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**NAME**

**ADDRESS**

**CITY, STATE ZIP**

## 2022 SENIOR / DISABLED WAITLIST ANNUAL UPDATE

**Dear Applicant -**

**SDWL – AGNES MORLEY/QUARRY KNOLL 1**

In order to confirm your eligibility and continued interest in The 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 -**

**SDWL – AGNES MORLEY/QUARRY KNOLL 1**

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 SDWL 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 SENIOR DISABLED WAITING LIST- \_\_\_\_\_**

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



OMB Control # 2502-0581  
Exp. (11/30/2019)

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 information for an additional contact person, then sign below

<b>Name of Additional Contact Person</b>	
<b>Organization: (if applicable):</b>	
<b>Full Address</b>	
<b>Cell #</b>	<b>Home or Work#</b>
<b>E-Mail Address</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with 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	

**Commitment of Housing Authority or Owner:** 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.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** 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>
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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.



**2022 SENIOR / DISABLED WAITING LIST ANNUAL UPDATE FORM**

**1. HEAD OF HOUSEHOLD INFORMATION**

APPLICATION NO. 9712

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

P.O. BOX OR MAILING ADDRESS - ONLY IF DIFFERENT FROM RESIDENCE - DIRECCIÓN POSTAL ALTERNATIVA

<b>MAILING ADDRESS</b> 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. HOUSEHOLD MEMBERS / LOS 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.**

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

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)

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

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

**LOCAL PREFERENCE** (answer all)

**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.**

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** \_\_\_\_\_

**SEND NO DOCUMENTS**  
**ENVIAR NO DOCUMENTOS**