



HOUSING AUTHORITY OF THE TOWN OF SIMSBURY
1600 HOPMEADOW STREET
SIMSBURY, CONNECTICUT 06070

DR. OWEN L. MURPHY APARTMENTS
AFFIDAVIT

Housing Authority of the Town of Simsbury
1600 Hopmeadow Street
Simsbury, CT 06070

To whom it may concern:

I have reviewed the attached application for housing and the statements contained therein are true and complete to the best of my knowledge and belief.

Signature of person familiar with affairs of applicant--
Cannot be applicant or spouse

Applicant's Name: _____

Date: _____

Volume II, Chapter 128, Sec. 8-11a of the General Statutes of Connecticut, part (4):

"Any person who makes a false statement concerning the income of the elderly person for whom application for admission to a project under this part is made may be fined no more than five hundred dollars (\$500) or imprisoned not more than six (6) months, or both."



"The Housing Authority of the Town of Simsbury is dedicated to providing affordable, safe, decent, sanitary and drug free housing for its residents."





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INSTRUCTIONS FOR COMPLETING APPLICATION FORM
DR. OWEN L. MURPHY APARTMENTS

The State Elderly Housing Program is designed to aid elderly persons to obtain adequate housing. An elderly person is defined by law as a person aged sixty-two or over; or a person certified as being totally disabled under the Federal Social Security Act, who lacks the amount of income necessary to enable him/her to live in decent, safe and sanitary dwellings without financial assistance.

Be sure to report information accurately because it will help to decide who is eligible. Most of the questions are fairly clear. However, you should read the following explanation of certain questions.

ALL INFORMATION IS CONFIDENTIAL AND WILL NOT BE DISCLOSED

Income and Source

Report all income whether on a yearly, monthly or weekly basis so that it shows what you are receiving now. Be sure to include interest on savings accounts and dividends from investments.

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. Assessed valuation is a possible source.

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.

Housing Costs

Please use the same method for determining your average monthly costs as suggested in the question above.

Living Arrangements

Please be sure to report, in the space provided, if your living quarters have been condemned for occupancy or if you are being evicted.



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Statement of Health

The attached form, **to be completed and signed by your physician**, is necessary. Needed is a general statement of your health, including any disabilities and limitations you may have. The statement must include the date of last office visit and the visit must have occurred within the past year. If you are a couple, a separate statement is required for each of you.

If you filed any tax return for the year previous to the application year, please attach a copy. Additional verification of income and medical expense may be required upon review of your application.

The accompanying Affidavit is to be completed by someone other than the applicant, familiar with the applicant's financial affairs. If the application is for a couple, the spouse's signature is not acceptable. The form does not have to be notarized.

The Applicant/Tenant Information Release Statement is a release for the Housing Authority of the Town of Simsbury to obtain personal, financial and medical information, and is required. It must be notarized in order to be accepted.

Those applicants whose applications indicate they may fall within the acceptable criteria will be invited to the housing office for an interview. Further assessment of the applicant will be made at the time of the interview. The applicant's responses will provide valuable insight into his/her ability to adapt to the elderly housing environment. At that time policies of the elderly housing complex may also be discussed such as leasing arrangements and Tenant Qualification Policy.

Applicants will be notified by mail of the disposition of their application.

If you need assistance in completing this application form, you may call us with questions at (860) 658-1147, or make an appointment at the Authority Office at the address given below between 9:00 AM and 3:00 PM, Monday through Friday. Applicants will not be seen without an appointment.

Mail or deliver the completed application to:

Housing Authority of the Town of Simsbury
1600 Hopmeadow Street
Simsbury, CT 06070

DR. OWEN L. MURPHY APARTMENTS
APPLICATION

Name of Applicant _____

Address _____

Telephone Number _____ Social Security # _____

Date of Birth _____ Place of Birth _____

How long have you/your family lived in Connecticut? _____

SPONSOR (Family member or person responsible for the applicant) (Must have a Sponsor)

Name _____

Address _____

Telephone Number _____ Relationship _____

How many people would be living in the apartment you are applying for? _____

SOURCE OF INCOME

Social Security \$ _____ per _____

Disability \$ _____ per _____

Pension \$ _____ per _____

Dept. of Income Maintenance \$ _____ per _____

Interest & Dividends \$ _____ per _____

Annuities \$ _____ per _____

Other Income \$ _____ per _____

Total Annual Income \$ _____

ASSETS (Net Worth)

Stocks _____ Amount _____

Bonds _____ Amount _____

Bank Accounts _____ Amount _____

_____ Amount _____

Home (Market Value) _____ Amount _____

Other Property (Market Value) _____ Amount _____

Other _____ Amount _____

Outstanding Debt _____ Amount _____

If you rent your home or apartment, check here _____ and complete a-c.

- a. Number of rooms (exclude bathroom) _____
- b. Location of unit in building (check one)
 - 1. First floor _____
 - 2. Up and down _____
 - 3. Second floor _____
 - 4. Above second floor _____
- c. Monthly rent to nearest dollar _____
 - 1. Monthly electric bill to nearest dollar if not included in rent \$ _____
 - 2. Monthly gas bill if not included in rent \$ _____

If you own your own home check here _____ and complete a-c.

- a. Number of rooms (exclude bathrooms) _____
- b. Type of home (check one)
 - 1. Rooms all on one floor _____
 - 2. Rooms up and down _____
 - 3. Rooms all on second floor _____
 - 4. Rooms all above second floor _____
- c. Housing costs
 - 1. Taxes (average monthly) \$ _____
 - 2. Monthly mortgage payment \$ _____
 - 3. Insurance (average monthly) \$ _____
 - 4. Electricity (average monthly) \$ _____
 - 5. Gas (average monthly) \$ _____
 - 6. Heating fuel (average monthly) \$ _____

Living arrangements (check only items that apply to you)

- a. With another family Yes _____ No _____
If yes, with whom? _____
- b. Living alone Yes _____ No _____
- c. Home condemned for occupancy or being evicted Yes _____ No _____
If being evicted, give reason _____
- d. Is present home generally satisfactory Yes _____ No _____
If not, explain _____
- e. Do you own, rent or have living quarters other than already stated? Yes _____ No _____
If yes, where? _____

Plumbing facilities (check items that apply to your present home or apartment)

- a. Flush toilet and bath in unit Yes _____ No _____
- b. Hot and cold running water in unit Yes _____ No _____
- c. Cold water only in unit Yes _____ No _____

Cooking facilities (check items that apply to your present home or apartment)

- a. Stove in unit Yes _____ No _____
- b. Refrigerator in unit Yes _____ No _____

Heating facilities (check items that apply to your present home or apartment)

- a. Furnace - Oil or Gas _____
- b. Furnace - Coal or Wood _____
- c. Space heaters - Oil, Coal or Wood _____

DATE _____ SIGNATURE OF APPLICANT _____

DATE _____ SIGNATURE OF SPOUSE (If applicable) _____

DATE _____ SIGNATURE OF PERSON WILLING TO ACCEPT RESPONSIBILITY FOR
APPLICANT(S) IN CASE OF EMERGENCY _____



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LANDLORD REFERENCES

Applicant's Name

Date

If current address is less than three years, you must provide previous Landlord information.

1) Current Address: _____

Current Landlord Name: _____

Address: _____

Phone No.: _____

2) Previous Address: _____

Landlord Name: _____

Address: _____

Phone No.: _____

3) Previous Address: _____

Landlord Name: _____

Address: _____

Phone No.: _____

4) Previous Address: _____

Landlord Name: _____

Address: _____

Phone No.: _____



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PHYSICIAN STATEMENT

Client's Name _____

The above named person is applying for residence in a housing complex designed for frail elderly persons. It is important that each resident be able to maintain him/herself in an independent manner without endangering either him/herself or others, in order to benefit from our facility's supportive services. It is equally important that each resident be emotionally stable, suited and capable of close community living, since the welfare and peace of mind of many other persons is involved. This information is **confidential**. Kindly complete and mail this form directly to the above address.

Patient's Name _____ Birthdate _____

Address _____

Height _____ Weight _____ Vision Impaired? _____ Hearing Impaired? _____

How? _____

Blood Pressure _____ Pulse _____

Is patient being treated for high blood pressure? _____

Do any abnormal conditions exist for the following?

Back _____ Breasts _____ Feet _____

Skin _____ Lungs _____ Heart _____

If yes, explain condition _____

Use of heart pacer? _____ Use of walking aid? _____ Use of oxygen? _____

Limitations/special precautions _____

Medication 1 _____ Condition _____

Medication 2 _____ Condition _____

Medication 3 _____ Condition _____

Drug Allergies _____

Continued on other side

Date of last illness _____ Date of last hospitalization _____

Any history of alcoholism? _____

Any history of emotional illness? _____

If patient is classified as disabled under ***Social Security Administration*** guidelines, please state nature of disability and date disability began. _____

Additional medical information _____

How long have you known patient? _____

Mental Status: Normal _____ Forgetful _____ Confused _____ Disoriented _____

Details _____

Disabling conditions _____

Nursing care or supervision required _____

Special therapy or treatment required _____

Special diet required _____

Additional information _____

Do you feel that this patient is capable of independent living? _____

Notes: _____

This is to certify that on (date) _____, the above named was given a physical examination by me and that a record of my findings is on file in my office.

Name _____

Address _____

Telephone _____ Medical License # _____

Signature _____ M.D.



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DR. OWEN L. MURPHY APARTMENTS
APPLICANT/TENANT INFORMATION RELEASE STATEMENT

I understand that the Housing Authority of the Town of Simsbury is required by Connecticut State Law to verify income and information relative to all applications for admission to the Elderly Housing Program and to re-examine annually the income of all residents.

I hereby authorize the Housing Authority of the Town of Simsbury to obtain and/or verify any information relative to my application, or re-examination for continued occupancy. I also give permission for the Housing Authority to obtain information concerning my financial obligations, landlord references, or medical expenses. I also authorize the Housing Authority to conduct credit and criminal background checks.

I authorize permission for the release of information regarding character references and medical history, including disability, frequency and duration of treatment, and information required to establish evidence of rehabilitation or my ability to independently maintain my apartment.

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 Housing Authority of the Town of Simsbury and will stay in effect until terminated in writing by the undersigned.

SIGNATURE_____

WITNESS_____

DATE_____

Affirmed and sworn to before me this _____ day of _____, 20_____

NOTARY PUBLIC



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