECEIVE INCOME, WHAT TYPE OF INCOME IT IS, SUCH AS WAGES, WELFARE, SOCIAL SECURITY, SSI, CHILD SUPPORT, UNEMPLOYMENT, ETC., AND THE AMOUNT.

INCOME

	NAMES OF FAMILY MEMBERS	INCOME RECEIVED FROM: (WAGES, WEFARE, ETC.)	AMOUNT OF INCOME: (HOURLY WEEKLY, MONTHLY, ANNUALLY)
1			
2			
3			
4			
5			
6			

DESCRIPTION OF ASSETS

	NAMES OF FAMILY MEMBERS	AMOUNT
SAVINGS ACCOUNT		
STOCKS AND BONDS		
REAL ESTATE		
OTHER		

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____

RELATIONSHIP: _____ PHONE #: _____

ARE YOU CURRENTLY LIVING IN CHARTER OAK COMMUNITIES DEVELOPMENT? YES _____ NO _____

HAVE YOU LIVED IN CHARTER OAK COMMUNITIES BEFORE: YES _____ NO _____

IF YES, WHERE? _____ WHEN? _____

ARE YOU A FORMER SECTION 8 TENANT? YES _____ NO _____ WHEN? _____

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ARRESTED OR CONVICTED OF A CRIME?

YES _____ NO _____ IF YES EXPLAIN: _____

ARE YOU A REGISTERED SEX OFFENDER? YES _____ NO _____

I HEREBY DECLARE THAT ALL INFORMATION LISTED ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE

DATE

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF CO-HEAD

CHARTER OAK COMMUNITIES

DEAR APPLICANT:

PLEASE INDICATE WHETHER OR NOT YOU OR ANY MEMBER OF YOUR FAMILY IS HANDICAPPED OR DISABLED REQUIRING ANY SPECIAL ACCOMMODATIONS.

PLEASE READ DEFINITIONS BELOW:

YES

NO

IF YOU HAVE CHECKED YES, PLEASE DESCRIBE BELOW WHAT TYPE OF SPECIAL ACCOMMODATIONS, IF ANY, ARE REQUIRED.

DEFENITIONS

“HANDICAPPED” (DISABLED) MEANS ANY PERSON WHO HAS A PHYSICAL OR MENTAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES; HAS A RECORD OF SUCH IMPAIRMENT; OR IS REGARDED AS HAVING SUCH IMPAIRMENT.

“PHYSICAL OR MENTAL IMPAIRMENT” INCLUDES:

ANY PHYSIOLOGICAL DISORDER OR CONDITION, COSMETIC DISFIGUREMENT, OR ANATOMICAL LOSS AFFECTING ONE OR MORE OF THE FOLLOWING BODY SYSTEMS.

NEUROLOGICAL; MUSCULOSKELETAL; SPECIAL SENSE ORGANS; RESPIRATORY, INCLUDING SPEECH ORGANS; CARDIOVASCULAR, REPRODUCTIVE; DIGESTIVE; GENITOR-URINARY; HEMIC AND LYMPHATIC; SKIN, AND ENDOCRINE; OR

ANY MENTAL OR PSYCHOLOGICAL DISORDER, SUCH AS MENTAL RETARDATION, ORGANIC BRAIN SYNDROME, EMOTIONAL OR MENTAL ILLNESS, AND SPECIFIC LEARNING DISABILITIES. THE TERM “PHYSICAL OR MENTAL IMPAIRMENT” INCLUDES, BUT IS NOT LIMITED TO, SUCH DISEASES AND CONDITIONS AS ORTHOPEDIC, VISUAL, SPEECH AND HEARING IMPAIRMENTS, CEREBRAL PALSY, AUTISM, EPILEPSY, MUSCULAR DYSTROPHY, MULTIPLE SCLEROSIS, CANCER, HEART DISEASE, DIABETES, MENTAL RETARDATION, EMOTIONAL ILLNESS, DRUG ADDITION AND ALCOHOLISM.

“MAYOR LIFE ACTIVITIES” MEANS FUNCTIONS SUCH AS CARING FOR ONE’S SELF, PERFORMING MANUAL TASKS, WALKING, SEEING, HEARING, SPEAKING, BREATHING, LEARNING AND WORKING.

“HAS A RECORD OF SUCH IMPAIRMENT” MEANS HAS A HISTORY OF, OR HAS BEEN MISCLASSIFIED AS HAVING A MENTAL OR PHYSICAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES.

SIGNATURE: _____

DATE: _____

CHARTER OAK COMMUNITIES

CERTIFICATION OF PREFERENCE

I/WE _____ (PRINT CLEARLY)
(THE SINGULAR SHALL INCLUDE THE PLURAL) CERTIFY THAT I/WE QUALIFY FOR A PREFERENCE
BECAUSE:

(PLEASE CHECK APPROPRIATE PREFERENCE)

- [] (P-1) FAMILY THAT HAS BEEN TERMINATED FROM CHARTER OAK COMMUNITIES HOUSING CHOICE VOUCHER PROGRAM DUE TO INSUFFICIENT PROGRAM FUNDING.
- [] (P-2) FAMILY THAT HAS BEEN DISPLACED OR SCHEDULED FOR DISPLACEMENT DUE TO CHARTER OAK COMMUNITIES' REDEVELOPMENT EFFORTS.
- [] (P-3) VICTIMS OF DOMESTIC VIOLENCE AND FAMILIES WHO MUST VACATE THEIR CURRENT UNIT BECAUSE A COURT OR LAW ENFORCEMENT AGENCY HAS DETERMINED A NEED FOR RELOCATION IS REQUIRED AS A MATTER OF PUBLIC SAFETY (INCLUDES VICTIMS OF HATE CRIMES AND HOUSEHOLDS THAT ARE PART OF A WITNESS PROTECTION PROGRAM).
- [] (P-4) FAMILIES DISPLACED DUE TO OTHER STATE/LOCAL GOVERNMENTAL ACTION FOR REASONS BEYOND RESIDENT CONTROL AND/OR DECLARED NATURAL DISASTERS.
- [] (P-5) THE PHA WILL OFFER A CHRONIC HOMELESSNESS PREFERENCE TO ANY FAMILY THAT MEETS THE HUD DEFINITION OF CHRONIC HOMELESSNESS. THE FAMILY MUST BE REFERRED TO COC BY A HOMELESS SERVICE PROVIDER THROUGH THE COORDINATED ACCESS NETWORK "CAN" BASED ON THEIR VULNERABILITY. REFERRING AGENCIES MUST HAVE AN EXECUTED MEMORANDUM OF UNDERSTANDING WITH COC IN COORDINATION WITH THE STAMFORD HOUSING FIRST COLLABORATIVE, OUTLINING THE PROVIDER'S RESPONSIBILITY TO PROVIDE SERVICES FOR THE REFERRED HOUSEHOLD.

THE REFERRAL MUST INCLUDE A COMMITMENT BY THE HOMELESS SERVICE PROVIDER TO PROVIDE HOUSING SEARCH ASSISTANCE AND SUPPORTIVE SERVICES TO HELP THE HOUSEHOLD TRANSITION FROM HOMELESSNESS TO PERMANENT HOUSING, INCLUDING COMPLYING WITH THE HOUSING CHOICE VOUCHER PROGRAM RULES.

ONE OF EVERY FIVE VOUCHERS ISSUED FROM THE WAITING LIST WILL BE MADE AVAILABLE TO A CHRONICALLY HOMELESS APPLICANT.

HAVING READ THE ABOVE, I/WE HEREBY CERTIFY THAT I/WE **DO** QUALIFY FOR A PREFERENCE FOR (A) PREFERENCE REASON(S) INDICATED ABOVE. I UNDERSTAND THAT I MUST PROVIDE SUPPORTING DOCUMENTATION TO VERIFY MY PREFERENCE CLAIM.

DATE: _____ SIGNATURE: _____
SIGNATURE: _____

HAVING READ THE ABOVE, I/WE HEREBY CERTIFY THAT I/WE **DO NOT** QUALIFY FOR ANY PREFERENCE.

DATE: _____ SIGNATURE: _____
SIGNATURE: _____

EXPLANATION:

1. An applicant is or will be involuntarily displaced if the applicant has vacated or will have to vacate his or her housing unit as a result of one or more of the following.
 - a) You are a victim of a natural disaster as a Stamford resident or
 - b) You are a resident of a unit condemned by the Stamford Health Department.

CHARTER OAK COMMUNITIES

IMPORTANT NOTICE TO APPLICANTS

ACCORDING TO U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT APPLICANTS AND ALL FAMILY MEMBERS MUST PROVIDE COMPLETE AND ACCURATE SOCIAL SECURITY NUMBERS AT ELIGIBILITY DETERMINATION. A VALID SOCIAL SECURITY CARD ISSUED BY THE SOCIAL SECURITY ADMINISTRATION OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES OR OTHER DATA EVIDENCE PROOF OF SOCIAL SECURITY NUMBER MUST BE OBTAINED AS VERIFICATION.

PLEASE BE ADVISED, FAILURE OF ANY INDIVIDUAL TO MAKE THE REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR DENYING ELIGIBILITY OR CONTINUING ELIGIBILITY. INDIVIDUALS WHO ARE UNDER THE AGE OF SIX (6), OR WHO HAVE NOT BEEN ASSIGNED A SOCIAL SECURITY NUMBER, ARE NOT SUBJECT TO THE FINAL RULE DISCLOSURE REQUIREMENTS.

IMPORTANT NOTICE

ACCORDING TO CHARTER OAK COMMUNITIES ADMISSIONS AND CONTINUED OCCUPANCY: IF AN APPLICANT REJECTS AN OFFERED APARTMENT, IT WILL BE COUNTED AS A REFUSAL, THE APPLICATION WILL BE WITHDRAWN, AND THE APPLICANT WILL BE INVITED TO REAPPLY, BUT MAY DO SO ONLY IF THE WAITING LIST IS OPEN AT THAT TIME.