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**Executive Director**  
 Anthony L. Johnson

**NAME** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

## QUARRY KNOLL II PRE-APPLICATION

Project Based Section 8 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 Tuesday March 1, 2022**
- **Applications postmarked between 3/1/22 & 3/11/22 will be accepted**
- **Applicants must be at least 62 years of age or Disabled (verification required)**
- **Income Limits: 1 person \$63,950 2 people \$ 73,050**
- **All Household members must sign the application form**
- **Head of Household must complete the 90026 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**

**MAIL TO: GREENWICH COMMUNITIES – Q K II 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 a receipt will be mailed. Please note: our offices are closed to the public.*

**=====DO NOT WRITE BELOW THIS LINE - 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 **QUARRY KNOLL 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.
- The enclosed application is incomplete or illegible. Please submit a new pre-application form
- The enclosed application is **INELIGIBLE** for the following reason: \_\_\_\_\_







## QUARRY KNOLL II PRE-APPLICATION FORM

### HEAD OF HOUSEHOLD INFORMATION

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

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

MAILING ADDRESS
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### 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  Widowed  Divorced
- D:** Are you employed? Yes  No
- E:** You or Spouse disabled? Yes  No
- F:** Will you require special accommodations due to a disability? Yes  No
- If yes, please describe \_\_\_\_\_

### SPOUSE/PARTNER INFORMATION

LAST		FIRST		GENDER	
DOB	AGE	SS#	BIRTH COUNTRY		
PHONE		EMAIL			

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

Income Types: 1) Wages 2) Social Security 3) Welfare 4) Self-employment 5) Pension 6) Other				
Person with Income	Income Type <i>(use number)</i>	Employer Name or Income Source	MONTHLY	ANNUALLY
<b>TOTAL</b>				

### LOCAL PREFERENCE (answer all)

- F:** Greenwich Resident: No  Yes  Landlord Name & Number \_\_\_\_\_
- G:** Work Full-Time in Greenwich: No  Yes  Employer Name \_\_\_\_\_
- H:** Former Greenwich Resident: No  Yes  Address /Landlord \_\_\_\_\_

### 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 \_\_\_\_\_

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions:** Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>e-mail address:</b>

Check this box if you choose not to provide the contact information.

<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No: Cell Phone No:</b>	
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Update/Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	

<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.□	
<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.