



81 Grove Avenue • Forestville, Connecticut 06010 • 860-585-1236

The Housing Authority of the City of Bristol is accepting applications for the Congregate Housing Program for elderly residents 62 years or older.

Eligible Income Limit for one person: \$47,600 two persons \$54,400

The Congregate Housing Services Program combines shelter and services to help those tenants who need some assistance to avoid inappropriate, premature, or overextended institutionalization. The program is intended to provide the physical and social environment that will extend the time span during which people can live independently. Many people benefit from the freedom and independence which congregate housing affords them. Tenants can remain in their accustomed residence with dignity and freedom of choice because they are assisted with the daily tasks which they can no longer complete by themselves as they age and their needs change.

Congregate services at Dimitry J. Komanetsky Estates include an attractive, secure environment with 24-hour monitor service. Each apartment has a call bell system for emergencies which, when activated, automatically unlocks the resident's door. There are 42 efficiencies and two one-bedroom apartments with galley kitchens and bathrooms equipped with grab bars. A noon dinner meal is provided daily in the Community Dining Hall, light housekeeping services once per week. Laundry facilities are located on each floor. Rent includes utilities.

D. J Komanetsky Estates is located across from the Bristol Senior Center. If you do not drive, you may avail yourself of transportation provided through the Bristol Community Organization (BCO) and through the New Britain Transportation Co. These services require 24-hour notice but will take you to hair appointments, doctor's appointments, grocery shopping and to various shopping plazas within Bristol.

For further information, and/or an application, please write to the above address or phone Property Manager, Laura LaMar at 860-585-1236.



*The Housing Authority of the City of Bristol does business in
Accordance with the Federal Fair Housing Law*

PARA UNA TRADUCCION LLAME A LA OFICINA TELEFONO (860) 582-6313

The Housing Authority of the City of Bristol is an Equal Opportunity Affirmative Action Employer





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APPLICATION FOR HOUSING

(Name of Applicant)



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(Please print or type)

Applicant Name: _____
(Last) (First) (Middle)

Present Mailing Address: _____
(Street) (City – State – Zip Code)

Telephone # where you can be reached: _____

Date of Birth: _____ Social Security Number: _____

What type of housing do you presently occupy? (check one):

single home duplex apartment mobile home subsidized elderly other: _____

Do you live alone? yes no Marital status: _____

Do you have a Conservator or a person who holds a Power of Attorney for you?*(see page 7)* Yes No

If yes, we need the name and phone number of that person: _____

My emergency contact person is: _____

Address: _____
(Street, City, State, Zip Code)

Phone Numbers: Home: _____ Work: _____

Relationship to me: _____

VOLUNTARY INFORMATION

(Please complete the following information only if you feel comfortable doing so.)

Sex: Male Female

Race/Ethnic Data

BLACK (not of Hispanic origin). Persons having origins in any of the black racial groups of Africa.

HISPANIC. Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.

WHITE (not of Hispanic origin). Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

AMERICAN INDIAN OR ALASKAN NATIVE. Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN OR PACIFIC ISLANDER. Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

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FINANCIAL INFORMATION

Name of Applicant)

ANNUAL INCOME:

Social Security: \$ _____ Social Security Disability: \$ _____

Pension/Retirement: \$ _____ Veteran's Benefits: \$ _____

Interest/Dividends: \$ _____

Other Income: (Please list source and amount): _____

Total Annual Income: \$ _____

ASSETS:

Savings Account: \$ _____ Name of Bank: _____

Checking Account: \$ _____ Name of Bank: _____

Stocks/Bonds: \$ _____ Name of Bank/Institution: _____

Real Estate (Market Value): _____ Address: _____

Other Assets: _____

ANNUAL OUT OF POCKET MEDICAL/DENTAL EXPENSES (documentation may be required)

Other medical expenses such as hearing aids, hearing aid batteries, incontinence pads, hospital expenses, oxygen and any dental expenses. Life insurance payments are not deductible.

Additional Medical Insurance: _____

Medicare: (automatically deducted from SS) _____

Prescriptions: \$ _____

Medicare Claim No.: _____

Title 19 No.: _____

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Applicant Authorization Information

(Name of Applicant)

Housing Management at Komanetsky Estates is not allowed to let anyone enter any apartment in the absence of a tenant without written permission or Power of Attorney from that Tenant. Please complete and sign the following. Should an emergency arise where you will be absent from your apartment for a period of time, you can be assured that your personal belongings will be taken care of by the person or persons whom you designate. *(If possible, attach a photocopy of any Power of Attorney.)*

The following person(s) are designated Power of Attorney. In case of emergency and in my absence, they may enter my apartment and remove personal belongings.

(Name) _____
(Address)

(Phone) _____
(Relation to Tenant) Emergency contact π Yes π No

(Name) _____
(Address)

(Phone) _____
(Relation to Tenant) Emergency contact: π Yes π No

The following person(s) do NOT hold a Power of Attorney, however, in case of emergency they **DO have my permission** to enter my apartment and remove personal belongings in my absence.

(Name) _____
(Address)

(Phone) _____
(Relation to Tenant) Emergency contact: π Yes π No

(Name) _____
(Address)

(Phone) _____
(Relation to Tenant) Emergency contact: π Yes π No

(Resident's Signature) _____
(Date)



(Name of Applicant)

TO THE APPLICANT

After completing the application, you will be required to have a personal interview. An appointment will be set up with you, and the Congregate Manager of Dimitry J. Komanetsky Estates.

I hereby attest to the information I have provided in this application and certify that all information is true and correct. Should information change I will notify the Congregate Manager at Komanetsky Estates immediately.

Signature of Applicant: _____ Date: _____

Thank you for completing this form. We are aware of the importance of patient confidentiality and you may be assured that this information will be treated as such.





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AUTHORIZATION TO RELEASE INFORMATION

The undersigned applicants(s) hereby authorize(s) The Bristol Housing Authority to request the following:

- Credit Report
- Verification of Employment
- Police Check (National and local)
- Medical Information
- Landlord Reference

From any/all individuals, employers, agencies, bureau or doctors as the case may be.

It is understood that the information obtained will be kept confidential and used only in connection with the undersigned applicant(s) for housing.

A copy of the signed authorization shall be valid as an original

Name/Address (Applicant #1) _____
(Please Print)

Social Security #: _____ Date of Birth _____

Signature _____ Date: _____

Name/Address (Applicant #2) _____
(Please Print)

Social Security #: _____ Date of Birth _____

Signature _____ Date: _____

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Komanetsky Estates

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Name of Applicant: _____

Are you or anyone in the Household registered as a Sex Offender? _____ Yes or _____ No

If yes, whom? _____

Have you or anyone in your household ever lived outside of Connecticut? ___ Yes or ___ No

If yes, Where? _____

How did you hear about Komanetsky Estates? Walk-in TV Newspaper Radio

Internet (what website?) _____ Other: _____



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