

# ***ST. JUDE COMMON***

*3 Myrtle Drive, Norwich, CT 06360*

*860-889-2139*

*stjudecommon@comast.net*



St. Jude Common is a congregate housing facility for the elderly. It is a three- and one-half story building with 50 one-bedroom units of approximately 500 square feet suitable for one or two person occupancy. There are five handicap adapted units and the entire building is accessible. Each apartment has a balcony or patio and there are two emergency call cords in each apartment. Parking is available for residents and visitors and the building has an elevator.

The facility is owned by the St. Jude Housing Corporation, a non-profit entity. The facility is financed through the State of Connecticut Department of Economic and Community Development and the regulations of that agency are followed. Income eligibility is currently set at \$62,000.00 for one person and \$69,920.00 for two persons. Income is verified annually. Monthly fees are divided between rent and congregate fees and subsidy for both fees is provided by State of Connecticut subsidy programs for those who qualify. Medical expense adjustments are made to income before determining rent, and the congregate fee is determined after taking other allowable stand expense deductions prior to determining congregate cost.

The staffing includes an Administrator, a Resident Service Coordinator, a Recreation Coordinator and a live-in Maintenance Superintendent. Evening and weekend staff attendants, in combination with the above staff, provide 24 hour coverage for immediate initial response to an emergency. The staff is on site to provide administrative, programmatic and maintenance services as well as emergency response coverage. There is a dining room, community room, reading room, space for crafts and recreation, laundry rooms, offices and maintenance area. A small amount of resident bulk storage is available. The security system is by key for all exterior doors and individual apartment keys. Residents can be called from the front entrance by a person who comes to visit and, if recognized, can be let in by a buzzer. Residents are responsible for removing trash from the apartment to a recycling center located on each floor. Small household pets, and detailed in the pet policy, are allowed.

Services and amenities include the following:

- Daily main meal served in the dining room
- Housekeeping service in each apartment once a week
- Recreation programs and social activities
- Hairdresser is available for fee by appointment
- Convenience store operated by the Residents Association is available two hours a week



Telecommunications Relay Service (TRS) 1-800-842-9710

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Transportation to shopping areas and for medical appointments is available through arrangements with the Rose City Senior Center. On the grounds there is a garden with benches and a gazebo and a walking path around the building. An ALSA is in place to provide assisted living services on a sliding fee basis to a percentage of residents who can no longer manage with only the congregate service package that was available to them when they moved into the facility.

To assist the applicant in determining his/her capacity to live at St. Jude Common with or without his/her own arranged services, the facility does not provide the following non-shelter supportive services:

- Transportation
- Administer medicines or treatments
- Assistance in transferring or money management
- Personal care assistance of any kind
- The removal of snow from cars
- Care of residents' pets by staff

*"The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status or national origin. Complaints of discrimination may be forward to the Fair Housing Administration, U.S. Department of Housing and Urban Development, Washington, D.C. 20410. Phone 1-800-669-9777." Connecticut law also prohibits discrimination in all of the above categories plus these additional categories: lawful source of income, marital status, sexual orientation, use of a guide dog, and age (except when the program regulations restrict the housing to an age specific category). Complaints of discrimination may be forwarded to the Commission on Human Rights and Opportunities at 1-860-541-3400.*



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Administrator: [clongo@stjudecommon.com](mailto:clongo@stjudecommon.com)  
Resident Services Coordinator: [mvasquez@stjudecommon.com](mailto:mvasquez@stjudecommon.com)  
Recreation Coordinator: [mmauro@stjudecommon.com](mailto:mmauro@stjudecommon.com)

**INITIAL WRITTEN APPLICATION FOR HOUSING**

**All apartments are one bedroom.**

All information provided herein is private and confidential and for the use of the Owner and Agent in the processing of this application only.

1. Head of Household: \_\_\_\_\_  
Last First Middle
2. Address: \_\_\_\_\_
3. Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_
4. Household Composition: Please complete for each household member.  
There is a limit of two people per apartment. Use N/A if not applicable.

Legal names of Household  
Members & Maiden Name  
If Applicable

Date of  
Birth

Marital  
Status

Social Security  
Number

- A. \_\_\_\_\_
- B. \_\_\_\_\_

5. Are you being forced out of your present housing due to government action, natural disaster, demolition or other such causes? ☐ Yes ☐ No  
If yes, please explain \_\_\_\_\_
6. Do you presently rent \_\_\_\_\_, own your own home \_\_\_\_\_, or other \_\_\_\_\_?  
If other, please explain \_\_\_\_\_
7. Have you ever received a rent or housing related subsidy? ☐ Yes ☐ No  
Are you currently receiving a subsidy for your rent or fees? ☐ Yes ☐ No  
If yes, where \_\_\_\_\_ When \_\_\_\_\_  
Have you ever been asked to pay subsidy due to fraud? ☐ Yes ☐ No



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8. Present Landlord:  
How long have you lived at this address: \_\_\_\_ year(s) \_\_\_\_ month(s)  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_

9: Prior Landlord:  
How long have you lived at this address: \_\_\_\_ year(s) \_\_\_\_ month(s)  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_

10. Individuals (not a relative) who know you well and can provide a reference. Please provide four (4) personal references:

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

11. Name, address and telephone number of someone who is likely to know where you are if we need to contact you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relation: \_\_\_\_\_

12. Rent Expenses per Month.  
Please list only those expenses actually paid by members of the household. Be prepared to document all figures.

Rent \_\_\_\_\_ Electric \_\_\_\_\_ Heat/Gas \_\_\_\_\_ Water \_\_\_\_\_

13. Other Expenses per Month.  
Phone \_\_\_\_\_ Cable \_\_\_\_\_ Life Ins. \_\_\_\_\_ Auto \_\_\_\_\_  
Auto Ins. \_\_\_\_\_ Credit Cards \_\_\_\_\_ Loans \_\_\_\_\_  
Other \_\_\_\_\_

14. Certification: (Each adult applicant must sign this application)  
Please note: This is an initial written application. Additional information will be requested at a later date to complete the processing of applicant(s). Your signature(s) below certifies that the statements made above are true and correct, and gives consent to the management to verify the information contained in this initial written application for the purposes of qualifying this application.

Warning: Section 1001 of Title 18 of the United States code makes it a criminal offense to make a willfully false statement or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If anyone has helped you to complete this initial written application for you, please give name, address, phone number and relationship below:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

*The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure government agencies that the Owner complies with laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap. You are not required to furnish this information. This information will not be used in evaluating your application or to discriminate against you in any way.*

Applicant #1: Sex ☐ Male ☐ Female

Race: ☐ Asian/Pacific Islander ☐ American Indian ☐ Alaskan Indian  
☐ Black ☐ Hispanic ☐ White ☐ All other races

Applicant #2: Sex ☐ Male ☐ Female

Race: ☐ Asian/Pacific Islander ☐ American Indian ☐ Alaskan Indian  
☐ Black ☐ Hispanic ☐ White ☐ All other races

The following questions are voluntary and will not be used to qualify applicants.

15. Does any member of the household qualify for and desire a handicap adapted unit?

☐ Yes ☐ No

16. A personal interview is a requirement of the application process. Will you be able to come to the facility and meet with the Administrator to complete additional paperwork?

☐ Yes ☐ No

17. This facility has congregate services. Which congregate services would be most beneficial to you? \_\_\_\_\_  
\_\_\_\_\_
18. Why would you like to live in this facility? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
19. How did you learn about this facility?  
Newspaper\_\_\_\_\_ Driving by\_\_\_\_\_ Resident \_\_\_\_\_ Friend\_\_\_\_\_ Other\_\_\_\_\_
20. If there is anything you would like to tell us about yourself or your application for housing, please write it here.

Do not write below this line

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For office use only

Date/Time Received\_\_\_\_\_

Gross Income\_\_\_\_\_

Adjusted Income\_\_\_\_\_

Income Category\_\_\_\_\_

Priority\_\_\_\_\_

## FINANCIAL INCOME & ASSET STATEMENT

### 1. Monthly Income Data

Applicant #1: (Use monthly amounts)

Social Security Income \$ \_\_\_\_\_ SSI or Disability Income \$ \_\_\_\_\_

Veteran's Benefit \$ \_\_\_\_\_ Unemployment Income \$ \_\_\_\_\_

Annuity Income \$ \_\_\_\_\_

Pension/Retirement \$ \_\_\_\_\_ Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Current Employment \$ \_\_\_\_\_ Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Applicant #2: (Use monthly amounts)

Social Security Income \$ \_\_\_\_\_ SSI or Disability Income \$ \_\_\_\_\_

Veteran's Benefit \$ \_\_\_\_\_ Unemployment Income \$ \_\_\_\_\_

Annuity Income \$ \_\_\_\_\_

Pension/Retirement \$ \_\_\_\_\_ Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_

Current Employment \$ \_\_\_\_\_ Name/Address of Employer: \_\_\_\_\_

\_\_\_\_\_

### 2. Asset Data (If possible use information as of the last day of last month)

	Bank	Acct #	Current Bal.	Interest Rate	Comments
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Name  
Address

Name  
Address

Name  
Address

### 3. Do you own any stocks, bonds or other securities?    ☐ Yes    ☐ No

If yes, please provide below:

	Name of Security	Address of Broker	Number of Shares & Value
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a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

4. Do you own any real estate? ☐ Yes ☐ No  
If yes, please list the exact location of the property.

1. \_\_\_\_\_

2. \_\_\_\_\_

Rent from Property \$\_\_\_\_\_ Current Value \$\_\_\_\_\_ Mortgage Bal. \_\_\_\_\_

Name of Mortgagee\_\_\_\_\_

(Please list additional real estate property owned on separate sheet, providing the same information for each location)

5. Gift Statement:  
Have you given away or sold any asset in the last 24 months for which you received less than current value? (For example, property or bank asset worth \$1,000 which was sold for \$100 or signed over to another person for \$1) ☐ Yes ☐ No

IF ACCEPTED AT ST. JUDE COMMON, I/WE CERTIFY THAT MY/OUR RESIDENCE WILL BE MY/OUR PERMANENT RESIDENCE. I/WE CERTIFY THAT I/WE DO NOT AND WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

ACCEPTANCE TO ST. JUDE COMMON IS BASED ON YOUR WRITTEN CONSENT TO RUN A CREDIT AND BACKGROUND CHECK.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_