Brookfield Housing Authority

3 Brooks Quarry Road
Brookfield, CT 06804
Tel.: 203 775-1403 Fax (203) 740-8714

Brooks Quarry is an **INDEPENDENT LIVING** thirty-five unit housing complex for **ELDERLY** and **DISABLED** individuals. The facility is nestled on 16 acres near the Four Corners in Brookfield. The Brookfield Housing Authority manages the facility under the guidance of the Connecticut Housing Finance Authority (CHFA).

Brooks Quarry is funded by rental income and does not receive any **funding from town, state or federal government.** There are nine buildings with a total of twenty-seven efficiency apartments, four one bedroom apartments and four one bedroom handicapped accessible apartments which are all **Smoke Free.**

There is a community building with a kitchenette, where the tenants can socialize and entertain their guests. Mail is picked up by each individual in the community building. There are two coin operated washers and three coin operated dryers in the community building for use by the tenants. Brooks Quarry is served by SweetHART bus service and HART Route 7 scheduled bus service.

The minimum requested affordable yearly income is $22,640 (efficiency) and $24,240 (1 bedroom).

MINIMUM AGE: Applicant(s) must be sixty-two (62) years of age. Disabled applicant(s) (according to the Federal Social Security Act) are accepted without an age restriction. Each tenant must be able to carry out basic life skills activities without assistance.

MAXIMUM ADJUSTED GROSS INCOME:

(Jan, 2014) One Person: **$49, 600** **Two People**: **$56,650**
All income is to be considered. Income sources include: Social Security Benefits, pension income, interest on bank accounts, dividends from stock, wages, rents, and alimony.

WAITING LIST PROCEDURE

Brooks Quarry will verify all applications received for eligibility/completeness and stored until the application period is closed. Those meeting all requirements will be selected via lottery.

The applications will be prioritize on the waiting list using a lottery, pulled in random order by a member of a civic service organization in the Town of Brookfield after the period is closed. The office will notify the applicant by US mail once the lottery has been completed and if it has been chosen.

Upon notification of a vacancy, the office will begin contacting people in the order selected. If an applicant declines the offer of a unit, their name will be skipped and the next applicant will be notified. If the applicant whose name was skipped is called again and declines, their name will be moved to the bottom of the list. If an applicant declines a third time once their name comes to the top of the list, their name will be removed from the waiting list. The applicant may reapply after a waiting period of not less than twelve (12) months from the date their name was removed from the list.

Rent for new applications (as of November 12, 2013) is $400 (for an Efficiency) and $460 (for a one bedroom) or 30% of the applicant(s) adjusted income, **whichever is GREATER**.

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INSTRUCTIONS FOR COMPLETING HOUSING APPLICATION FORM

Income: Last year's **FEDERAL INCOME TAX RETURN must** be submitted along with the application. If you did not file a **FEDERAL INCOME TAX RETURN,** please fill out page 4 and know that a **FEDERAL INCOME TAX RETURN** is the Brookfield Housing Authority's document for determining rent every year. The forms **will be required**.

Medical Expenses: Please provide your previous year's medical expenses.

Elderly Housing Suitability Screening: Provide as much information as possible. It is important that information be given about your present living conditions.

Personal Care Sponsor: Please list an individual who will assume responsibility for you should the need arise.

Certified as Disabled: If you are certified as disabled, defined under the Federal Social Security Act, **documentation must be provided**

Please return or mail the completed form to the above address.

INCOMPLETE APPLICATIONS WILL BE REJECTED!!!!

If you have any questions, please phone the Brookfield Housing Authority office – (203) 775-1403.

Office Hours: Monday thru Thursday 9 am to 1 p.m.

Richard Groski, Executive Director
Gerry Hipp, Assistant Executive Director

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Name:

_____
Last First Middle

Present Address

_____
Street City State Zip Code

Phone: (_____) _____ Email address _____

How Long Have You Lived At This Address? Years _____ Months _____

Do you currently have a lease? _____YES _____NO Mortgage / Rent $ _____/Mo

If yes, what is the expiration date on your lease? _____

Are you prepared to move into Brooks Quarry with 30 days of notification? _____YES _____NO

Type of Unit applying

Efficiency _____

1 Bedroom _____

Do you need a unit that is handicapped accessible? _____

Social Security Disability Evidence _____

PERSONAL and INCOME INFORMATION

Household Members SELF	**Relation**	**Social Security Number**	**Sex**	**Age**	**Date of Birth**	**Occupation**

You are not required to provide this information but your cooperation completing this form would be appreciated.

GENDER: Female _____ Male _____

RACE/ETHNIC GROUP: American Indian or Alaska Native ___ Asian ___ Black or African American ___ Hispanic or Latino ___ Native Hawaiian or Other Pacific Islander ___ White___

VETERAN STATUS: Special Disabled ___ Vietnam Era ___ Other Protected ___ N/A _____

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	Annual Income
Employment	
Social Security	
Pension	
Interest	
Dividends	
Alimony	
Net Business Income	
Retirement, reverse mortgage, etc	
Total	

MEDICAL HOUSEHOLD EXPENSES:	
List your current year projected UNREIMBURSED **ANNUAL** household medical expenses	**ANNUAL** Expense
Medicare Insurance Premium	
Medigap Insurance Premium	
Prescription Drug Insurance Premium	
Long Term Care Insurance Premium	
Dental Insurance	
Visions Insurance	
Hospital out of pocket	
Doctor out of pocket	
Dental out of pocket	
Prescription Drug out of pocket	
Other expenses	

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ELDERLY HOUSING SUITABILITY SCREENING

Have you ever been evicted? ( ) YES ( ) NO

Are you currently under eviction? ( ) YES ( ) NO

If YES to either one, why? _____

If you currently rent please give us your:

Landlord's Name: _____

Landlord's Address: _____

Phone Number: _____Length of Tenancy: _____

Please give us your previous address(es) and your landlord references for the past five years (if applicable):

Landlord's Name: _____

Landlord's Address: _____

Phone Number: _____Length of Stay: _____

Address of Unit You Rented: _____Rent Paid $_____/Mo

Landlord's Name: _____

Landlord's Address: _____

Phone Number: _____Length of Stay: _____

Address of Unit You Rented: _____Rent Paid $_____/Mo

Landlord's Name: _____

Landlord's Address: _____

Phone Number: _____Length of Stay: _____

Address of Unit You Rented: _____Rent Paid $_____/Mo

USE ADDITIONAL SHEET, IF NECESSARY, TO LIST ALL PREVIOUS ADDRESSES AND LANDLORD INFORMATION OVER THE PAST FIVE YEARS. FAILURE TO PROPERLY COMPLETE THIS SECTION WILL RESULT IN REJECTION OF YOUR APPLICATION.

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Personal REFERENCES: *List three references*

Name	Address	Telephone

VEHICLES: 1 vehicle per person

OWNER	MAKE	MODEL	YEAR	COLOR	TAG #	STATE

PROGRAM INTEGRITY INFORMATION

Have you ever used a name other than the one you are using now? _____Yes _____No

If yes, what name? _____

Have you (and/or co applicant) ever been convicted of any felony crime? Yes ___ No ___

If yes, please explain _____

Have you or co-applicant been engaged in the use, sale, manufacture, or distribution of controlled substances? Yes _____No _____ If yes, who?
_____

When? _____ What? _____

Have you ever used a social security number other than the one you list above?
_____Yes _____No
If yes, what is the number? _____

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Personal Care Sponsor Statement

The Applicant has verified that his/her personal health condition is favorable for self maintenance and independent living.

In the event of illness or accident which on a continual short or long term basis prevents self care and maintenance in the apartment, the resident's family, relatives or friend as designated below shall assume responsibility for resident's care at the apartment residence and/or provision of care at another appropriate facility. During any prolonged absence designated family/friend will care for the apartment.

The Applicant further agrees that in case of an accident or sudden illness, the employees, and board members of the *Housing Authority*, and neighbors of the resident coming to his/her aide and/or those same people who might be assisting in the resident's care, will be held harmless of personal liability resulting from their good faith actions.

The Applicant also agrees that in the event of death or a permanent move to another residence, his/her family, relatives, or friend as designated will remove all personal belongings and vacate the apartment unit within ten days of the death, move, or release by Probate Court. The resident further understands that utilizing our garbage disposal bin is not an acceptable method of removal, unless coordinated with the Executive Director.

If at the time of death, relocation, or release by Probate Court, the Applicant has no close associates to assume this responsibility, permission is hereby granted to the *Housing Authority* to remove to storage, all such personal effects, and belongings at the end of the same (10) ten day period, under the administrative direction of the Probate Court, without liability damage, and to charge the Applicant's estate for these services.

I, understanding the importance of an active and caring friend, do hereby name:

_____ my designated sponsor

Signed by Applicant: _____

Signed by Designated Sponsor: _____

Address of Sponsor: _____

Telephone Number of Sponsor: _____

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WAITING LIST POLICY

Applicants are required to maintain an address where they can be contacted. At least once a year, a purge of the waiting list is made. If, during the course of purging the list or mailing information, items are returned undeliverable to the Brookfield Housing Authority, **THE APPLICANT WILL BE DROPPED FROM THE WAITING LIST.** Any applicant dropped may reapply during the next application solicitation period. In addition, if an applicant turns down an available apartment, their name will be skipped once; a second time, their name will be moved to the bottom of the list; a third time, the applicant will be removed from the list and the applicant will be unable to reapply for one full year.

SIGNATURES

I/we understand that the above information is being collected to determine my/our eligibility for housing. I/we authorize the Brookfield Housing Authority to verify all information provided on this application and to contact previous or current landlords and other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we understand that Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the U.S.

I/we certify that the above information is true and factual to the best of my/our knowledge and belief.

If it is deemed that untruthful statements were given on the application, the application will be denied.

I/we understand that if given the opportunity to move into a unit at Brooks Quarry, I/we will be expected to pay a minimum rent of $400 for an Efficiency or $460 for a 1Bedroom unit or 30% of adjusted income whichever is greater.

Applicant's Signature: _____ Date: _____

Co- Applicant Signature: _____ Date: _____