Directory

Housing Authority Administrative Office
203-729-8214

Bernice Bakstis - Admissions
203-729-8214 x-12

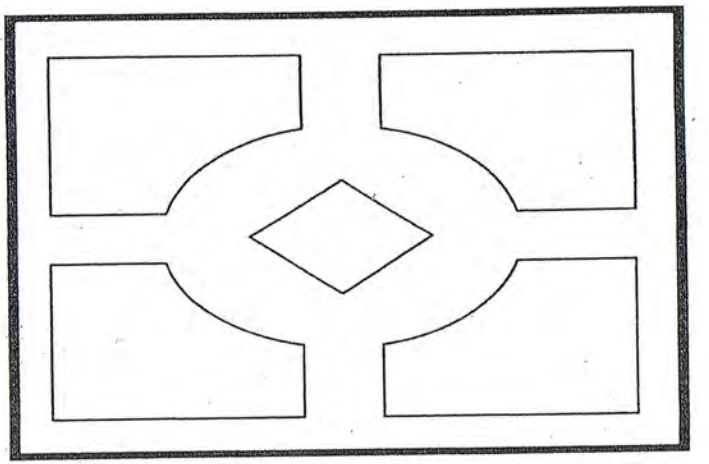
Resident Services Coordinator
203-723-7125

Kitchen Services
203-723-5180

Hutt Security Office
203-723-2972

The Naugatuck Housing Authority is committed to Fair Housing and Non-Discrimination based upon Race, Color, Religion, Sex or National Origion

Naugatuck Housing Authority



Robert E. Hutt Congregate Housing
480 Millville Avenue
Naugatuck, CT 06770

Equal Opportunity Housing

INTRODUCTION

The Robert E. Hutt Congregate Housing is a facility designed to promote independent living for senior citizens age 62 year or older.
Our modern three story building consists of thirty-six studio apartments designed for a single person. Some apartments are handicapped accessible. There is a community dining room, a laundry room, community lounge and craft and games room.
The building is elevator equipped. Ample Parking is available for residents and guests.

Congregate Housing is not to be confused with an Assisted Living Facility, Nursing Home or Convalescent Facility.

QUALIFICATIONS

Applicants must be at least 62 years of age or older. They must be able to maintain independent living. Income cannot exceed the current income limit of $ 44,750.00 per year for a single person.

A rental subsidy is available from the state of Connecticul for those who qualify.

SERVICES

The Residents are provided one full hot dinner meal in our community dining room. Meals are prepared on premises by our excellent kitchen staff.
Light Housekeeping services are provided each week.
There is twenty-four hour security in our building.
A trained Resident Services Coordinator is on staff three days a week.
Heat and Electricity are included with your rent.
Residents will need to provide their individual Cable TV Service and Telephone Service.

HOW TO APPLY

To answer any questions or for more information on applying or to arrange a visit, please call Bernice Bakstis, who handles admissions at the Administrative Offices at 16 Ida Street, Naugatuck, Ct 06770.
Telephone 203-729- 8214 extension 12
We maintain a waiting list and apartments are available on a first come, first serve basis.

Naugatuck Housing Authority
16 Ida Street – Naugatuck – Connecticut – 06770- 4422

(203) 729-8214 Fax: (203) 729-5181

APPLICATION FOR STATE ELDERLY CONGREGATE HOUSING

Robert E. Hutt
480 Millville Ave.
Naugatuck, CT 06770

Dear Applicant:

Thank you for your interest in becoming a resident of the Naugatuck Housing Authority (NHA). Please take a moment to review the following requirements before you complete the application and authorization form attached to this letter.

1. The application must be fully complete and submitted to the NHA. Incomplete applications will not be ACCEPTED.

2. All applicants are subject to the same screening criteria. The approval or disapproval of your application will be based upon the results of the following, but not limited to:
   - All Household Income
   - Landlord Verification, Credit and Criminal History

3. Please make sure to bring applicable documents when you return your application (see-attached checklist).

4. You MUST notify the NHA in writing if there is a change in address or if there is a change with your current phone number.

All information will be kept confidential and verified by appropriate parties.
Submission of your application does not guarantee you housing. Your application must be approved prior to you being placed on our waiting list. If you are on the waiting list for twelve months or more your background check will have to be rechecked.

Once an approved applicant is offered an apartment, payments for first month's rent will be required by check, money order or cashier check only. **We do not accept cash**. Your will also be given 3 days to make a decision on accepting the unit offered. The unit charges will start at the time you receive keys to the unit.

*Please note that application needs to be filled out on both sides.

Sincerely,
Bernice Bakstis
Public Housing Manager
Bbakstis@naugatuckhousing.org

We Do Business in Accordance With the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)

4/1/2014

Today's Date:

CHECKLIST

The following materials must be submitted with your application in order for it to be processed:

___Application signed by head of household, and, if applicable, spouse and anyone 18 years or older included on this application.
___Authorization form (found on the reverse side of application), signed by head of household, and, if applicable, spouse and anyone 18 years of older included on this application.
____Photocopy of birth certificates for **All** persons who will be living in the apartment.
____Photocopy of Social Security Cards for **All** persons who will be living in the apartment.
____Photocopy of Driver's License or current state Identification card.
____Photo of Alien Card if non-US citizen.
____Photo of the last three rent receipts, or copy of your lease.
____Proof of Income (State assistance, SSI, Social Security, employment 6 weeks stubs, child support, retirement benefits, Pension, IRA's and any other income).
____Bank Statements (current 3 months Checking and Savings statements)
____Life Insurance policies.
____Identification card issued by medical insurance company or provider (including Medicare and Medicaid).
____Court records (real estate tax notices, marriage and divorce, judgment, or bankruptcy records).
____Proof of disability.

If you have checked off all of the above, please mail your application and paperwork to:

Naugatuck Housing Authority
16 Ida Street
Naugatuck, CT

If your application is fully completed and you have submitted all required documentation, you will receive a receipt in writing with time /date of receipt. In the event your application is rejected, after all verifications are received by the authority's property manager, you will be notified in writing and given an opportunity for an informal review hearing.

If you need help filling out this application please call Mike Mormile Housing Assistant at (203) 729-8214 x-10. for assistance."

We Do Business in Accordance With the Federal Fair Housing Law
(The Fair Housing Amendments Act of 1988)
PARA UNA TRADUCCION LLAME A LA OFICINA TELEFONO (203) 729-8214 X-14

Robert E. Hutt Congregate Housing
480 Millville Avenue, Naugatuck, CT 06770

- This facility is for single (one) person occupancy only.
- 36 Efficiency apartments (including 4 handicapped).
- Eligible Income Limit - $44,750.00

Tenant Qualification Policy and Application Procedure

What is Congregate Housing?
State of Connecticut Regulations define "Elderly Congregate Housing" as a form of residential environment consisting of congregate meals, housekeeping and 24/7 Security Guard. for persons sixty two years old or older, who have temporary or periodic difficulties with one or more essential activities of daily living.
These units enable tenants to continue living alone and independently. Our onsite Resident Service Coordinator will offer referrals and other information to tenants as requested for personal services. Tenant should schedule a private consultation.

Congregate services shall include:
- Individual apartments with kitchen and bath facilities
- One (1) meal a day in the main dining room
- Housekeeping services once a week
- Twenty Four (24) hour emergency coverage

Congregate Services DO NOT include:
- Rehabilitation Services
- Nursing Services or supervision for any purpose including but not limited to administration and monitoring of medication.
- Here at Robert E. Hutt, This Congregate Housing Complex is NOT licensed; therefore, staff may NOT dispense medication or provide any nursing services.

There are guidelines and income restrictions for applicants and tenants.

We rely on friends and family support and cooperation.

Reasonable Accommodations are available for tenants with mental and/ or physical disabilities.

<u>Our Mission Statement</u>

It is the continuing goal of the Robert E. Hutt Congregate Housing to motivate all residents to maintain their wellness, their independence and their self-esteem through control of their own lives. We offer a safe, clean, upbeat and beautiful living environment. Our mission is for the overall wellness and safety of everyone in this complex; it is of the utmost importance to us. If a resident should become unsure of him/herself for any reason please seek medical advice. We are keeping the lines of communication open for extra guidance or to schedule to meet with the Resident Service Coordinator, Linda Peck at (203) 723-7125 or Property Manager, Bernice Bakstis at (203)729-8214 x-12 for information on the many programs available to insure continued safety and wellness.

Robert E. Hutt - Congregate Application

Name_____
Last First Middle

Address_____
Street Town State Zip

Date of Birth_____ Age_____ Place of Birth_____

Social Security No. _____Telephone No. _____

Emergency Contact: (Family Member, P.O.A (If P.O.A. include documentation) or Friend of Applicant in case of Emergency)

Name_____

Full Address_____

Telephone No. _____ Emergency No. if different _____

Source of Income

Social Security $_____Per_____

SSI $_____Per_____

Pensions $_____Per_____

Dept. of Income Maintenance $_____Per_____

Interest & Dividends $_____Per_____

Other Income (IRA) $_____Per_____

Total Annual Income $_____

Assets **Name of Bank** _____

Checking Account _____ Amount_____

Savings Accounts or CD's: _____ Amount_____

_____ Amount_____

_____ Amount_____

_____ Amount_____

Stocks, Bonds, ETC._____ Amount _____

Do you own a Home or any Real Estate Property? _____ If yes, (submit documentation)

Home (Market Value):$_____ Mortgage bal. amount owed:$_____

Other Property (Market Value) _____

Other _____

Have you sold or transferred any real property in the last 2 years? ____Yes___No
If Yes explain:_____

Present Living Arrangements (Check Items that Apply to You)

A. With another Family in their home _____
B. with another Family in my home _____
C. Live Alone _____
D. Is present home generally satisfactory _____
If not explain: _____

Do you require a reasonable accommodation? _____Yes _____No

If Yes please list:_____

If No, please sign here- X_____
(Applicant Name: first / last)

Do you require an apartment with handicap features? ___Yes ___No

List Features Required:_____

Have you ever lived in Federal or State Subsidized housing? ____Yes ____ No
if Yes enter address, City, State and Year: _____

I hereby certify that the foregoing statements are true and correct. Consent is given to Naugatuck Housing Authority to obtain verification of all information contained herein. I agree to notify the Naugatuck Housing immediately should there be any change in the above information.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Emergency Contact or P.O.A for Applicant Date

_____
Emergency Contact Address

_____
Phone Number

MEDICAL EXPENSES: Do you pay a Care Attendant or for any equipment for any household member with disabilities necessary to permit yourself or someone else to work? ___ Yes ___ No

Name and address for Care Attendant: _____

Cost of Care Attendant and/or equipment ($_____)

Do you have Medicare? ___ Yes ___ No Monthly cost $_____

Do you have any other kind of Medical Insurance? ___ Yes ___No Monthly cost $_____

Do you have outstanding medical bills, which you are paying? List with amounts: _____

Previous addresses: Applicant MUST provide name and address of all landlords.

Current address _____ From To _____

Landlord Name and Address _____ Landlord Telephone Number _____

_____

Previous address _____ From To _____

Landlord Name and Address _____ Landlord Telephone Number _____

_____

Landlord Name and Address _____ Landlord Telephone Number _____

Previous address _____ From To _____

_____

Have you ever been evicted or are currently under eviction from any dwelling unit you rent? ___Yes ___

No. If yes, when: _____ Why: explain _____

Have you ever been housed with **any other** Housing Authority? ___Yes ___ No. If yes, Where _____ _____ When _____

Have you ever been arrested? ___ Yes ___ No. If yes, explain: _____

_____

Nearest Relative: Name: _____ Relationship: _____ Phone #: _____

Address: _____

NAUGATUCK HOUSING AUTHORITY
APPLICANT CERTIFICATION

Giving true and complete information: I certify that all the information provided on household composition, income, family assets and items for allowance and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

Reporting changes in Income or Household Composition: I know I am required to report changes in income and any changes in the household size when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

Reporting on prior Housing Assistance: I certify that I have disclosed where I received any previous Federal or State Housing Assistance and I certify that I have disclosed where I received any previous Federal or State Housing Assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresented any information or vacated the unit in violation of the lease.

No duplicate residence or assistance: I certify that the apartment will be my principal residence and I will not obtain duplicate Federal or State Housing Assistance while I am in the current program.

Cooperation: I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits or verify my true circumstance. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays or eviction.

Criminal and Administrative Actions for False Information: I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of tenancy.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll Free Hot Line at 1-800-424-8590. After verification by the Naugatuck Housing Authority the information will be submitted to the Department of Housing and Urban Development or HUD form 50058 (Tenant Data Summary) a computer-generated facsimile of the form or on a magnetic tape. See the enclosed Federal Privacy Statement for more information about its use.

_____ _____

Head of Household Date

_____ _____

Spouse or 2nd occupant (over age 18) Date

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State or Local Agency, Organization, Business, or individual to release and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Public Housing or other Housing Assistance Programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Naugatuck Housing Authority in administering and enforcing program rules and policies. I also consent for the Naugatuck Housing Authority to release information from my file about my rental history to credit bureaus, collection agencies or future landlords. This includes records on my payment history, and any violations of my lease or N.H.A. policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to: Identity and Marital Status; Medical or Child Care Allowances, Residences and Rental Activity; Employment, Income, Assets, Credit and Criminal Activity.

GROUP OR INDIVIDUAL THAT MAY BE ASKED: The groups or individuals that may be a asked to release the above information (depending on program requirements) include but are not limited to: Previous Landlords (Including Public Housing Authorities); Courts, Retirement Systems; Utility Companies; Credit Providers and Bureaus; Past and Present Employers; Welfare Agencies; Unemployment Agencies; Social Security Administration; Support and Alimony Providers; Veterans Administration; Banks and Other Financial Institutions.

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that the Naugatuck Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. The Naugatuck Housing Authority may in the course of its duties exchange such information with other Federal, State or Local Agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the Naugatuck Housing Authority. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

(Head of Household)	(Print Name)	(Date)
(2nd Occupant-over 18)	(Print Name)	(Date)

The following information is required for statistical purposes only so that the Department of Housing and Urban Development (HUD) and or DECD can determine the degree to which its programs are utilized by minority groups.

Racial Group Identification (please check one):

_____ White _____ American Indian/Alaskan Native

_____ Black _____ Asian/Pacific Islander

_____ Hispanic (White) _____ Hispanic (Black)

_____ Other _____

Signature: _____ Date: _____

A local preference will be given to individuals who reside, work or have been hired to work in the Borough of Naugatuck. Former residents, Veterans (honorably discharged) or applicants with immediate family in the Borough will also qualify for a preference point.
Please submit verification documentation of all checked below.

Please check all those that apply:

___ I am 62 years of age, handicapped or disabled.

___ I reside, work or have been hired to work in the Borough.

___ I am a former resident of the Borough. Years & Previous

Address:_____

___ I have immediate family living in the Borough: _____

Name **Address** **Phone #**

___ I am an Honorably Discharged Veteran: Date of Service_____

DECLARATION OF SECTION 214 STATUS

In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the declaration statement carefully, sign and return.

LAST NAME_____

FIRST NAME_____ MIDDLE NAME_____

RELATIONSHIP TO HEAD OF HOUSEHOLD_____ SEX_____ DATE OF BIRTH_____

SOCIAL SECURITY NO._____ ALIEN REGISTRATION NO._____

ADMISSION NUMBER_____ if applicable, (this is an 11-digit number found on INS Form I-94, Departure Record)

NATIONALITY_____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth)

SAVE VERIFICATION NO._____
(To be entered by owner if and when received)

I, _____, hereby declare under penalty of perjury, that I am (check one only)

1. _____ I am by birth, a naturalized citizen or a national of the United States; or
   _____ I have eligible immigration status and I am 62 years of age or older. Attach Evidence of proof of age.

PLEASE COMPLETE BACK OF FORM IF THIS SECTION IS USED

2. _____ I have eligible immigration status as checked below. Attach INS document(s) Providing eligible immigration status and signed verification consent form.
   _____ Immigration status under 101(a)(15) or 101(a)(20) of the Immigration And Nationality Act (INA); or
   _____ Permanent residence under 249 of INA; or
   _____ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA; or
   _____ Parole status under 212(d)(5) of the INA; or
   _____ Threat of life or freedom under 243(h) of the INA; or
   _____ Amnesty under 245A of the INA

3. _____ No contending eligible immigration status and I understand that I am not eligible For financial assistance

Signature_____ Date_____

Check if adult signed for child_____

Note: If you or any family member does not meet any of the above stated, you must contact the Naugatuck Housing Authority immediately for additional paperwork which must be completed.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date)	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)
Naugatuck Housing Authority 16 Ida Street Naugatuck, CT 06770 B.Bakstis (203)729-8214	

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.