



Bishop Curtis Homes - Congregate

101 Simeon Road, Bethel, CT 06801

(p) 203-790-9744 • (f) 203-748-8274 • www.AugustanaCongregate.org

Bishop Curtis Homes - Congregate is an affordable housing facility for individuals 62 years of age or older. This 3 story building consists of 44 efficiency apartments. Each apartment is equipped with a refrigerator, stovetop, and an air conditioner sleeve. Residents provide their own air conditioner and pay a seasonal fee. All other utilities are included with rent. Bishop Curtis Homes - Congregate is a non-smoking facility.

Bishop Curtis Homes - Congregate is funded and monitored by the Connecticut Department of Housing. The Congregate program provides each resident with a daily meal served at noon in our dining room and light housekeeping on a weekly basis. The building is staffed 24 hours a day, 365 days a year. The site employs a superintendent who is responsible for the building, grounds, and internal maintenance of the apartments.

There is a laundry room on each floor with a handicap accessible washing machine conveniently located on the second floor. Each floor also has a handicap accessible bathroom with roll in showers, if needed. Trash rooms are on each floor for both garbage and recyclables.

There is staff onsite to assist residents in making connections to local, state, and federal programs and resources.

This community offers a variety of programs and activities such as bingo, crafts, exercise, monthly birthday celebrations, weekly shopping trips, and other seasonal and wellness activities.

For additional information, please call Property Manager Caroline Robinson at **203-790-9744** or e-mail [**Caroline.Robinson@diobpt.org**](mailto:Caroline.Robinson@diobpt.org).

Current Income Limits (2023):

1 Person: \$66,700

2 People: \$76,200

Please include copies of: Birth Certificate/Passport/REAL ID Verified Driver's License; Social Security Card; and photo ID; applications without these items will NOT be accepted. Please also include any Power of Attorney or Conservator paperwork.

For Office Use

Date Received:

BISHOP CURTIS HOMES – CONGREGATE

101 Simeon Road

Bethel, CT 06801

Phone: 203-790-9744 Fax: 203-748-8274 www.AugustanaCongregate.org

APPLICATION FOR HOUSING
For individuals age 62 or older ONLY

Applicant Name: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____ Monthly Rent: _____

List name, phone number, and e-mail (if available) of two relatives or friends who generally know how to contact you:

NAME: _____ NAME: _____

PHONE: _____ PHONE: _____

E-MAIL: _____ E-MAIL: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the Head.

Full Name	Birthdate	Age	Sex	SS#	United States Citizen? Yes/No
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1. _____

2. _____

Do you plan to have anyone living with you in the future who is not listed above?

☐ Yes ☐ No If yes, please explain: _____

Have you or has any member of your household ever been convicted of a crime?

☐ Yes ☐ No If yes, please explain: _____

Have you or has any member of your household ever been evicted from housing? ☐ Yes ☐ No

FOR STATISTICAL PURPOSES

Race of Head of Household: ☐ White ☐ Black ☐ Asian
Ethnicity of Head of Household: ☐ American Indian ☐ Do not wish to answer
☐ Hispanic ☐ Non-Hispanic
☐ Do not wish to answer

Are there any special accommodations that the household will require?

Do you have any temporary or periodic difficulty with at least one essential Activity of Daily Living (ADL), such as eating, bathing, dressing, transportation, etc.?

HOUSING STATUS

Provide the name, address, and phone number of all your landlords for the past seven (7) years.

Current Landlord: _____ Phone #: _____

Address: _____

Date Moved In: _____ Date Moved Out: _____

Previous Landlord: _____ Phone #: _____

Address: _____

Date Moved In: _____ Date Moved Out: _____

Previous Landlord: _____ Phone #: _____

Address: _____

Date Moved In: _____ Date Moved Out: _____

INCOME INFORMATION

Please answer each of the following questions. For each "yes" answer, provide the details in the chart below.

	Yes	No
1. Is any member of your household employed, full-time, part-time, or seasonally?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does any member of your household expect to work for any period during the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does any member of your household work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>

- | | | Yes | No |
|-----|--|--------------------------|--------------------------|
| 4. | Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Does any member of your household now receive or expect to receive unemployment benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Does any member of your family now receive or expect to receive child support? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Is any member of your household entitled to child support that he/she is not now receiving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Does any member of your household now receive or expect to receive alimony payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Is any member of your household entitled to alimony payments that he/she is not now receiving? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Does any member of your household receive or expect to receive welfare assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Does any member of your family receive or expect to receive Social Security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Does any member of your household receive or expect to receive income from a pension or annuity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from the rental of property? | <input type="checkbox"/> | <input type="checkbox"/> |

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next twelve months.

Family Member #	Source of Income/Type of Income	Annual Income

ASSETS INFORMATION

List all accounts (including checking, savings, IRAs, KEOGH accounts, Certificates of Deposit, etc.) for all household members, including amounts disposed of during the past two years.

Family Member #	Bank Name	Account Type	Current Balance

List value of all stocks, bonds, trusts, life insurance, pensions, or other assets: _____

Do you own a home or other real estate? ☐ Yes ☐ No

Have you sold or given any real property or other assets in the past two years?

☐ Yes ☐ No If yes, what is the current market value of the asset? _____

EXPENSES

Do you have Medicare? ☐ Yes ☐ No

Do you have any other kind of medical insurance? ☐ Yes ☐ No

Do you have any outstanding medical bills on which you are paying? ☐ Yes ☐ No

Do you expect to have any medical expenses during the next 12 months?

☐ Yes ☐ No

If yes, amount of medical expenses: \$ _____

APPLICANT CERTIFICATION:

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for Congregate assistance from the Connecticut Department of Housing. I/we authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal and State laws.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

If selected for housing, could you move immediately, or need 30 days? (Please check one)

☐ Immediately ☐ Need 30 days

Please include copies of Birth Certificate/Passport/REAL ID Verified Driver's License; Social Security Card; and photo ID; applications without these items will NOT be accepted!!

Please also include any Conservatorship or Power of Attorney paperwork.

COMMENTS / ADDITIONAL INFORMATION:



MIND YOUR BUSINESS

INQUIRY RELEASE FOR RESIDENCY CONSIDERATION

In consideration for potential residency and/or residency at Bishop Curtis Homes – Congregate ("Property"), Diocese of Bridgeport will make or will cause Mind Your Business, Inc (MYB) on its behalf to make inquiries, including, but not limited to, your consumer credit history, criminal history, rental history, employment, salary, public records, and other qualities and history pertinent to your qualifications for residency, including reasons for termination of past residency contracts.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an adverse action, such as denial of your application, is taken because of information obtained from a credit, criminal or other consumer report. If such an event occurs Diocese of Bridgeport will provide you with information on how to correct any inaccuracies that may appear on your consumer report.

Please complete and sign below to authorize, without reservation, any party, including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Diocese of Bridgeport or its agent to furnish any or all of the above-listed information. Your authorization releases Diocese of Bridgeport and its agent from any and all liability for damages arising from the investigation and disclosure of the requested information.

Further, it releases and discharges from all liability all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to us the above-mentioned information as requested, in order to successfully complete a background investigation.

Your signature(s) allow(s) a photocopy or fax copy of this authorization to be as valid as the original.

Applicant's full name:	
Applicant's signature:	Date:
Applicant's social security number:	Date of birth:
Current address:	
Former address:	
Income:	Proposed Rent: N/A

Spouse's full name:	
Spouse's signature:	Date:
Spouse's social security number:	Date of birth:
Income:	Proposed Rent: N/A

Para informacion en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 2006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 2006.

☐ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

☐ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

☐ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

☐ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

☐ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

☐ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

☐ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

☐ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

☐ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

☐ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

☐ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with assets of over \$10 billion and their affiliates. b. Such affiliates that are not bank, savings associates, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center -FCRA Washington, DC 20580 1-877-382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 24A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and Insured state saving associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Association Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associates, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357

Security measures in place

Mind Your Business, Inc. (MYB) is certified through Women's Business Enterprise National Council (WBENC), Safe Harbor Act – a U.S. Department of Commerce certification that holds MYB to the highest level of credibility when conducting business internationally, 8(a) certified, and recognized by the state of North Carolina as a Historically Underutilized Business, and complies with the Equal Employment Opportunity Commission (EEOC) as a regulatory agency who administers and enforces Title VII of the Civil Rights Act of 1964 (fair employment).

For over 18 years Mind Your Business, Inc. (MYB) has successfully provided Pre-Employment Background Screenings on a nationwide basis. MYB has approximately 3,000 clients and performs national and international Background checks for local and federal government, utilities, nuclear, chemical, non-profits and commercial industries. MYB is a licensed PI firm, a member of the National Association of Professional Background Screeners (NAPBS) and adheres to the stringent compliance program in accordance with the Fair Credit Reporting Act (FCRA), The Safe Harbor Act, and all applicable guidelines for obtaining consumer investigative reports. MYB maintains an attorney on staff to ensure compliance with all legal and regulatory requirements. MYB maintains a vast field of SF86 cleared and credentialed investigators and researchers nationwide. Those credentialed individuals meet the industry and federal security clearance standards for background screenings.

MYB uses a Thwate digital certificate to enable secure data encryption. Detailed information about the Thwate digital certificate is available by accessing their website at www.thwate.com. Our application servers are housed in a secure state-of-the-art data center. The facility is monitored continually. Entrance to the facility is secured by a coded alarm system with keypad entry, a fenced perimeter and is monitored 24 hours a day including intrusion detection on all level. MYB subscribes to security best practices, which are updated accordingly. Our web server uses 128-bit encryption and is protected by a dedicated, industry recognized dual-level firewall that is configured and managed to adhere to security industry best practices. The server is backed up nightly and system back-ups are stored off-site for additional protection from fire and theft. MYB uses the latest anti-virus technology to ensure the company's protection from external access and viruses. Our network does not allow "back door" access to the servers holding our data. Our network server is physically separate for the web server and is not exploitable by any TCP services directly from the Internet.

MYB adheres to strict security protocols that allow only vetted, privileged employees to have access to the confidential user database itself. The MYB employee vetting process was created and accepted by the U.S. Office of Personnel Management in performing background checks for federal government employees and prime contractors and contract employees. These policies and procedures are audited annually by the U.S. Department of Commerce to ensure compliance.

MYB allows clients to access our system for making requests and viewing their client specific results through highly secure logins protected by passwords. All documents and consumer information are properly viewed, transmitted, and disposed in compliance with FACTA regulations.

BISHOP CURTIS HOMES – CONGREGATE

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Telephone: 203-790-9744 • Fax: 203-748-8274

www.AugustanaCongregate.org

Office Hours: Monday – Friday 8:00 a.m. – 4:00 p.m.

Leasing Information Sheet

<u>Apartment Type</u>	<u>Maximum Rent</u>	<u>Maximum Services</u>
Efficiency (Studio)	\$667	\$988

Maximum Income: (80%, Danbury, CT HUD 04/15/23)

1 Person Household \$66,700

2 Person Household \$76,200

Property's Criteria:

Credit Report

Criminal History

Money:

No Cash

Personal Check, Cashier's/Bank Check, or Money Order Only

Security Deposit:

1 month's rent may be required.

Down Payments:

No application or holding fees. The balance of both rent and congregate services must be paid in full in order to obtain keys on the scheduled move-in date. First month's rent and congregate fees must be in the form of cashier's check or money order. If applicable, security deposit may be paid in full upon move-in or in installments.

Utility Information:

Heat & Hot Water **ARE** included.

Electric **IS** included.

Trash removal **IS** included.

Cable and telephone are NOT included.

There is a seasonal charge for air conditioning (if applicable).

Pets:

No pets of any kind permitted.

Smoking:

Bishop Curtis Homes – Congregate is a non-smoking facility. No smoking of any kind is permitted on the premises.

Congregate Services:

Acceptance into this facility requires participation in the Congregate Services program. Residents are expected to attend lunch meal services and allow housekeeping on a regular basis. The building is staffed 24/7 by office staff and/or security personnel. Congregate housing is intended for frail elderly persons who benefit from the services provided.

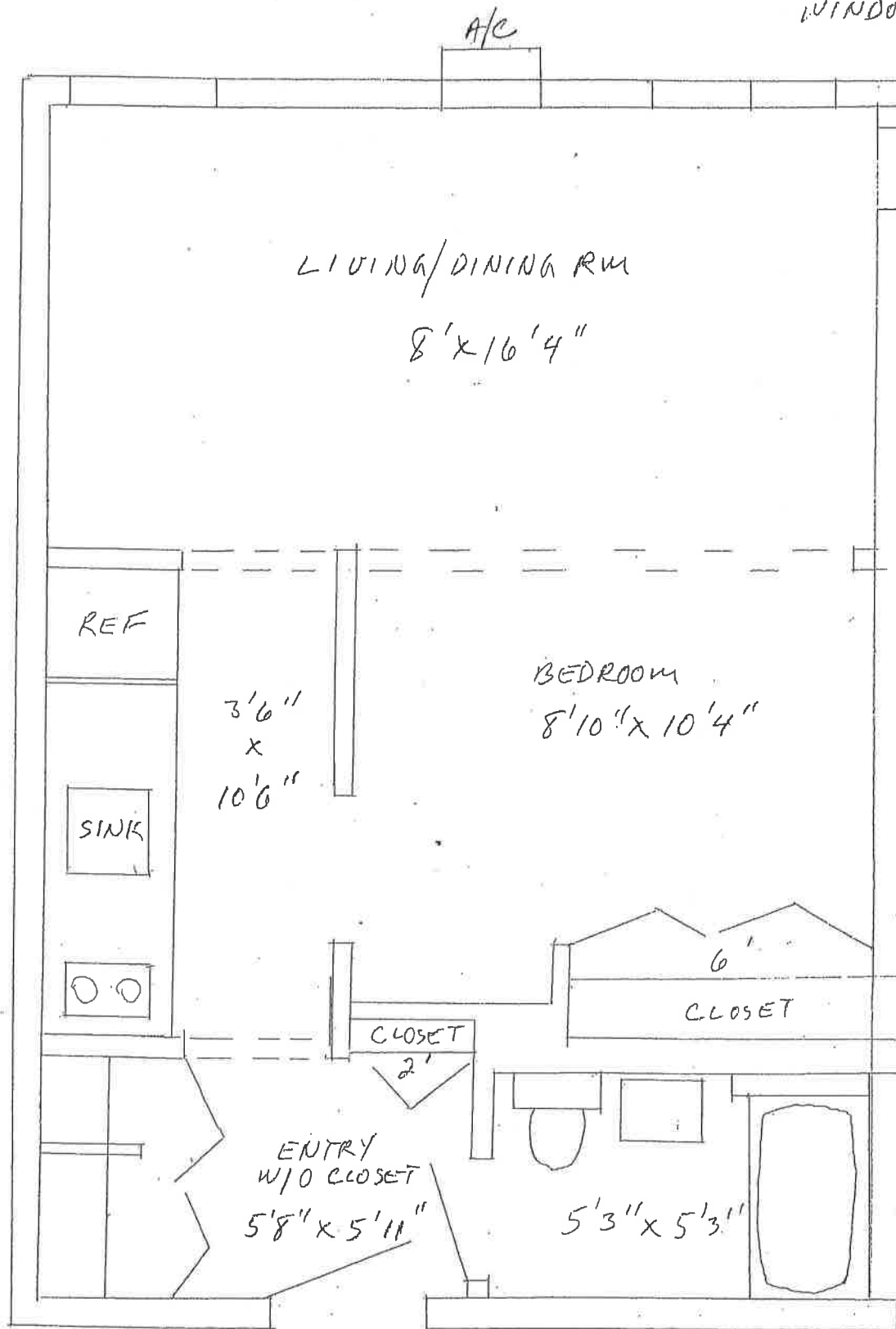
SPECIAL NOTE:

Bishop Curtis Homes – Congregate participates in an affordable housing program for seniors age 62 and older. We do not discriminate based on race, color, creed, religion, sex, national origin, handicap, or familial status. Rent and services are calculated according to an individual's income, with subsidy available for those who qualify from the State of Connecticut Department of Housing.



TYPICAL AP1

SOME CORNER APTS
HAVE A THIRD
WINDOW.



Monthly Activities

Exercise Programs

Local Shopping Trips

Birthday Celebrations

(With cake and entertainment)

Food Donations

Educational Seminars

Bingo

Trivia