



**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 \_\_\_\_\_



**DR. OWEN L. MURPHY APARTMENTS**

**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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