

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

This program, funded by the State of Connecticut, Dept of Economic & Community Development in cooperation with the Town of Ridgefield, is designed to aid elderly persons to obtain adequate housing. Basic requirements for entry into the program are as follows:

- 1) Applicant must be sixty-two years of age or older.
- 2) Income limits: \$40,600 per single person per year.
\$46,400 per two persons per year.

Additionally, this program will provide housing for persons defined by Social Security Administration as being permanently and totally disabled.

Please fill in the enclosed application form as accurately as possible. Most of the questions are fairly clear. Please be assured that all information is confidential and will not be disclosed.

The following explanations may assist you in completing the form:

Income and Sources: Please report your income based on the calendar year of **January 1, 2007 through December 31, 2007**

Assets and Liabilities: If specific information about the value of your home or property is lacking, use the best available estimate of the market value. A tax bill showing the assessed value would be a possible source or a professional real estate appraisal.

Monthly Rent: When the monthly electric, gas and heating fuel costs are not included in the rent, take the total of each for a year and divide it by twelve to obtain an average amount per month. Submit a copy of your monthly utilities check.

Housing Costs: Use the same method for determining your average monthly costs as suggested above. Submit a copy of your monthly rent or mortgage check.

Medical Expenses: Include only those medical expenses for which you were not reimbursed.

Other Income: Regular contributions or gifts received from persons or organizations.

Regulations received from the Dept. of Economic & Community Development require all applicants to submit proper documentation to support income and expenses.

Some examples of accepted documents are as follows:

Social Security: A photo copy of the check you received, a 1099 statement from Social Security, or a copy of a bank statement indicating the deposit of the monthly check.

Wages or Pensions: A copy of a W2 Form or checks received by you, a signed statement from your employers, or a copy of the bank statement which indicates your deposits.

Interest Income: A photo copy of all savings accounts which will give the balance to date, or Form 1099 for the year 2007 from each bank where interest is earned.

Medical Expenses: A photo copy of all medical insurance bills, doctors, hospital and pharmacy bills paid during the past year. Submit a prescription print-out from your pharmacy. Only documented expenses will be considered. Also needed is the amount of reimbursement, if any you receive from an insurance company or Medicare.

Once you have completed your application and have gathered the necessary information to verify all income and medical expenses, please forward this material to the Housing Authority office.

