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NAME

ADDRESS

CITY, STATE ZIP

2022 MCKINNEY TERRACE II WAITLIST ANNUAL UPDATE

Dear Applicant -

MCK2 – MCKINNEY TERRACE II

In order to confirm your eligibility and continued interest in The Senior Housing program above, you are required by the policies of Greenwich Communities to document the income and assets of every household member. If requested, you will be required to submit physical proof to verify any statements made in this update application immediately. Preference is given to current Greenwich residents and those employed Full -Time in Greenwich. Proof is required.

Querido solicitante -

MCK2 – MCKINNEY TERRACE II

Para confirmar su elegibilidad y su interés continuo en el programa The Housing, las políticas de Greenwich Communities le exigen que documente los ingresos y bienes de cada miembro del hogar. Si se le solicita, se le pedirá que presente pruebas para verificar cualquier declaración realizada en esta solicitud de actualización de inmediato. Se da preferencia a los residentes actuales de Greenwich ya los empleados a tiempo completo en Greenwich. Se requiere prueba.

**MAIL TO: GC – 2022 MCK2 AU
249 Milbank Avenue
Greenwich, CT 06830**

*Please contact **Ms. Murphy at ext. 120**, only if you need an accommodation or assistance completing this form. Application Status is not provided by phone. You will receive an ANNUAL status letter in a few weeks. Additional forms required to complete your annual update, can be downloaded from our website: <https://greenwichcommunity.org> under Applicants / Waiting List /Waiting List Forms.*

=====DO NOT WRITE BELOW THIS LINE - GREENWICH COMMUNITIES USE ONLY=====

UPDATE RECEIPT FOR THE MCK2 WAITING LIST- _____

The update submitted was illegible or incomplete. Please submit a new form within 1 week of the date above.

**SEND
NO
DOCUMENTS**

**ENVIAR
NO
DOCUMENTOS**



2022 MCKINNEY TERRACE II WAITLIST ANNUAL UPDATE

1. HEAD OF HOUSEHOLD INFORMATION - EL JEFE DE HOGAR

APPLICATION NO. 2196

LAST ÚLTIMO		ADAMO		FIRST PRIMERO		LAWRENCE		GENDER GÉNERO	
ADDRESS DIRECCIÓN DE RESIDENCIA									
CITY CIUDAD					STATE ESTADO			ZIP CÓDIGO POSTAL	
DOB FECHA DE NACIMIENTO		AGE AÑOS		SS# SEGURIDAD SOCIAL			BIRTH COUNTRY PAÍS DE NACIMIENTO		
PHONE TELÉFONO				EMAIL CORREO ELECTRÓNICO					

DO YOU WANT YOUR MAIL SENT TO ANOTHER ADDRESS? ¿QUIERES QUE TU CORREO SEA ENVIADO A OTRA DIRECCIÓN?

MAILING ADDRESS DIRECCIÓN POSTAL ALTERNATIVA
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2. OTHER INFORMATION - FOR HUD STATISTICAL PURPOSES ONLY (answer all)

- A. Race: White Black Asian Native American Pacific Islander
- B. Ethnicity: Hispanic or Latino Not-Hispanic or Latino
- C. Citizenship Status: Naturalized Legal Alien U.S. Citizen
- D. Marital Status: Single Married Legally Separated Widowed Divorced
- E. Employed? Yes No
- F. You or Spouse disabled? Yes No
- G. Will you require special accommodations due to a disability? Yes No
- If yes, please describe: _____

3. OTHER HOUSEHOLD MEMBERS - OTRAS MIEMBROS DEL HOGAR

YOU MAY NOT ADD ANYONE WHO WASN'T INCLUDED IN YOUR ORIGINAL APPLICATION UNLESS: You gave Birth, Adopted a Child or got married.
NO PUEDE AGREGAR A NADIE QUE NO ESTABA INCLUIDO EN SU SOLICITUD ORIGINAL A MENOS QUE: DIO A LUZ, ADOPTÓ A UN NIÑO O SE CASÓ.

LEGAL NAME	RELATIONSHIP TO HEAD	DATE OF BIRTH	SOC. SECURITY NUMBER	COUNTRY OF BIRTH	CITIZENSHIP STATUS	MARITAL STATUS
NOMBRE LEGAL	RELACIÓN CON EL JEFE DE HOGAR	FECHA DE NACIMIENTO	NÚMERO DE SEGURIDAD SOCIAL	PAÍS DE NACIMIENTO	ESTADO DE CIUDADANÍA	ESTADO CIVIL

- List household members who are Full-Time College/University Students _____ n/a
- List household members who DO NOT have legal status _____ n/a



HOUSEHOLD INCOME *(list each person separately)* **INGRESO FAMILIAR** *(enumere a cada persona por separado)*

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
		TOTAL		

List all sources of income include gig work such as Uber, etc. *(see website for additional information)*

LOCAL PREFERENCE - proof required - see website for list of verification

PREFERENCIA LOCAL - documentos requeridos - consulte el sitio web para ver la lista de verificación

F: Greenwich Resident: No Yes

Landlord Name & Number _____

G: Work Full-Time in Greenwich: No Yes

Employer Name & Number _____

H: Former Greenwich Resident: No Yes Address /Landlord _____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

CERTIFICO QUE LA INFORMACIÓN ANTERIOR ES EXACTA Y COMPLETA.

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.

FIRMA Y FECHA

Signature of Head of Household _____ **Date** _____

Signature of Spouse/Partner _____ **Date** _____