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James Boutelle

Vincent De Fina

Cathy Landy, Tenant Commissioner

Angelo Pucci

Robert Simms, Jr., Tenant Commissioner

Executive Director

Anthony L. Johnson

PUBLIC NOTICE: MCKINNEY TERRACE II SITE BASED WAITING LIST OPEN

Greenwich Communities began accepting pre-applications for 0 and 1-bedroom units in the above-mentioned program for the development known as: MCKINNEY TERRACE II on March 17, 2017.

A pre-application form will be used to apply for the McKinney Terrace II Site Based waiting list ("MCK2"). A daily lottery system will be used to numerate eligible submissions **POSTMARKED** the same day during the application period. Receipts will be mailed to all applicants.

Submit this entire Pre-Application and Verification by MAIL as follows:

GC 2021 MCK2 APP 249 Milbank Avenue Greenwich, CT 06830

- The waiting list is open, and we will accept applications until a closing date is announced
- Applicants must be 55 years of age or older or the applicant must be disabled
- Only fully completed, legible pre-applications with proper verification will be accepted
- Applicants must demonstrate the ability to pay the minimum rent
- Minimum base rents are \$734 (0BR) & \$790 (1BR).
- The rent charged will be the higher of a) Base Rent or b) 30% of Adjusted Gross Income
- Applicants must fill out the entire pre-application neatly in ink
- Answer all questions. Do not leave any blanks
- One pre-application form per household / per envelope will be allowed
- Verification must be current, valid at the time of application and not more than 90 days old
- Explanations must be written on a separate sheet of paper, not on the form
- Applicants must submit COPIES of required verification. Originals will not be returned
- Applicants may seek assistance by appointment during office hours
- Applications will only be accepted from Households that qualify for **0** or **1** Bedroom units
- Total Gross Household Income must be below Income Limits (see chart below)
- Multiple Submissions postmarked on the same day will be numerated by random lottery
- Submissions without a legible postmark will be added on the date received by HATG
- HATG has a preference for those who ① are Current or Former Residents ② Work Full-Time in Greenwich

THE FOLLOWING WILL BE CONSIDERED INELIGIBLE:

- Pre-applications submitted by Fax or In Person
- Pre-applications from persons who are under 55 or not disabled
- Households whose income exceeds the limit for their size see below

APPLICATIONS CAN BE OBTAINED AS FOLLOWS:

- Pick one up in person at the HATG office located at 249 Milbank Avenue
- Call and request that one be mailed to you or Download from our Web site

FY 2020 INCOME LIMITS HOUSEHOLD SIZE 1 \$76,000 \$66,500

If you have questions or are an applicant with disabilities seeking assistance with the completion of the pre-application, contact The Waiting List at (203) 869-1138, extension 120.

Greenwich Communities is an Equal Housing Provider.



NAME ADDRESS CITY STATE ZIP Print your full name and address. This page will be mailed back to you
Application Receipt
2021 MCKINNEY TERRACE II SITE BASED WAITING LIST
This is to certify that on this date
ACCEPTED INELIGIBLE INCOMPLETE Incomplete applications are not accepted. Review the application form and checklist for missing information/verification. Call the Waiting List to review the program requirements if needed. Resubmit as follows: GC MCK2 – MI 249 MILBANK AVE GREENWICH, CT 06830
REQUIRED VERIFICATION FOR EVERY PERSON ON THE APPLICATION
Birth Certificate or valid Passport
Current Year 2-page 1040 Tax Form and Schedule C
Current Year W-2 and/or 1099 Forms
4 Recent Paystubs or Proof of Self-Employment Income
Letter from Social Security showing monthly benefit Letter from Pension or Annuity showing monthly payments
Budget sheet or letter from Welfare
Monetary Determination Letter from Unemployment /Dept. of Labor
2 Recent Account Statement from all Checking accounts - Include all Pages
2 Recent Account Statement from all Savings accounts - Include all Pages
1 Recent Statement from Retirement Accounts, Stock, Securities, or any other Asset Account
2 Recent rent receipts or proof of rent payment

☐ Verification of Disability



2021 MCKINNEY TERRACE II HOUSING PROGRAM - PRE-APPLICATION

APPLICANT / HEAD OF HOUSEHOLD INFORMATION

Last Name				First N	lame							
Address				City				State		Z	<u>'</u> ip	
Phone				e-mail								
Date of Birth	Age		Ger	der	Sc	cial Sec	curity #					
Mailing Address – if o	different fro	m residen	ntial addre	ss above								
Address				City				Sta	ate		Zip	
											· .	
Are you U.S. Born?	YES	NO	If N	O, list the	country o	f your bir	th:					
Circle your Citizenship Status:	U.S. Bor	n	Naturaliz		Legal Al			umente				
Are you Disabled?	YES	NO	If Y	ES , do you	ı require S	Special A	Accommod	ations?	YES	NC)	
If YES, please explain accommoda	ations need	ed:										
ls anyone a College Student?	YES	NO	If Y	ES, are the	ey enrolle	d Full Tin	ne?	YES		NO		
Are you Currently Employed?	YES	NO	If Y	ES, circle s	status:	Full Tir	me P	art Time)			
Are you Currently out of work?	YES	NO	If Y	ES, are you	u receivin	ıg Unemp	ployment E	Benefits?	? \	YES	NO	
Circle reason for Unemployment:	Sea	sonal Wor	rker	Medical I	Injury/Lea	ive R	etired C	ther				_
on old reason for offernployment.			D:	4 Can	aratad	ç	ingle	Wide	owed			
Marital Status: circle one	Mar	ried	Divorce	ı sep	parated	J	migic	v v i a	OVVCa			
Marital Status: circle one What is your Race: circle all that	apply	Black Yes	Asi No		White		lative Ame			c Island	er	
Marital Status: circle one What is your Race: circle all that Are You Hispanic/Latino? circle o	apply	Black	Asi				Ü			c Island	er	
Marital Status: circle one What is your Race: circle all that	apply	Black	Asi No			N	Ü	rican	Pacifi	c Island	CUR	RENTLY PLOYED
Marital Status: circle one What is your Race: circle all that Are You Hispanic/Latino? circle o	apply	Black Yes	Asi No	an	White DATE OF	N	lative Ame	rican	Pacifi	LEGE	CUR	
Marital Status: circle one What is your Race: circle all that Are You Hispanic/Latino? circle of SPOUSE OR PARTNER NAME INCOME - List the INCOME of (1) Job 2) Welfare 3) S	apply	RELATI TO HEA hold mem rity 4) S YPE	Asi No ION AD	SEX arately. Use	DATE OF BIRTH e another s 5) Unem	sheet if n	COUNTE BIRT	RY OF	COL STU YES	LEGE DENT NO	CUR EMP YES	NO NO W



2021 MCK2 WAITING LIST - PRE-APPLICATION CONT'D

CURRENT RESIDENCE											
Living Arrangement (check one)		Rentir	5		Sha	Sharing/Furnished Room		Part of Emplo		yment	
		Living			elter/Homeless	meless		Own the Property			
Total Rent	\$	Amount you PAY If shared or subsidized \$ Monthly			Monthly U	ly Utility Expense \$		\$			
Landlord Name											
Landlord Address											
Landlord Phone											
Length of Tenancy		Move	In Date				Lease End	d Da	ate		
			•				•				

FORMER RESI	DENCE								
Living Arrangement		Renting			Shari	ng/Furnis	hed Room	Part of Emp	loyment
(check one)		Living	with Family	Shelter/Homeless Own the		Own the Pro	operty		
Total Rent \$			Amount you PAY If shared or subsidi		\$		Monthly	Utility Expense	\$
Landlord Name									
Landlord Addre	SS								
Landlord Phone)								
Length of Tenar	псу	Move	In Date				Move O	ut Date	
Reason for Mov	ring								•

LOCAL PREFERENCE

I am a current Resident of Greenwich	No □	Yes 🖵
I Work Full-Time in Greenwich	No □	Yes 🗆
I am a Former Resident of Greenwich	No □	Yes 🗆

You will be required to Verify your preference

Title 18, Section 1001 of the U. S. Code provides, among other things that a person is guilty of a felony for knowingly and willfully making or using a document or writing containing false, fictitious, misleading or fraudulent statements or entries in any matter within the jurisdiction of a department or agency of the United States and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Public Housing Program. I also acknowledge that Incomplete applications will not be accepted.

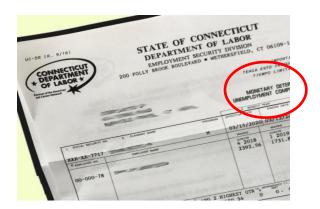
Head of Household Signature	Date
Spouse /Partner	Date

MAIL TO: GC 2021 SWL APP 249 MILBANK AVE GREENWICH, CT 06830

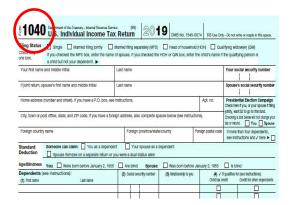


EXAMPLES OF REQUIRED DOCUMENTS

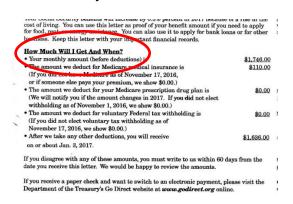
Monetary Determination Letter from Unemployment



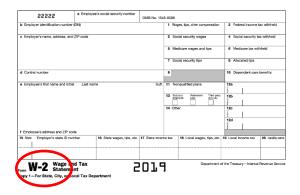
1040 Tax Forms (2 pages only)



Social Security Benefit Letter



W-2 Forms



If you receive any amount from any of these Income sources, it must be reported. **INCOME INCLUDES:**

Self-Employment	Operating a Business	Salary / Wages	Support from Friends	Support from Family
Unemployment	Workman's Compensation	Tips	Bonuses	Overtime
Commissions	Regular monetary gifts	Scholarships	Grants	Severance Pay
Work Study	Social Security	Disability/SSI	Death Benefits	Retirement Funds
Pension Funds	Annuities	Non-Revocable Trusts	Military Pay	Insurance Policies
Veterans Benefits	Social Services Assistance	Public Assistance	TANF / SAGA	Alimony
Welfare	Child Support	Rental Income	Real Estate Sold	Lottery Winnings

If you have any of these asset accounts, you must provide current statements. ASSETS INCLUDE:

Bank Accounts	Savings Accounts	Certificates of deposit (CDs)	Benefit Debit Cards	Life Insurance Policies
Cash	Money Market Accounts	401 (k) 403(b) 457 (b)	House, Condo, Co-Op	Bonds
Payroll Cards	Keogh	Stocks	Retirement Savings	Real Estate or Land
IRA	Trust Funds	Credit Union Accounts	Treasury Bills	Checking Accounts