



Commissioners  
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Executive Director  
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NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## MCKINNEY TERRACE II PRE-APPLICATION

Site Based Waiting List with Greenwich Communities

Please note that you will be required by the policies of Greenwich Communities to document **ALL** income and **ALL** assets of **ALL** family members with **CURRENT** verification that is not more than **90 days** old at each annual update or when requested.

- **The waiting list will open on December 13, 2021**
- **Applications will be accepted until a closing date is announced**
- **Applicants must be at least 55 years of age or Disabled (verification required)**
- **Applicants must demonstrate the ability to pay the minimum rent**
- **Minimum rents are (0BR) \$734 and (1BR) \$790. Utilities are not included**
- **Income Limits: 1 person \$63,950 2 people \$ 73,050**
- **All Household members must sign the application form**
- **Do not leave ANY sections blank, Do not alter the form. Send no documentation**
- **Incomplete Pre-Application Forms will NOT be accepted**
- **Pre-Applications must be POSTMARKED by the USPS, December 13, 2021 or later**

**MAIL TO: GREENWICH COMMUNITIES – MCK2 APP**  
**249 Milbank Avenue**  
**Greenwich, CT 06830**

*Please contact Ms. Murphy at ext. 120, if you have general questions, need an accommodation or assistance completing this form. Application Status is not provided by phone but will be mailed. Please note: our offices are closed to the public.*

===== GREENWICH COMMUNITIES USE ONLY =====

### APPLICATION RECEIPT FOR MCKINNEY TERRACE II SITE BASED WAITING LIST

This is to confirm that on this date: \_\_\_\_\_

- The individual above initiated a pre-application for Housing with Greenwich Communities at the development known as **MCKINNEY TERRACE II**. I/We understand that this is not a contract and does not bind either party. By signing the pre-application, I/we certify the above information is true and correct to the best of my knowledge. Each family member over 18 must sign *I also acknowledge that Incomplete pre-applications will not be accepted.*
- The enclosed application is incomplete or illegible. Please submit a new pre-application form



## MCKINNEY TERRACE II PRE-APPLICATION FORM

### HEAD OF HOUSEHOLD INFORMATION

|         |     |       |               |       |     |
|---------|-----|-------|---------------|-------|-----|
| LAST    |     | FIRST |               |       |     |
| ADDRESS |     |       |               |       |     |
| CITY    |     |       |               | STATE | ZIP |
| DOB     | AGE | SS#   | BIRTH COUNTRY |       |     |
| PHONE   |     | EMAIL |               |       |     |

*P.O. BOX OR MAILING ADDRESS - ONLY IF DIFFERENT FROM RESIDENCE*

|                 |
|-----------------|
| MAILING ADDRESS |
|-----------------|

### OTHER INFORMATION

**FOR HUD STATISTICAL PURPOSES ONLY** (answer all)

- A:** Please identify your race:      White  Black  Asian  Native American  Pacific Islander
- B:** Please identify your ethnicity:    Hispanic or Latino       Not-Hispanic or Latino
- C:** Marital Status:                    Single                     Married                     Legally Separated                     Divorced
- D:** You or Spouse disabled?            Yes                     No
- E:** Are you employed?                    Yes                     No

### SPOUSE/PARTNER INFORMATION

|       |     |       |               |  |  |
|-------|-----|-------|---------------|--|--|
| LAST  |     | FIRST |               |  |  |
| DOB   | AGE | SS#   | BIRTH COUNTRY |  |  |
| PHONE |     | EMAIL |               |  |  |

### HOUSEHOLD INCOME *(list each person separately)*

| Income Types: 1) Job 2) Social Security 3) Welfare 4) Self-employment 5) Pension 6) Other |                                    |               |            |             |            |
|---|------------------------------------|---------------|------------|-------------|------------|
| Person with Income  | Income Type<br><i>(use number)</i> | Employer Name | \$per week | \$per month | \$per year |
|   |                                    |               |            |             |            |
|   |                                    |               |            |             |            |
|   |                                    |               |            |             |            |
| <b>TOTAL</b>  |                                    |               |            |             |            |

### LOCAL PREFERENCE (answer both F and G)

**F:** I Live In Greenwich:    No     Yes     Landlord Name & Number \_\_\_\_\_

**G:** I Work Full-Time in Greenwich: No     Yes     Employer Name \_\_\_\_\_

### 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 understand and have no objections to inquiries being made for the purpose of verifying the statements made herein, INCLUDING BUT NOT LIMITED TO: Criminal Background, Landlord, Internal Revenue, Credit History, Etc.*

**Signature of Head of Household** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Spouse/Partner** \_\_\_\_\_ **Date** \_\_\_\_\_