

Nunnawauk Meadows

Owned and Operated by:
Newtown Housing for the Elderly, Inc.

APPLICANT INFORMATION SHEET

GENERAL INFORMATION

The Nunnawauk Meadows elderly housing complex consists of 134 units: 115 one-bedroom units, 13 one-bedroom mobility impaired units and 6 efficiency units. As of September 1, 2014, all of Nunnawauk Meadows' buildings are smoke free. This means that smoking is not permitted in NHE-owned buildings or vehicles, in or around doorways, apartment buildings, maintenance garage, etc. Smoking is only permitted outdoors, within 10 feet of a designated smoking area. Federal Law classifies marijuana as an illegal drug with no medically accepted uses therefore medical marijuana use on Nunnawauk Meadows property is prohibited.

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.
- USDA is an equal opportunity provider, employer, and lender.

TO FILE AN APPLICATION FOR AN APARTMENT, YOU MUST:

Complete a preliminary written application which:

- Discloses name, age (you must be at least age 62 or disabled to apply), and Social Security No. of all household members
- Discloses amount and source of all household income
- Discloses all net family assets
- Provides credit, landlord, and personal references
- Estimates medical expenses likely to be incurred over a 12-month period, not covered by insurance
- Gives written permission to allow the project Administrator to verify in writing all household income and assets
- Gives written permission to allow the project Administrator to obtain credit, reference, and criminal reports

You will be notified in writing at the address shown on your application, unless otherwise specified by you, as to your eligibility for occupancy. If you are determined eligible for occupancy, and an apartment is not immediately available, you will be placed on a waiting list.

WHEN AN APARTMENT IS AVAILABLE AND YOU HAVE SUCCESSFULLY PASSED ALL ELIGIBILITY REQUIREMENTS, YOU WILL BE REQUIRED TO:

- Sign a tenant certification
- Sign a rental agreement
- Pay a security deposit and pro-rated rent for move-in month
- Make your own arrangements for telephone and cable TV
- Complete a "move in" inspection of the apartment with the project Maintenance Supervisor

APPLICANTS FOR OCCUPANCY ARE CONSIDERED ON A FIRST-COME, FIRST SERVED BASIS ACCORDING TO THE CHRONOLOGICAL ORDER OF THE WAITING LIST, WHICH HAS BEEN ESTABLISHED BY THE FILING OF A COMPLETED APPLICATION.

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OFFICE USE ONLY:

DATE APPLICATION RECEIVED _____ DATE APPLICATION COMPLETED: _____

NUNNAWAUK MEADOWS RENTAL APPLICATION

Before we can process your rental application it is necessary that you provide **legible** names, phone numbers, addresses, Social Security numbers, and income and asset information. Nunnawauk Meadows requires certain data that all applicants must provide, and an application is not complete until such time as all necessary data has been provided. If assistance is needed in completing this application, please do not hesitate to call our office for an appointment. Arrangements can be made to assist hearing impaired, visually impaired, or disabled persons with this application.

Please check type of apartment desired:

Efficiency _____ One-bedroom _____ Mobility Impaired _____

HOUSEHOLD COMPOSITION - HEAD OF HOUSEHOLD: (please print)

NAME _____ SS# _____ BIRTHDATE _____

IF YOU ARE UNDER 62, ARE YOU APPLYING FOR RESIDENCY BASED ON A DISABILITY?

YES _____ NO _____

OTHER HOUSEHOLD MEMBERS: (please print)

NAME _____ SS# _____ Birthdate _____ Relationship _____

NAME _____ SS# _____ Birthdate _____ Relationship _____

CURRENT ADDRESS: (please print)

STREET _____ APARTMENT # _____

CITY _____ STATE _____ ZIP CODE _____

PHONE# _____

DO YOU **OWN** OR **RENT** YOUR PRESENT HOME? _____

HOW MANY **YEARS** HAVE YOU BEEN LIVING AT YOUR PRESENT ADDRESS? _____

IF YOU ARE GOING TO OWN A PET WHILE LIVING AT NUNNAWAUK MEADOWS, CHECK HERE _____

CURRENT LANDLORD OR MORTGAGE HOLDER: (please print)

NAME _____ PHONE # _____

ADDRESS _____ ZIP CODE _____

IF LESS THAN TWO YEARS AT PRESENT ADDRESS, COMPLETE THE FOLLOWING:

FORMER LANDLORD'S NAME _____

ADDRESS _____ ZIP CODE _____

PHONE # _____

CONTACT REFERENCE: give name of one person whom we can contact if you cannot be reached.

NAME _____ Relationship _____ PHONE# _____

ADDRESS _____ ZIP _____



INCOME:

DECLARE THE INCOME FOR **HEAD OF HOUSEHOLD AND OTHER HOUSEHOLD MEMBERS**. EMPLOYMENT, INCOME FROM A BUSINESS, UNEMPLOYMENT, SOCIAL SECURITY, PENSION, VETERANS BENEFITS, DISABILITY, ALIMONY, PUBLIC ASSISTANCE, REGULAR CONTRIBUTIONS FROM NON-HOUSEHOLD MEMBERS, PERIODIC PAYMENTS OF LOTTERY WINNINGS OR **ANY OTHER INCOME ON A REGULAR BASIS** ARE ALL CONSIDERED INCOME FOR THE PURPOSES OF THIS APPLICATION. **UNDER CURRENT RURAL DEVELOPMENT GUIDELINES, ADJUSTED ANNUAL INCOME MAXIMUM MAY NOT EXCEED:**

\$68,500. FOR ONE PERSON **\$77,500.** FOR TWO PEOPLE **\$86,500.** FOR THREE PEOPLE

LIST ALL OF YOUR MONTHLY INCOME: Please list all of your **monthly** income for the head of household **and** household member. **Indicate the GROSS amount (before deductions) received per month.**

| <u>SOURCE OF INCOME</u> | HEAD OF HOUSEHOLD | HOUSEHOLD MEMBER |
|--------------------------------------|----------------------|---------------------|
| SOCIAL SECURITY: | \$ _____ | \$ _____ |
| PENSIONS: | \$ _____ | \$ _____ |
| PENSIONS: | \$ _____ | \$ _____ |
| DISABILITY: | \$ _____ | \$ _____ |
| PUBLIC OR SECT. 8 ASSISTANCE: | \$ _____ | \$ _____ |
| VETERANS BENEFIT: | \$ _____ | \$ _____ |
| OTHER INCOME: | | |
| (<u>not</u> interest or dividends) | \$ _____ | \$ _____ |
| <u>SOURCE OF THIS INCOME:</u> | _____ | _____ |
| EMPLOYER'S NAME: | _____ | _____ |
| EMPLOYER'S ADDRESS: | _____ | _____ |
| | _____ | _____ |
| YOUR OCCUPATION: | _____ | _____ |
| YOUR <u>ANNUAL</u> WAGES: | \$ _____ | \$ _____ |

DO YOU PLAN TO CONTINUE WORKING UPON MOVE IN TO NUNNAWAIK MEADOWS?

(Please check) YES _____ NO _____

DO YOU ANTICIPATE ANY CHANGES IN YOUR INCOME DURING THE NEXT 12 MONTHS?

YES _____ NO _____ IF YES, EXPLAIN: _____



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ASSETS:

PLEASE LIST ALL ASSET ACCOUNTS FOR ALL HOUSEHOLD MEMBERS. EXAMPLES OF ASSET ACCOUNTS ARE: CHECKING* ACCOUNT(S), MONEY MARKET ACCOUNT(S), REGULAR SAVINGS ACCOUNT(S), CERTIFICATE(S) OF DEPOSIT, SAVINGS BONDS, OR ANY OTHER TYPE OF INCOME-PRODUCING ASSET ACCOUNTS. (*Checking account balance MUST be average of last 6 months' balances.)

| TYPE OF ACCOUNT | BALANCE OF ACCOUNT | RATE OF INTEREST** | PENALTY EARLY WITHDRAWAL |
|-----------------|--------------------|--------------------|--------------------------|
| _____ | \$ _____ | _____ % | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ |
| _____ | \$ _____ | _____ % | \$ _____ |

****You must include the rate of interest for each account or your application will be considered incomplete.**

STOCKS:

| NAME/SYMBOL OF STOCK | VALUE OF STOCK | ANNUAL DIVIDENDS | BROKER FEE TO SELL |
|----------------------|----------------|------------------|--------------------|
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |

CASH SURRENDER VALUE OF *WHOLE LIFE* INSURANCE POLICY: \$ _____
 (This applies only to "WHOLE" life, NOT TERM life, insurance policies)

PROPERTY:

DO YOU OWN REAL PROPERTY, FOR EXAMPLE, YOUR HOME, ANOTHER BUILDING OR LAND? YES _____ NO _____

IF YES: TYPE OF PROPERTY _____

LOCATION _____

APPRAISED MARKET VALUE \$ _____

MORTGAGE OR LOAN BALANCE \$ _____

LIENS (FOR EXAMPLE, TAX LIENS/SEWER LIENS) \$ _____

HAVE YOU SOLD/DISPOSED OF PROPERTY IN THE **LAST 2 YEARS**? YES _____ NO _____

IF YES: TYPE OF PROPERTY _____

MARKET VALUE WHEN SOLD/DISPOSED \$ _____

AMOUNT SOLD/DISPOSED FOR \$ _____

DATE OF TRANSACTION _____

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NUNNAWAWK MEADOWS IS ONLY STAFFED FOR MANAGEMENT AND MAINTENANCE. IT SHALL BE A TENANT'S RESPONSIBILITY TO DETERMINE THE ABILITY TO MEET THE REQUIREMENTS OF TENANCY, WHICH SHALL BE UNIFORMLY APPLIED TO ALL, THUS ASSUMING RISK AND RESPONSIBILITY OF LIVING WITHIN AND UPON THE PROJECT PREMISES.

HEALTH:

IF ANY MEMBER OF THE HOUSEHOLD IS APPLYING FOR A UNIT DESIGNED FOR OCCUPANCY BY PERSONS WITH A PARTICULAR DISABILITY; IF ANY MEMBER OF THE HOUSEHOLD IS APPLYING FOR A UNIT WHERE DISABILITY IS A PREREQUISITE FOR ELIGIBILITY; IF ANY MEMBER OF THE HOUSEHOLD IS APPLYING FOR A PRIORITY GIVEN TO APPLICANTS WITH A DISABILITY OR A CERTAIN TYPE OF DISABILITY; OR IF ANY MEMBER OF THE HOUSEHOLD WILL BE REQUESTING THAT THE LANDLORD PROVIDE MODIFICATIONS OR ACCOMMODATIONS FOR THE APPLICANT'S (TENANT'S) DISABILITY, WE WILL REQUIRE DOCUMENTATION TO VERIFY THE EXISTENCE OF THE DISABILITY OR APPROPRIATENESS OF THE REQUESTED MODIFICATIONS OR ACCOMMODATIONS. *THIS DISCLOSURE IS STRICTLY VOLUNTARY ON YOUR PART. PLEASE INDICATE IF YOU OR ANY MEMBERS OF YOUR HOUSEHOLD NEED ANY OF THE FOLLOWING ACCOMMODATIONS. PLEASE BE AWARE THAT IF THE ACCOMMODATIONS BEING REQUESTED POSE AN UNDUE FINANCIAL OR ADMINISTRATIVE BURDEN TO NUNNAWAWK MEADOWS, THE ACCOMMODATION NEED NOT BE MADE.*

ANSWER **YES** OR **NO**:

WHEELCHAIR ACCESSIBILITY _____ HEARING IMPAIRED ACCOMMODATION _____

VISUALLY IMPAIRED ACCOMMODATION _____ OTHER (please specify) _____

IS THE APPLICANT OR ANY MEMBER OF THE HOUSEHOLD CURRENTLY ENGAGING IN THE ILLEGAL USE OF A CONTROLLED SUBSTANCE? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

HAS THE APPLICANT OR ANY MEMBER OF THE HOUSEHOLD BEEN CONVICTED OF THE ILLEGAL MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE? _____

MEDICAL INSURANCE PREMIUMS:

PLEASE INCLUDE THE AMOUNTS OF YOUR CURRENT MEDICAL INSURANCE PREMIUM EXPENSES INCURRED OVER **A 12-MONTH PERIOD**.

MEDICARE \$ _____ MEDICARE PART D (prescription coverage) \$ _____

BLUE CROSS/BLUE SHIELD \$ _____

AARP \$ _____

LONG-TERM CARE \$ _____

OTHER \$ _____

ANTICIPATED MEDICAL/DISABILITY EXPENSES:

PLEASE LIST MEDICAL EXPENSES YOU NORMALLY PAY **OVER A 12-MONTH PERIOD (THAT ARE NOT COVERED BY INSURANCE)**. **GIVE DOLLAR AMOUNTS.**

YEARLY PRESCRIPTION MEDICINES \$ _____

YEARLY DENTAL EXPENSES \$ _____

YEARLY EYE EXAMS AND GLASSES \$ _____

YEARLY HEARING AIDS AND BATTERIES \$ _____

YEARLY COST OF A RESIDENT ASSISTANT \$ _____

YEARLY ACCUMULATED MEDICAL BILLS (e.g., co-pay amounts, deductibles) \$ _____

YEARLY NON-PRESCRIPTION DRUGS RECOMMENDED BY DOCTOR (e.g., aspirin, Tylenol) \$ _____

(documentation from doctor stating these items are recommended as treatment for a specific medical condition diagnosed by said doctor **MUST** be provided prior to move-in)

OTHER **MEDICAL** EXPENSES NOT COVERED BY INSURANCE (**please explain**): \$ _____



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DO YOU WISH A MOBILITY IMPAIRED UNIT? YES _____ NO _____

IF YOU ANSWERED **YES**, YOU MAY BE REQUIRED TO PROVIDE EVIDENCE OF YOUR ELIGIBILITY FOR THIS UNIT.

ASSETS:

HAVE YOU DISPOSED OF ANY OTHER ASSETS IN THE LAST 2 YEARS (EXAMPLE: GIVEN MONEY TO RELATIVES, SET UP IRREVOCABLE TRUST ACCOUNTS)? YES _____ NO _____

IF **YES**, DESCRIBE ASSET _____ AMOUNT DISPOSED \$ _____

DATE OF DISPOSITION _____

DO YOU HAVE ANY OTHER ASSETS NOT ALREADY LISTED? YES _____ NO _____
(Do not include necessary personal property, such as automobile and furniture.)

IF **YES**, DESCRIBE ASSET _____ VALUE OF ASSET \$ _____

ADDITIONAL UPDATED INFORMATION WILL BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF YOUR APPLICATION.

A PERSONAL INTERVIEW WILL BE NECESSARY AT A MUTUALLY CONVENIENT TIME.

APPLICANT CERTIFIES THAT THE HOUSING THEY WILL OCCUPY WILL BE THEIR PRIMARY RESIDENCE.

CERTIFICATION:

BY SIGNING BELOW I HEREWITH CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF MY HOUSEHOLD'S ASSETS AND DEBTS. I UNDERSTAND THAT THIS INFORMATION IS TO BE USED TO DETERMINE THE ELIGIBILITY AND NET TENANT PAYMENT FOR MY HOUSEHOLD AND IS PART OF MY APPLICATION FOR HOUSING ASSISTANCE. I UNDERSTAND THAT I MAY BE DENIED ASSISTANCE, REQUIRED TO REPAY ANY ASSISTANCE ADVANCED, AND WILL LIKELY LOSE MY HOME IF IT IS FOUND THAT THE ABOVE INFORMATION IS NOT TRUE.

SIGNATURE _____ DATE _____

I DO HEREBY CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION PROVIDED BY ME IN CONNECTION WITH THIS APPLICATION ARE PUNISHABLE BY LAW AND WILL RESULT IN CANCELLATION OF THE APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

SIGNATURE _____ DATE _____



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AUTHORIZATION:

I DO HEREBY AUTHORIZE MANAGEMENT OF NUNNAWAWK MEADOWS TO CONTACT ANY PERSON, AGENCY, OFFICES, GROUPS, OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION CONTAINED IN THE APPLICATION FOR ADMISSION AND I HEREWITH AUTHORIZE ANY SUCH NAMED SOURCE TO RELEASE SUCH INFORMATION. I FURTHER AUTHORIZE THE MANAGEMENT TO CHECK CREDIT, LANDLORD, AND CRIMINAL HISTORY, WHICH WILL BE OBTAINED FROM A REPORTING AGENCY*. I WILL BE RESPONSIBLE FOR REMITTING PAYMENT OF SUCH REPORT TO NUNNAWAWK MEADOWS AT THE TIME I AM BILLED FOR IT.

*** PLEASE KEEP IN MIND THAT ANY PAYMENT DELINQUENCIES REFLECTED ON YOUR CREDIT REPORT MAY IMPACT YOUR ELIGIBILITY, TO INCLUDE FORECLOSURES, BANKRUPTCIES AND/OR TAX LIENS. THESE SITUATIONS MAY REQUIRE YOU TO OBTAIN A DETAILED CREDIT REPORT AND MEET WITH US TO DISCUSS THEM.**

SIGNATURE _____ DATE _____

THE INFORMATION REGARDING RACE, ETHNICITY, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE RURAL HOUSING SERVICE, THAT THE FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, DISABILITY, RELIGION, SEX, AND FAMILIAL STATUS ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE, ETHNICITY, AND SEX OF INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

ETHNICITY: HISPANIC OR LATINO _____ NOT HISPANIC OR LATINO _____
RACE: 1. AMERICAN INDIAN/ALASKA NATIVE _____ 2. ASIAN _____ 3. BLACK OR AFRICAN AMERICAN _____
4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ 5. WHITE _____
GENDER: MALE _____ FEMALE _____

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.
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PLEASE MAIL COMPLETED APPLICATION TO:
Nunnawauk Meadows, 3 Nunnawauk Road, Newtown, CT 06470

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