Thank you for your interest in Pompey Hollow Senior Housing.

Please complete the attached application and sign all forms. All questions must be answered, and all requested documents must be provided. If assistance is needed in completing the application, please contact the office at (860) 429-8556 to schedule an appointment.

A copy of the following information *must* accompany your application for it to be accepted, please utilize this checklist. Copies will not be made in the office.

1. **Verification of income/assets: (See Income Inclusions/Exclusions sheet)**

* Current Social Security statement
* Four current and consecutive pay stubs
* Current Pension statement
* Any other household income such as Alimony, Child Support, Military Pay
* Proof of assets including 3 consecutive recent bank statements for each bank account, assessed value of real estate, etc.
* If you receive regular deposits from money transfer apps (Venmo, PayPal, Cash App, Zell, etc.) 3 consecutive statements for each account.

2. **Photo identification:**

* Valid driver’s license or
* Valid State identification card

Applications are reviewed upon receipt; Applicants will receive a letter letting them know whether or not they pre-qualify. Those who so pre-qualify will be contacted to set up a meeting with the Ashford Housing Authority to go over their application and the tenant admission policy.

The waitlist opens twice yearly in January and July, pre-qualified applicants are put on the waitlist by random selection. Applicants will a waitlist letter. See the reverse side of this page for eligibility requirements.

Applications are accepted in person during office hours, by fax, or by mail. Electronic submissions are not accepted. Office hours are Tuesday, Thursday, Friday (excluding holidays) from 9am-12pm.

Please keep the top two pages for your records

Eligibility: Qualifying applicants must be at least 62 years of age and/or Social Security Disabled.

Rent: Qualifying applicants must have an monthly income within the following criteria:

|  |  |  |
| --- | --- | --- |
| **Monthly Income Minimum****(1 Person)** | **Monthly Income Maximum****(1 Person)**  | **Monthly Base Rent**  |
| $2,394 | $3,160 | $718 |
| $3,161 | $3,504 | $948 |
| $3,505 | $5,217 | $1,051 |

***Income Qualifications are valid from July 1, 2023 – June 30, 2024***

Ashford Housing Authority does not offer rental assistance at this time. This facility operates entirely from rents paid by residents. Connecticut General Statute Section 8-119kk-1, “base rent is the minimum rental charge determined by the Commissioner to be necessary for the operation, upkeep, and long-term maintenance and capital replacement reserves of a housing development.”

Tenants will pay 30% of their adjusted gross income or the base rent, whichever is higher.

Apartments: 32 one-bedroom apartments

Utility allowances: $38.00\* per month *\*Set by HUD*

Utilities: Electricity – Individually metered paid by tenant

 Water, Sewer, Heating – Paid by Authority

Cable – Paid by Tenant – **This bill is due monthly in addition to rent; it is part of the lease** – AHA has a 5-year bulk package with Spectrum TV in effect until 2028. This cost is not fixed. Call office for more information and current rates.

 Internet – Free WIFI in public spaces, individual internet paid by Tenant

Appliances: Electric range and refrigerator supplied by Authority

Safety: Smoke detectors, sprinkler system, secured entry

Garbage: Dumpsters for garbage and recycling outside, onsite

Parking: On-site up to two registered and plated vehicles

Laundry: 2 washers, 2 dryers on-site $1.50\* wash and $1.00\* dry *\*subject to change*

Pets: Up to the discretion of the Executive Director

RSC: A Resident Services Coordinator is present two days a week

Smoking: No smoking anywhere on property

**Income Inclusions**

1. **Wages -** Include the full amount of wages and salaries, overtime pay, commissions, fees, tips and bonuses as well as other compensation for personal services. All wages are included (before payroll deductions).
2. **Net Business Income -** Include the net income from the operation of a business or profession. Note that depreciation and expenditures for business expansion are not deducted when determining net income. Include any withdrawal of cash or assets from the operation of a business or profession, except to the extent the withdrawal is re-imbursement of cash or assets invested in the operation by the family.
3. **Income from Personal Property -** Includes interest, dividends and other net income of any kind from real or personal property (i.e., rental housing). Do not deduct for depreciation.
4. **Income from Investments -** Include any withdrawal of cash or assets from an investment, except to the extent the withdrawal is reimbursement of cash or assets invested by the family.
5. **Income from Assets -** This includes interest, dividends and other income from net family assets. Included is income distributed from trust funds. For deeds of trust or mortgages, only include the interest portion of the monthly payment that is received by the family.
6. **Periodic Payments -** Recurring payments such as Social Security, pensions, retirement funds, disability or death benefits, public assistance, annuities, insurance policies are examples. Included are lottery winnings paid in periodic payments. The full amount of Social Security is counted prior to the Medicare deduction. If the family’s benefits are reduced to adjust for an overpayment, use the amount remaining after the adjustment for the overpayment.
7. **Alimony and Child Support -** Court ordered amounts are counted for a person living in the unit.
8. **Gifts and Contributions -** Regular contributions or gifts from persons not residing in the unit.
9. **Military Pay -** All regular pay, special pay and allowances of a member of the Armed Forces.

**Income Exclusions**

1. **Lump Sum Additions to Family Assets -** Inheritance, lottery winnings, insurance payments (including payments under health and accident insurance and worker’s compensation), capital gains and settlement for personal or property losses.
2. **Income of an Approved Live-in Aide**
3. **Sporadic Income -** temporary, nonrecurring income including gifts. Sporadic income is neither reliable nor periodic.
4. **Food Stamps**
5. **Energy Assistance Payments -** Connecticut Energy Assistance Program (CEAP), Contingency Assistance Program, Safety Net Services
6. **Educational Scholarships**
7. **Rental Assistance and/or Renter’s Rebate -** Eligible families may receive rent subsidies through the Rental Assistance Program through the Department of Economic and Community Development (DECD) or DOH
8. **Congregate Housing Employment Income** - For individuals who live in and are employed in a congregate housing facility up to $200 dollars per month of their earnings are excluded. The amount of the deduction may not exceed the amount actually earned by the individual.

## Notice to All Applicants:

## Reasonable Accommodations and Modifications are available for Applicants and Residents with Mental and/or Physical Disabilities

Ashford Housing Authority (AHA) does not discriminate against applicants or residents on the basis of race, color, sex, religion, national origin, and disability. In addition, the AHA has an obligation to provide "reasonable accommodations” and “reasonable modifications” on account of a disability if an applicant or resident or a household member is limited by the disability and for this reason needs such an accommodation or modification. A reasonable accommodation is a change that the AHA can make to its rules, policies, practices, or services, and a reasonable modification is a change AHA can make to its facilities (including physical alterations to the housing unit or public or common use areas) that will assist an otherwise eligible person with a disability to have equal opportunity to use and enjoy the housing or common or public use areas or to participate fully in Ashford Housing Authority programs, activities, or services. Such changes may not be reasonable if they are not financially and programmatically feasible for the housing authority.

An applicant or resident household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to AHA, and to avoid disturbing neighbors), but an accommodation or modification may be the basis by which the household is able to meet those obligations of tenancy.

If you need an accommodation or modification because of a disability, please contact the AHA office for the request form. Along with the request form you may be asked to submit documentation verifying the existence of a disability and the disability-related need for the accommodation or modification. Within fourteen (14) calendar days of receipt of your request and documentation, the Executive Director will contact you to discuss what AHA can reasonably do to provide you an accommodation or modification on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result needs an accommodation or modification, you, the household member, or authorized representative, may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.

**For Office Use Only:**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Staff Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Control Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please fill out this application completely. Incomplete applications will not be accepted.**

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Race/Ethnicity*(optional)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Current Rent or Mortgage:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Number:\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Race/Ethnicity *(optional)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Current rent or Mortgage:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Number: \_\_\_\_\_\_\_\_\_\_\_\_

**Rental History** - Please provide data for the last *five* years.

A Landlord Reference form must be completed when an apartment is offered.

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip: \_\_\_\_\_\_\_

RENT or OWN (Circle One) From: \_\_\_\_\_/\_\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_

**\***Rent Amount:$**\_\_\_\_\_\_\_\_\_\_\_\_** Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*MUST BE FILLED OUT*

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip: \_\_\_\_\_\_\_

RENT or OWN (Circle One) From: \_\_\_\_\_/\_\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_

\*Rent Amount: $\_\_\_\_\_\_\_\_\_\_\_\_Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*MUST BE FILLED OUT*

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip: \_\_\_\_\_\_\_

RENT or OWN (Circle One) From: \_\_\_\_\_/\_\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_

\*Rent Amount: $\_\_**\_\_\_\_\_\_\_\_\_\_** Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*MUST BE FILLED OUT*

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip: \_\_\_\_\_\_\_

RENT or OWN (Circle One) From: \_\_\_\_\_/\_\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_

\*Rent Amount: $\_\_\_\_\_\_\_\_\_\_\_\_Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*MUST BE FILLED OUT*

|  |  |  |
| --- | --- | --- |
| **Income** | **Applicant** | **Co-Applicant** |
| Monthly Amount | Monthly Amount |
| SOCIAL SECURITY |  |  |
| EMPLOYMENT |  |  |
| PENSION |  |  |
| ALIMONY |  |  |
| CHILD SUPPORT |  |  |
| OTHER INCOME |  |  |
| **TOTAL INCOME** |  |  |
| **Liabilities** | **Applicant** | **Co-Applicant** |
| Monthly Amount | Monthly Amount |
| PRESCRIPTIONS |  |  |
| OUT OF POCKET MEDICAL BILLS |  |  |
| MEDICARE PAYMENTS |  |  |
| OTHER HEALTH INSURANCE |  |  |
| OPEN ACCOUNT MEDICAL BILLS |  |  |
| **TOTAL LIABILITIES** |  |  |

**Assets Include:** Checking account, savings account, stocks, bonds, certificates of deposit, money market accounts, trust funds, real estate, retirement funds (IRA, Keogh, etc.), inheritances, lottery winnings, life insurance policy, insurance/judicial settlement. Investment accounts, etc.

Complete the information below for each household member and assets type, **this section must be filled out and corresponding documents must be provided.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Asset Type/Name** | **Market/Cash Value/Balance** | **Income Earned** | **Joint/Individual** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Other Information**

How did you hear about our housing program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently own a house? YES NO (Circle One)

Do you currently rent property? YES NO

If yes, a landlord reference form must be completed at the time when an apartment is offered.

Do you own a car? YES NO

If yes, provide the following: Make/Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Plate #: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you have any pets? YES NO

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you smoke? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

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

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Certification:**

I/We certify that the information given to the Ashford Housing Authority including, but no limited to, household composition, income, assets, and deductions is accurate and complete to the best of my/our knowledge. I/We understand that giving false statements or information can be grounds for automatic denial of my/our application. I/We understand that this is not a contract and does not bind either party.

I understand that in the event that I change addresses, phone numbers, family size or income, it is my responsibility to notify Ashford Housing Authority in writing. Failure to notify any changes could result in cancellation of my application. I/WE understand that this application will be processed and reviewed in accordance with the Ashford Housing Authority’s Admissions Policy and any applicable Federal, State and local laws and regulations.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Release of Information**

As part of applying for Housing, I/We, do represent all information in this application to be true and accurate and that the Ashford Housing Authority may rely on this information when processing this application. Applicants hereby authorize the Ashford Housing Authority to make independent investigations to determine my credit, financial and character standing. Applicant(s) authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the Ashford Housing Authority or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any and whatsoever, in law and equity, the Ashford Housing Authority, both of Landlord and their credit checking this application, and will hold to harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest, and/or conviction records and retail credit history) will be done through Rentprep.com, West Seneca, NY, consumer phone (888) 877-8501.

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Housing Authority of the Town of Ashford, or its agents, to access any and all Local, State, and/or Federal Criminal records pertaining to me for the housing application screening process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Social Security Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Co-Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth Social Security Number