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NAME

ADDRESS

CITY, STATE ZIP

2022 STATE MODERATE WAITLIST ANNUAL UPDATE

Dear Applicant -

SMOD – Armstrong, Adams, McKinney I

In order to confirm your eligibility and continued interest in The Family Housing program, 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 -

SMOD – Armstrong, Adams, McKinney I

Para confirmar su elegibilidad y su interés continuo en el programa The Family 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 SMOD AU
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=====

UPDATE RECEIPT FOR THE SMOD 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 STATE MODERATE WAITING LIST ANNUAL UPDATE FORM

HEAD OF HOUSEHOLD INFORMATION - EL JEFE DE HOGAR

APPLICATION NO. **5666**

LAST	FIRST	GENDER
ADDRESS		
PHONE	EMAIL	

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

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 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 _____

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



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 _____

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** _____

Spouse _____ **Date** _____

Household member over 18 _____ **Date** _____

Household member over 18 _____ **Date** _____

Household member over 18 _____ **Date** _____