

***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**

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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. Once you are approved, you will be notified in writing.
2. All applicants are subject to the same screening criteria. The approval or disapproval of your application will be based on the results of the following.
  - All Household Income
  - Landlord Verification, Credit and Criminal History for the last Five Years
  - Please make sure to bring applicable documents when you return your application (see-attached checklist).
3. 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.

Please note, if your application is approved, you will be required to attend an “Orientation Meeting” prior to move into unit.

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**. You 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,  
Maritza Valentin  
Public Housing Manager  
[mvalentin@naugatuckhousing.org](mailto:mvalentin@naugatuckhousing.org)

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

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PARA UNA TRADUCCION LLAME A LA OFICINA TELEFONO (203) 729-8214 X-14

Revised -6.20.19

**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 or 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).

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

Naugatuck Housing Authority  
16 Ida Street  
Naugatuck, CT

Receipt of pre-application does not constitute proper completion of the pre-application or a determination of eligibility for any Federal or State Housing Program. Applications are processed in the order that they are received and may take up to eight (8) weeks to process.

*If your application is fully completed and accepted you will receive a receipt in writing with time /date of receipt and placed on the waiting list. In the event your application is rejected, you will be notified immediately in writing and given an opportunity for an informal review hearing. You will be notified by mail and /or by phone when your name reaches the top of the list.*

**If you need help filling out this application please call Mike Mormile Housing Assistant at (203) 729-8214 x-110. 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**

Robert E. Hutt Congregate Housing is a 3-story building consisting of 36 Efficiency/studio apartments (including 4 handicapped).

- Eligible Income Limit - \$52,850 single person, \$60,400 for couples (Maximum Gross Income for eligibility)

**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 1 meal per day (served at noon), housekeeping and 24/7 Security Guard. Eligible applicants must be sixty- two (62) years old or older and have temporary or periodic difficulties with one or more essential activities of daily living—such as bathing, feeding, difficulty walking or using hands, etc.)

These apartments 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 after moving in.

**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.

There are guidelines and income restrictions for applicants and tenants. We rely on friends and family for support and cooperation.

**Our Mission Statement**

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, Marion Canfield at (203) 723-7125 or Property Manager, Maritza Valentin at (203)729-8214 x112 for information on the many programs available to ensure continued safety and wellness.

## **State Congregate Description:**

The Connecticut Housing Finance Authority (CHFA) and the Department of Economic and Community Development (DECD) jointly administer the Congregate Housing for the Elderly program. Congregate Housing offers frail elders housing and supportive services to frail elders, age 62 or older. Residents have apartments that include a private kitchen and private bath. All units are equipped with emergency call systems, and all communities have a resident services coordinator to help residents arrange for community-based services, as they are needed. Rents are based on income and subsidized by the Rental Assistance Program administered by DECD.

Residents must have temporary or periodic difficulties with one or more activities of daily living. At a minimum these communities provide one main meal in a communal setting, light housekeeping and 24-hour security.

***The Robert E. Hutt, This Congregate Housing Complex is NOT an assisted living facility. No nursing or medication services are provided. If assistance is needed, tenants must obtain health aide or homemakers with private agencies. Resident Service Coordinator may be of assistance with referrals.***

**ROBERT E. HUTT, CONGREGATE BUILDING CONTAINS A WORKING SPRINKLER SYSTEM IN EACH UNIT AND THROUGHOUT THE BUILDING. THIS SYSTEM IS INSPECTED QUARTERLY BY SYMPLEXGRINNELL COMPANY.**

Effective as of October 1<sup>st</sup>, 2015 the new Connecticut law (Section 57 of bill 1502) will require disclosure of operative fire sprinkler systems with any residential lease.

**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 wheelchair accessibility? \_\_\_ 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 address during the past five (5) years: Applicant MUST provide name and address of all landlords.**

Previous 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 rented? \_\_\_ 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 2<sup>nd</sup> 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 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)
(2 <sup>nd</sup> 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: \_\_\_\_\_

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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: \_\_\_\_\_  

	<b>Name</b>	<b>Address</b>	<b>Phone #</b>
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I am an Honorably Discharged Veteran: Date of Service \_\_\_\_\_

## Emergency Contact Information Form

**This information will be extremely important in the event of an accident or medical emergency.**

**Please be sure to sign and date this form**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Emergency Contact Name: \_\_\_\_\_ (if P.O.A. submit forms)  
Last First

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_  
Last First

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

### Insurance Information:

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

*Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_