

HOUSING AUTHORITY-CITY OF DERBY

45 Minerva Street

P.O. Box 843

Derby, CT 06418

Steven Nakano
Executive Director

Phone 203-735-6652

Fax 203-734-0204

ELDERLY HOUSING APPLICATION

NAME _____ SPOUSE _____

ADDRESS _____ City _____ State _____ Zip _____

TELEPHONE NUMBER _____ ALT. CONTACT _____

DATE OF BIRTH _____ SPOUSE _____

SOCIAL SECURITY # _____ SPOUSE _____

DISABLED YES ___ NO ___ SPOUSE YES ___ NO ___

RACE: White _____ Black _____ Asian/Pacific Islander _____ American Indian/Alaskan Indian _____

ETHNICITY: Hispanic _____ Non Hispanic _____

MONTHLY RENT PAYMENT _____ OWN HOME: YES ___ NO ___ PROPERTY VALUE _____

INCOME* (Monthly \$ dollar amounts)

SOCIAL SECURITY _____ SPOUSE _____

PENSION _____ SPOUSE _____

WAGES _____ SPOUSE _____

OTHER _____ SPOUSE _____

ASSETS* (Current Balance \$ dollar amounts)

SAVINGS ACCOUNT _____ SPOUSE _____

CHECKING ACCOUNT _____ SPOUSE _____

CD'S _____ SPOUSE _____

IRA'S _____ SPOUSE _____

STOCKS/BONDS _____ SPOUSE _____

OTHER _____ SPOUSE _____

MEDICAL EXPENSES* (Monthly \$ dollar amounts)

MEDICARE _____ SPOUSE _____

MEDICAL INSURANCE _____ SPOUSE _____

OTHER _____ SPOUSE _____

*** Note that all income, assets and medical expense must be verified prior to admission ***

Please do not send any verification or vital documents with this application.

Rental amount is based upon income and is redetermined annually in accordance with State Housing Regulations. All tenants are required to sign a lease. Dogs or cats are not allowed in our facilities.

All apartments are smoke free.

APPLICANT SIGNATURE _____ DATE _____