

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: 475-282-4561



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 INFORMATION 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 EMPLOYERS, 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-imbusement 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: 475-282-4561 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 Melendez at (475) 284-2285