

Please send via email, fax or appointment to:

SWCAA Attn: Olivia Melendez/SHAF

1000 Lafayette Blvd., 9th Floor,

Bridgeport, CT, 06604

P: 475-284-2285 F: 203-332-2619



CV Updated 1/26/2021

## Senior Housing Assistance Fund Application

Referred by \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Telephone (s) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_

If you are moving, new address \_\_\_\_\_

\_\_\_\_\_

Amount Requested \_\_\_\_\_

Explain the purpose of this loan \_\_\_\_\_

\_\_\_\_\_

Funds are limited, if our fund cannot provide you with the total amount needed, who/what else can be contributed (we may ask you to provide proof)?

\_\_\_\_\_

Check will be made payable to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Financial Information

Please provide total monthly income from all sources:

Family Member	Social Security/SSI	Wages	Pension	Other

## Assets

Type of Account	Name & Address of Bank	Current Balance

Have you previously received or been approved for a SHAF loan? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you own stocks, bonds or other securities? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please provide the total value\_\_\_\_\_

Do you own real estate? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please provide value/description\_\_\_\_\_

## Current Monthly Expenses

Rent\_\_\_\_\_ Electric\_\_\_\_\_ Oil\_\_\_\_\_ Gas\_\_\_\_\_

Phone\_\_\_\_\_ Cable\_\_\_\_\_ Life Ins.\_\_\_\_\_ Auto\_\_\_\_\_

Auto Ins.\_\_\_\_\_ Credit Cards\_\_\_\_\_ Other\_\_\_\_\_

## Current Monthly Medical Expenses

Health Insurance \_\_\_\_\_ Monthly Prescription Drug Costs\_\_\_\_\_

Please include any additional information that would be helpful to provide in this application\_\_\_\_\_

The following demographic information will not be used in evaluating your application or to discriminate against you in any way. You are not required to furnish this information, but are encouraged to do so. This will assist us in providing needed statistical information to the funders.

Applicant sex: male\_\_\_\_\_ female\_\_\_\_\_ nonbinary\*\_\_\_\_\_

\*Nonbinary is an umbrella term for all identities other than female/male or man/woman.

Ethnicity: African American\_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_

Caribbean (and/or West/Indian) \_\_\_\_\_ Hispanic/Latin American \_\_\_\_\_

Caucasian (of European descent) \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Multi-Ethnic \_\_\_\_\_ Other \_\_\_\_\_

Education: Elementary School\_\_\_\_\_ Middle School\_\_\_\_\_ Some High School/GED\_\_\_\_\_

Completed High School/GED\_\_\_\_\_ Vocational/Technical/Certificate School\_\_\_\_\_

Some College\_\_\_\_\_ Associate's Degree\_\_\_\_\_ College/Graduate Degree\_\_\_\_\_

The information I have provided is true and correct to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read carefully:** SHAF provides interest free loans to seniors 60+ and individuals with disabilities to help someone remain safely in their home or relocate to a new home. I understand that my request may not qualify, there may not be funds available or that my income may not qualify. I understand that I may be asked to provide additional information to verify my request or income. I understand that if I received a SHAF loan prior to this application, I must report so on this application. SWCAA will conduct an additional review for additional loan requests, including repayment of previous loan. I understand that this request may take 7-10 business days to process once approved. I understand that SHAF does not write a check to a loan recipient directly and that SHAF cannot reimburse a recipient for a payment already made.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Southwestern Connecticut Agency on Aging, Inc.

Senior Housing Assistance Fund

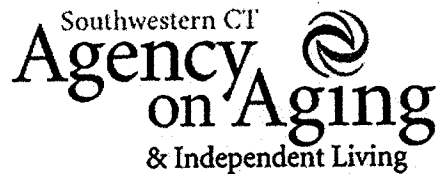
1000 Lafayette Boulevard, 9th Floor

Bridgeport, CT, 06604

RELEASE OF INFORMATION

I, \_\_\_\_\_ AUTHORIZE THE SOUTHWEST-  
ERN CT AGENCY ON AGING, INC. TO VERIFY ALL THE INFOR-  
MATION I SUBMITTED ON MY APPLICATION FOR THE SENIOR  
HOUSING ASSISTANCE FUND. THIS MAY INCLUDE THE HOUSING  
COMPLEX TO WHICH I AM OR WILL BE LIVING OR ANY EMPLOY-  
ERS, BANKS AND OTHER AGENCIES NECESSARY TO VERIFY THAT  
THE INFORMATION PROVIDED BY ME IS ACCURATE TO THE BEST  
OF MY KNOWLEDGE.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## Senior Housing Assistance Fund Loan Agreement

I, \_\_\_\_\_ promise to repay a loan made to me by the Southwestern CT Agency on Aging, Inc.-Senior Housing Assistance Fund (SHAF). I understand this loan was made possible by a grant from the Fairfield County Community Foundation and the John H & Ethel G Noble Charitable Trust. In paying back the loan, I will help to replenish the fund so that it may continue to assist others for years to come.

If approved for the SHAF loan, I understand that the loan is intended to assist me in security housing or another housing related need and I agree to pay back the loan in monthly installments until the loan is paid back.

If approved, I will pay back the loan in monthly increments of \_\_\_\_\_ dollars per month for a total of \_\_\_\_\_ monthly installments.

I further understand that if a security deposit was the reason for the loan, any portion of the security deposit which was paid on my behalf by the Southwestern CT Agency on Aging (SWCAA) upon my move or death shall be returned to SWCAA in order that the money be used to assist others. Either myself or my estate may contact SWCAA to request re-imbursement for any monies owed to myself or my estate from monies already paid back to SWCAA.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant's Signature

\_\_\_\_\_  
Date

## Information about the application process:

Please **SIGN** at all places indicated and return application to:

SHAF Program

SWCAA

1000 Lafayette Boulevard

9th Floor

Bridgeport, CT, 06604

OR

Fax to: 203-332-2619 Email to:

omelendez@swcaa.org

PLEASE INCLUDE IN YOUR ENVELOPE A COPY OF ONE OF THE FOLLOWING:

- If application is for **security deposit** or **first months rent**, a copy of the lease OR a letter from the new landlord stating the following:
  - Provided a security deposit is paid, they are willing to rent to you
  - The address where you will be renting
  - Their name and contact information
  - The total cost for deposit as well as what the monthly rent will be
- If the application is for an **appliance** or **service** please include a cost estimate as evaluated by the individual providing the service or selling the appliance. If looking to purchase an appliance, please include two cost estimates for comparison.
- If you **do not** receive social security OR you have **additional income** outside of social security, please include a copy of that in your packet.

\*If you do not have access to a printer/scanner you can send in an original copy of your documents and include a note that you would like them to be mailed back to you. Please do not include original documents with social security or medical information

\*Applications will not be completed/processed without additional paperwork

\*Please note that application processing may take additional time due to COVID

FOR QUESTIONS PLEASE CALL OLIVIA at 475-284-2285