

CONGREGATE HOUSING

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

This program, funded by the State of Connecticut, Department of Economic and Community Development and the Connecticut Housing Finance Authority in cooperation with the town of Ridgefield Housing Authority is designed to aid frail 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.

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: Please report your income based on the calendar year January 1, 2007 through December 31, 2007.

Assets and Liabilities: Please furnish a market evaluation of your home or a copy of your property tax assessment.

Housing Costs: Include a copy of your lease, a rent bill, monthly mortgage payment, etc. When 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.

Medical: Please include only those medical expenses for which you were not reimbursed, including premiums for health insurance. Also, Authorization for Medical and Hospital Record form must be completed in full before application is reviewed.

Police Record Search: Please complete the top portion of the Police Record Search form and return it with your application.

Department of Economic and Community Development regulations require all applicants to submit proper documentation to support income and expenses.

Some examples of accepted documents are as follows:

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| Social Security: | A copy of the statement giving your benefits for 2007, a copy of a bank statement indicating the deposit of the monthly check or a photocopy of the checks you received. |
| Wages or Pension: | A W2 for 2007, a copy of your income tax return, or a copy of four consecutive pay checks or stubs. |
| Interest Income: | Form 1099 for 2007 for all savings accounts, checking accounts, investments, etc. |
| Medical Expenses: | A photocopy of all medical insurance bills, doctors', hospital and pharmacy bills paid during 2007. Only documented expenses will be considered. (include the statements form Medicare showing the benefits) |

Make sure that all documentation required is with your application.