

MARGOT H. WORMSER CONGREGATE HOUSING
28 VINE ROAD
STAMFORD, CT 06905
(203) 977-1400 ext. 5600

Thank you for completing a pre-application for Wormser Congregate Senior Housing. Attached to this letter are an application and forms required for the application process.

This is not a **guarantee** that there will be an apartment immediately available for you. Your application will be placed on our waiting list, and you will be contacted for further application processing when an apartment becomes available or when your information requires updating.

Please return the following with your completed application:

- When completing the application, please be sure to provide the name and contact information of your sponsor: the sponsor is the person or persons who will assist you with the application process and who we can contact for matters related to your application and residency at Wormser Congregate.
- Documentation of income for the current year, whichever apply:
 - Benefit Award Letter for Social Security income
 - Benefit Award Letter for Pension income
 - Documentation of any other source (i.e. paystubs)
 - Last six (6) months checking account statement for all banks
 - Current savings, investment, and/or life insurance policy statements
 - 1099 tax form for the previous year for income from assets
- Documentation of any out-of-pocket medical expenses for the previous or current year:
 - Print-out of out-of-pocket prescription expenses from a pharmacy or receipts
 - Monthly statement for health insurance coverage costs
- A copy of your Social Security card
- A copy of your birth certificate
- A completed Police Record Release Waiver form (enclosed)
- A completed Credit History Authorization form (enclosed)

Your application may be mailed to the address below, or you may return it in person to the Wormser management office also at the address below:

28 Vine Road
Stamford, CT 06901

Your completed application will be placed on our waiting list. When a suitable unit is available, we will contact you to begin the applicant screening process which will include a tour of the available apartment, review of income and asset documentation and obtaining a credit history report and criminal background investigation report.

If you have any questions regarding this process, please feel free to contact us at the phone number given below.

Sincerely,

Wanda Vines
Property Manager

Priscila Hurtado
Assistant Property Manager

Marya Jackson
Property Administrator

**MARGOT H. WORMSER
CONGREGATE HOUSING FACILITY
28 VINE ROAD
STAMFORD, CONNECTICUT 06905**

The Margot H. Wormser Congregate Housing Facility has 41 efficiency apartments, four of which are handicapped accessible.

Each apartment has a 10'x11' living area, a fully-equipped kitchenette and a 10' x 11' bedroom. The building features 24-hour attendants and is locked for security purposes. Each resident has an electronic key fob which allows him or her entry into the building. Visitors are provided entry through an intercom system. **NO security deposit is required.**

ELIGIBILITY CRITERIA:

- 62 years of age or older
- Maximum gross income of cannot exceed 80% of the Area Median Income.
- Able to use toilet facilities without assistance
- Mentally alert and able to communicate needs
- Able to get to dining room independently and feed oneself
- Able to manage medications with minimal assistance

RENT INCLUDES

- Heat
- Hot water
- Electricity
- Fire, smoke and medical alert systems
- A coin-operated washer and dryer on each floor
- **NOTE: there is a charge for air conditioning during the warmer months**

CONGREGATE SERVICES INCLUDE

- A luncheon meal each day, served in the common dining room
- Weekly light housekeeping services
- 24 hour emergency coverage

Medical, nursing, aid or homemaker services and monitoring of medications are not included.

**APPLICATION FOR MARGOT H. WORMSER CONGREGATE SENIOR HOUSING
28 VINE ROAD, STAMFORD, CONNECTICUT 06905
(203) 977-1400 ext. 3161**

	Last Name	First Name	Middle Initial	Relationship to Head of Household
Household Member #1				HEAD OF HOUSEHOLD
Household Member #2				

Present Address

Street _____ Apt# _____

City _____ State _____ Zip Code _____

TELEPHONE NUMBER - Home _____

TELEPHONE NUMBER - Cell _____

EMAIL ADDRESS _____

DATE OF APPLICATION _____

•Are you now residing in or have you ever resided in the City of Stamford? Yes No

- If yes, please give total number of years you lived in the City of Stamford _____
- Does any household member need special accommodations such as a walk-in shower or an apartment on the first floor? If yes, please specify:

Sponsor Information

The person or persons who will assist you with the application process and who we can contact for matters related to your application and residency at Wormser Congregate Senior Housing.

Sponsor
Name _____
Relationship to Applicant(s) _____
Address _____ _____
Telephone – Home _____
Telephone – Cell _____
Email Address _____

Sponsor
Name _____
Relationship to Applicant(s) _____
Address _____ _____
Telephone – Home _____
Telephone – Cell _____
Email Address _____

Identification

	Name	Social Security Number Copy of Social Security Card Required	Date of Birth Copy of Birth Certificate or Passport Required
Household Member #1			
Household Member #2			

Current Housing Conditions

Information is needed on your current housing conditions and living arrangements in order to determine whether you qualify for a priority.

Is your cost or rent or mortgage, including utilities, more than 30% of your income? Yes ___ No ___	Are the cooking facilities adequate? Yes ___ No ___	Living alone? Yes ___ No ___
Do you live on a floor above the second level with no elevator? Yes ___ No ___	Living in own home or condominium? Yes ___ No ___	Sharing a room with a person other than spouse? Yes ___ No ___
Does your living space have code violations or is the building condemned? Yes ___ No ___	Living in rented home/apartment? Yes ___ No ___	Currently a legal resident of a unit owned or managed by the Stamford Housing Authority? Yes ___ No ___
Is the living space adequate? Yes ___ No ___	House or apartment has less than 2 rooms or more than 5 rooms? Yes ___ No ___	
Is the heat adequate? Yes ___ No ___	Living with relatives other than spouse? Yes ___ No ___	
Is the plumbing adequate? Yes ___ No ___	Living with unrelated persons(s)? Yes ___ No ___	

TOTAL INCOME AND SOURCE OF INCOME FOR THE PREVIOUS YEAR

For every item listed, there must be documentation such as form 1099s or letters from social security, income tax returns are helpful, but do not satisfy the requirements for applications. To the extent possible, the documentation should show a complete 12 months of income for the previous calendar year.

INCOME Household Member #1 Head of Household	INCOME Household Member #2
<u>Gross Social Security</u> (Include Medicare and Part D Deductions) \$_____ per _____	<u>Gross Social Security</u> (Include Medicare and Part D Deductions) \$_____ per _____
<u>Social Security Disability or SSI</u> \$_____ per _____	<u>Social Security Disability or SSI</u> \$_____ per _____
<u>Pension</u> \$_____ per _____	<u>Pension</u> \$_____ per _____
<u>Survivor's or Life Insurance Payments</u> \$_____ per _____	<u>Survivor's or Life Insurance Payments</u> \$_____ per _____
<u>Interest from Checking Accounts, CD's, etc.</u> \$_____ per _____	<u>Interest from Checking Accounts, CD's, etc.</u> \$_____ per _____
<u>Dividends from Stocks, Mutual Funds, Bonds</u> \$_____ per _____	<u>Dividends from Stocks, Mutual Funds, Bonds</u> \$_____ per _____
<u>Employment Wages</u> \$_____ per _____	<u>Employment Wages</u> \$_____ per _____
<u>Other Income</u> \$_____ per _____ Description of Other Income:	<u>Other Income</u> \$_____ per _____ Description of Other Income:
\$_____ per _____ Description of Other Income	\$_____ per _____ Description of Other Income

OUT-OF-POCKET MEDICAL EXPENSES

Applicants may receive deductions from income for out-of-pocket medical expenses for the previous calendar year. Written documentation is required to verify expenses: receipts, pharmacy print-outs of payments, insurance policy documents and invoices, etc.

Household Member #1 Head of Household	Household Member #2
Medicare Insurance Premium Payments \$ _____	Medicare Insurance Premium Payments \$ _____
Medicare Part D \$ _____	Medicare Part D \$ _____
Other Medical Insurance Premium Payments \$ _____	Other Medical Insurance Premium Payments \$ _____
Co-Payments on Prescription Drugs \$ _____	Co-Payments on Prescription Drugs \$ _____
Medical or Hospital bills past due \$ _____	Medical or Hospital bills past due \$ _____

LIABILITIES

Monthly payments and balances owed on outstanding credit and other financial obligations.

Household Member #1 Head of Household	Household Member #2
Court-Ordered Alimony Payments \$ _____ Per _____	Court-Ordered Alimony Payments \$ _____ Per _____
Balance Owed on Credit Accounts \$ _____	Balance Owed on Credit Accounts \$ _____
Balance Owed on Loans and Personal Notes \$ _____	Balance Owed on Loans and Personal Notes \$ _____
Mortgage Principal Outstanding \$ _____	Mortgage Principal Outstanding \$ _____
Other Balances Due \$ _____	Other Balances Due \$ _____

ASSETS

Household Member #1 Head of Household			
Type of Account	1	2	3
	Financial Institution Name & Account Balance	Financial Institution Name & Account Balance	Financial Institution Name & Account Balance
Checking Account			
Savings Account			
CD, Money Market			
IRA, Retirement Acct			
Brokerage Acct			
Loans & Mortgages			
Other			
<p>Do you own home or condominium? _____</p> <p>If yes, please state current market value _____</p> <p>What do you plan to do with this residence if you move to congregate housing?</p>			

Household Member #2			
Type of Account	1	2	3
	Financial Institution Name & Account Balance	Financial Institution Name & Account Balance	Financial Institution Name & Account Balance
Checking Account			
Savings Account			
CD, Money Market			
IRA, Retirement Acct			
Brokerage Acct			
Loans & Mortgages			
Other			
<p>Do you own home or condominium? _____</p> <p>If yes, please state current market value _____</p> <p>What do you plan to do with this residence if you move to congregate housing?</p>			

DOCUMENTATION REQUIRED FOR VERIFICATIONIncome

Social Security	Current Year Social Security Benefit Award letter or TPQY
Social Security Disability Or SSI	Current Year Social Security Disability or/SSI Benefit Award letter or TPQY
Pension	Current benefit award letter from pension provider that shows total pension gross benefit received.
Employment Wages	Last six 6 consecutive paystubs and W-2 forms. Note: we may not use tax returns to verify employment income.
Retirement Account Distributions	Current statement and previous year's 1099 form or end-of-year statement that shows total distributions received in the previous year.
Annuity Payments	Current statement and previous year's 1099 form or end-of-year statement that shows total distributions received in the previous year.
Investment Dividends	Current statement and previous year's 1099 form or end-of-year statement that shows total distributions received in the previous year.

Assets

Checking Accounts	Last six (6) months statements for all banks
Savings Accounts	Current month savings statement
Brokerage Accounts	Current month/quarter statement and previous year 1099 form
Loans and Mortgages	Most recent monthly statement
Real Estate	Appraisal or real estate broker's written opinion as to fair market value

Out-of-Pocket Medical Expenses

- Payment receipts from the previous year for any out-of-pocket medical expense not reimbursed by insurance:
- Pharmacy print-outs of payments made in the previous year.
- Insurance policy documents and invoices from the previous year.

APPLICANT QUESTIONNAIRE FOR CONGREGATE HOUSING

Name _____ Date _____

Please circle the word or phrase which best answers each question. In some instances, you will be asked to give a short answer to a question. Please be as specific as possible.

What is your current living arrangement? .

- A. In my own home or apartment
- B. With another family in my home
- C. With another family in their home

Is your overall health at the present time

- A. Excellent
- B. Good
- C. Fair
- D. Poor

How much do your health troubles stand in the way of your doing the things you want to do?

- A. Not at all
- B. A little (some) in some cases (If some, explain below in which case)
- C. A great-deal

How often do you see a doctor?

- A. Monthly
- B. About once a year
- C. Rarely

What are your primary medical problems?

What prescription medicine do you take regularly or occasionally?

How do you take your medications?

- A. Without any assistance
- B. When a nurse comes to see you

APPLICANT QUESTIONNAIRE FOR CONGREGATE HOUSING

Does a home health aide come to see you?

- A. Daily
- B. Once or twice a week

Have you been in a medical facility during the past 6 months?

If so, how long and why?

Do you cook and eat your own meals?

- A. Usually
- B. Sometimes
- C. I use Meals-on-Wheels or another service

How do you get around town?

- A. Without help
- B. I use the bus or have friends take me.
- C. I rarely leave the house

Can you shower, dress and comb your hair?

- A. Without help
- B. With some help buttoning, shaving (for men)
- C. Have an aide to shower me and help me dress

Are you able to walk?

- A. Without help
- B. With a cane or walker
- C. Unable to walk, but use a wheelchair or scooter, by myself

Do you have friends and enjoy talking with them

- A. Always
- B. Have only a few friends with whom I converse
- C. I prefer to be alone

Do you need special accommodations in the apartment such as handicapped access or a first floor unit? Yes _____ No _____

If yes, please specify accommodation required:

STAMFORD HOUSING AUTHORITY

d/b/a

CHARTER OAK COMMUNITIES

22 CLINTON AVENUE

STAMFORD, CONNECTICUT 06901

(203) 977-1400

For office use only:

Appl.# _____

Program _____

Sent Out _____

POLICE RECORD RELEASE WAIVER

DO NOT BRING THIS FORM TO ANY POLICE DEPARTMENT.

PLEASE RETURN THIS FORM TO CHARTER OAK COMMUNITIES ONLY

PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY

LAST NAME: _____ MAIDEN NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT STREET ADDRESS: _____

_____ CITY STATE ZIP HOW LONG? _____

CURRENT PHONE NUMBERS _____

CHECK BOX BELOW AND LIST INFORMATION ON THE OTHER SIDE IF APPLICABLE:

- KNOWN BY ANY OTHER NAME. IF SO, SEE OTHER SIDE
- ARRESTED IN A CITY OR STATE NOT LISTED ON THIS FORM? (OVER)
- IF YOU DID NOT LIVE AT YOUR PRESENT ADDRESS FOR 10 YEARS, PLEASE LIST ADDITIONAL ADDRESSES ON OTHER SIDE

DO YOU NEED TO ENTER ANY INFORMATION ON THE OTHER SIDE?

I HEREBY AUTHORIZE THE RELEASE OF ANY ARREST AND CONVICTION RECORDS THAT MAY EXIST WITH ANY POLICE DEPARTMENT.

I ATTEST THAT I HAVE NOT BEEN ARRESTED IN ANY CITY THAT IS NOT LISTED ON THIS FORM. I ATTEST THAT I HAVE DISCLOSED ALL ADDRESS INFORMATION ON THIS FORM. I AM AWARE THAT MISLEADING INFORMATION IN THIS FORM MAY LEAD TO DENIAL OF MY APPLICATION.

SIGNATURE _____ DATE _____

FOR POLICE DEPARTMENT USE ONLY:

CHECKED BY: _____ DATE CHECKED: _____

CRIMINAL RECORD: () ()
YES NO

OTHER NAMES IF APPLICABLE:

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

PREVIOUS ARREST HISTORY IN OTHER CITIES OR STATES

DATE: _____

CITY STATE

DATE: _____

CITY STATE

DATE: _____

CITY STATE

DATE: _____

CITY STATE

DATE: _____

CITY STATE

PREVIOUS ADDRESSES

PREVIOUS ADDRESS: _____
STREET

CITY STATE ZIP HOW LONG? _____

PREVIOUS ADDRESS: _____
STREET

CITY STATE ZIP HOW LONG? _____

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STREET

CITY STATE ZIP HOW LONG? _____

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SIGNATURE _____ DATE _____

FOR POLICE DEPARTMENT USE ONLY:

CHECKED BY: _____ DATE CHECKED: _____

CRIMINAL RECORD: () ()
YES NO

OTHER NAMES IF APPLICABLE:

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

PREVIOUS ARREST HISTORY IN OTHER CITIES OR STATES

DATE: _____

CITY STATE

DATE: _____

CITY STATE

DATE: _____

CITY STATE

DATE: _____

CITY STATE

DATE: _____

CITY STATE

PREVIOUS ADDRESSES

PREVIOUS ADDRESS: _____
STREET

CITY STATE ZIP HOW LONG? _____

PREVIOUS ADDRESS: _____
STREET

CITY STATE ZIP HOW LONG? _____

PREVIOUS ADDRESS: _____
STREET

CITY STATE ZIP HOW LONG? _____

**Stamford Housing Authority
d/b/a Charter Oak Communities
22 Clinton Avenue
Stamford, CT 06901**

Credit History Authorization

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize **Charter Oak Communities** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated **for the purpose of qualifying for housing.**

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to **Charter Oak Communities** or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date

**Stamford Housing Authority
d/b/a Charter Oak Communities
22 Clinton Avenue
Stamford, CT 06901**

Credit History Authorization

Please Print Clearly

1. Name (Full) _____
2. Maiden Last Name _____
3. List Any Former Names Used _____
4. Social Security Number ____ - ____ - _____
7. Date of Birth _____ - _____ - _____
8. Telephone Number _____
9. Current Street Address

City _____, State _____ Zip _____
11. Driver's License Number _____ State Issued _____
12. Name on Driver's License _____

By signing below, you are certifying that the above information is true and correct.

Signature

Date

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d/b/a Charter Oak Communities
22 Clinton Avenue
Stamford, CT 06901**

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I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to **Charter Oak Communities** or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

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22 Clinton Avenue
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9. Current Street Address

City _____, State _____ Zip _____
11. Driver's License Number _____ State Issued _____
12. Name on Driver's License _____

By signing below, you are certifying that the above information is true and correct.

Signature

Date