



ARMSTRONG COURT PHASE 2 APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

This is an application for housing at Armstrong Court Phase II ("ACP2"). Please complete this application, and **MAIL** along with all verification via U.S. Postal Service beginning: **06/15/2022**.

ENVELOPE MUST READ		GC ACP2 APP b 249 MILBANK AVE GREENWICH, CT 06830
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FY 2022 MAXIMUM INCOME LIMITS

HOUSEHOLD SIZE						
	2	3	4	5	6	7
50%	\$67,350	\$75,750	\$84,150	\$90,900	\$97,650	\$104,350
60%	\$80,820	\$90,900	\$100,980	\$109,080	\$117,180	\$125,220

Eligible applicants for ACP2 housing will be selected from the waiting list and assigned an appropriate size apartment based on the preferences established for this program. Applications from single households will not be accepted. Section 8 voucher holders are welcome. HATG will apply the preferences as follows:

- #1: Eligible Armstrong Court Residents in occupancy during the relocation construction.
- #2: Households whose head or spouse live, work or have been hired to work full time in the Town of Greenwich.

This application is to be completed fully and in detail. If additional pages are necessary, please attach them. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** The information provided will be used in the tenant selection process by The Greenwich Communities and is subject to verification by Greenwich Communities. In the event any information provided is later determined to be false, Greenwich Communities may, in their sole discretion, terminate any lease. Greenwich Communities gathering of information from, and about prospective tenants is for the benefit of the Greenwich Communities only, and does not create any right of reliance on the part of any tenant or occupant part regarding the behavior or character of any other tenant or occupant of the community. Additionally, the information provided is subject to verification by the Tax Credit Agency and/or the Internal Revenue Service (IRS).

Applicant's Full Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **E-Mail** _____

(Please Print)



**LIST OF REQUIRED VERIFICATION
FOR EACH PERSON ON APPLICATION**

Applicant's Full Name _____

ARMSTRONG COURT PHASE II	HEAD	2	3	4	#5
1. BIRTH CERTIFICATE OR VALID PASSPORT					
2. SOCIAL SECURITY CARD					
3. 6 MOST RECENT PAYSTUBS					
4. 2021 W2 AND 1099 FORMS					
5. SELF EMPLOYMENT: 2021 TAX RETURN INCLUDING ALL APPLICABLE SCHEDULES					
6. RECENT STATEMENT FROM SOCIAL SECURITY, WELFARE OR PENSION					
7. CHILD SUPPORT INCOME VERIFICATION					
8. SIX (6) MONTHS OF CHECKING ACCOUNT STATEMENTS (ALL PAGES, EVEN IF BLANK)					
9. ONE (1) RECENT STATEMENT FROM ANY OTHER ASSET ACCOUNT (SAVINGS/INVESTMENT/RETIREMENT)					
10. PROOF OF FULL-TIME ENROLLMENT HIGH SCHOOL / COLLEGE /UNIVERSITY / TRADE SCHOOL					

MAIL APPLICATION AND VERIFICATION TO

**GC ACP2 APP b
249 MILBANK AVE
GREENWICH, CT 06830**

APPLICATION RECEIPT

RCVD DATE _____

ACCEPTED
INCOMPLETE / ILLEGIBLE
SUBMISSION NOT MAILED. WAS DROPPED OFF - NOT ACCEPTED
MISSING ITEMS – SEE ATTACHED



HOUSEHOLD COMPOSITION

NAMES OF HOUSEHOLD MEMBERS (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	LAST 4 DIGITS SOCIAL SECURITY #	COUNTRY OF BIRTH	DATE OF BIRTH	FULL-TIME STUDENT Y / N
	SELF				
Do you expect any additions to the household within the next twelve months? Yes: <input type="checkbox"/> No: <input type="checkbox"/>					

DISABILITY STATUS: ANSWER ALL

WOULD YOU OR ANYONE IN YOUR HOUSEHOLD BENEFIT FROM THE FEATURES OF A HANDICAP-ACCESSIBLE UNIT?		
Would you like to be placed on a priority waiting list for a handicap-accessible unit?	YES	NO
Do you require any accommodation for any disability?	YES	NO
If you are disabled, do you require any modifications to the unit for any disability?	YES	NO
Do you have any handicap assistance expenses you incur due to disability?	YES	NO

CURRENT RESIDENCE

ADDRESS					
Living Arrangement (CIRCLE one)		Renting	Living with Family	Sharing/Furnished Room	Shelter/Homeless
		Part of Employment	Own the Property		
Total Rent	\$	If split, amount YOU PAY	\$	Monthly Utility Expense	\$
Landlord Name		Landlord Phone			
Landlord Address					
Length of Tenancy	Move In Date		Lease End Date		

FORMER RESIDENCE

ADDRESS					
Living Arrangement (CIRCLE one)		Renting	Living with Family	Sharing/Furnished Room	Shelter/Homeless
		Part of Employment	Own the Property		
Total Rent	\$	If split, amount YOU PAY	\$	Monthly Utility Expense	\$
Landlord Name		Landlord Phone			
Landlord Address					
Length of Tenancy	Move In Date		Move Out Date		
Reason for Moving					



GENERAL INFORMATION: ANSWER ALL

HAVE YOU, YOUR SPOUSE, OR ANY OTHER PROPOSED OCCUPANT EVER:		
Filed for bankruptcy?	YES	NO
Been evicted from any residence?	YES	NO
Willfully or intentionally refused to pay rent	YES	NO
Been required to register as a sex offender?	YES	NO
While living in a subsidized community, has your tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures?	YES	NO
Been arrested and charged with any misdemeanor or felony?	YES	NO
If yes , please explain:		
Been arrested for possession, sale or delivery of any illegal or controlled substance?	YES	NO
If yes , explain:		
Do you have any pets?	YES	NO
If yes , describe the species and include the breed and weight.		
Do you own a waterbed? If yes , what size?	YES	NO

MOTOR VEHICLES: List any cars, trucks, or other vehicles owned by you or a household member

YEAR	MAKE	MODEL	COLOR	LICENSE PLATE	MONTHLY PAYMENT †	LOAN PAYABLE TO
					\$	
					\$	
					\$	

† you must mark "0" in this column if you do not make car payments.

CREDIT REFERENCES: *MUST LIST ONE CAR LOAN OR PERSONAL LOAN AND ONE BANK ACCOUNT REFERENCE*

TYPE OF ACCOUNT	INSTITUTION NAME	INSTITUTION ADDRESS	PHONE NUMBER	ACCOUNT NUMBER(S)

PERSONAL REFERENCE: *Provide two personal and one emergency contact. Do not duplicate.*

NAME	RELATIONSHIP	ADDRESS	TELEPHONE

EMERGENCY CONTACT: – *List a person not planning to occupy the premises.*

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NOTE:

Tax Credit, Section 42 of the Internal Revenue Codes regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in this Tax Credit property must complete this disclosure form by filling in the requested information and certifying this form. Please provide the mailing address and phone number for each of these sources in the area provided. Should you need assistance completing this form, feel free to ask The Housing Authority for assistance.

To determine your eligibility to occupy a unit in this project, we need the current total amounts of all income sources earned by your household. You must list any income in which you and your household members receive. The form on the next page must be completed in its entirety. Leave no blanks.

INCOME: You must place a "0" in the Monthly Gross Amount column of each income source from which no income is received.

INCOME SOURCES	WHO RECEIVES INCOME	MONTHLY GROSS AMOUNT RECEIVED †	PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM
Salary / Wages / Employment		\$	
Salary / Wages / Employment		\$	
Salary / Wages / Employment		\$	
Tips / Bonuses		\$	
Self-Employment		\$	
Net Business Income / Farm Income		\$	
Child Support		\$	
Alimony		\$	
Social Security Benefits / SSI / SSD		\$	
Social Security Benefits / SSI / SSD		\$	
Death Benefits		\$	
Pension / Retirement Funds		\$	
Welfare / AFDC / TANF		\$	
Unemployment		\$	
Workers Compensation		\$	
VA or Military Payments / GI Bill		\$	
Real Estate Rental Income		\$	
Income from Sale of Real Estate		\$	
Interest on Checking / Savings Account		\$	
Interest on Bonds/CD's		\$	
Dividend Income ▶		\$	
Payments or withdrawals from an Asset ●		\$	
Recurring gifts/monetary or not		\$	
Other		\$	

Do you anticipate any changes in income during the next 12 months? Yes ____ No _____. If Yes, explain below:

† Dividends - Asset Income from Stocks, Bonds, or Mutual Funds.
 ● Annuity payments, withdrawals from IRA's, etc.



CHILD SUPPORT:

WE MUST COUNT COURT-ORDERED SUPPORT WHETHER OR NOT IT IS RECEIVED, UNLESS LEGAL ACTION HAS BEEN TAKEN TO REMEDY. WE MUST ALSO COUNT SUPPORT THAT IS NOT COURT-ORDERED BUT RECEIVED DIRECTLY FROM PAYER.		
Are you or any member of your household legally entitled to receive child support payments?	YES	NO
If yes, are you currently receiving any child support payments?	YES	NO
If yes, are your child support payments court ordered?	YES	NO
If money is not actually received , are you taking legal action to resolve?	YES	NO
<i>Please explain your answer.</i>		

ASSETS: (You must place a "0" in the value column under each asset type that you do not have)

TYPE OF ASSETS	INSTITUTION NAME, ADDRESS & PHONE NUMBER	ACCOUNT #'S	VALUE †
CHECKING ACCOUNTS			\$
CHECKING ACCOUNTS			\$
SAVINGS ACCOUNTS			\$
SAVINGS ACCOUNTS			\$
MONEY MARKET ACCOUNTS			\$
CASH ON HAND/AT HOME			\$
TRUST ACCOUNTS ‡			\$
CERTIFICATES OF DEPOSIT (CD)			\$
CERTIFICATES OF DEPOSIT (CD)			\$
CREDIT UNION			\$
IRA'S/PENSIONS/ 401K/MUTUAL FUNDS			\$
STOCKS/BONDS/			\$
WHOLE LIFE			\$
MONEY IN A SAFETY DEPOSIT BOX			\$
SAVINGS BONDS			\$
PERSONAL PROPERTY HELD AS AN INVESTMENT			\$
OTHER (DESCRIBE)			\$

† YOU MUST MARK "0" IN THIS COLUMN IF NO ONE IN THE HOUSEHOLD HAS/OWNS THIS ASSET TYPE.
‡ REVOCABLE OR IRREVOCABLE



REAL ESTATE

<i>HOUSE, CONDO, CO-OP, TOWNHOUSE, COMMERCIAL REAL ESTATE, BUILDING, LAND, TIME-SHARE</i>		
Do you own any property or land contracts If yes,	YES	NO
Type of property		
Location of property		
Appraised Market Value: \$		
Do you receive rent from any of your properties?	YES	NO
If yes, amount received per month: \$		

ASSETS DISPOSED OF:

APPLICANTS MUST ALSO DISCLOSE ANY ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE IN THE TWO YEARS PRECEDING THE EFFECTIVE DATE OF THE CERTIFICATION/RE-CERTIFICATION. THIS INCLUDES BUT IS NOT LIMITED TO ASSETS OR MONEY GIVEN AWAY OR SOLD FOR LESS THAN THEIR TRUE VALUE IF OFFERED FOR SALE TO THE PUBLIC		
Did you have any assets (excluding personal assets) in the last two years not listed above?	YES	NO
If yes, did you dispose of any assets for less than fair market value?	YES	NO

Please list assets disposed of in the last two years:

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED OF
	\$	\$	
	\$	\$	

STUDENT STATUS:

Is anyone in your household currently or planning to be a Full-time student within the next 12 months?	YES	NO
If yes, please explain.		
List Full time Student (1)		
List School and Semester		
List Full time Student (2)		
List School and Semester		



STATUS

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Tax Credit Service that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."

Please review the statement above and provide the requested information from each column, below if you are willing:

ETHNICITY - CHECK ONE	RACE - CHECK ALL THAT APPLY	GENDER - CHECK ONE
<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Female
<input type="checkbox"/> Not Hispanic or Not Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Male
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	
	<input type="checkbox"/> White	

I decline to provide some or all of the information above.

NOTE:

In considering this application from you, The Housing Authority of the Town of Greenwich ("HATG") will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any references that you have listed.

I do hereby certify that the information listed on this form and the questions answered are true and complete to the Best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property). I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. Rural Development has also established a process to match resident wage and benefit date with federal and state records to assure that applicants/residents are fully disclosing income. I hereby consent to release wage matching data to Carleton House and Landlord. I hereby certify that if I am applying for a federally subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

For HATG Use Only:



CONSENT FOR RELEASE OF INFORMATION

Your signature on this form authorizes HATG to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing complex in which you have applied. Any individual or organization may be asked to release information.

INQUIRIES INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING INFORMATION MAY BE MADE:

- Pension Income Criminal History Credit References Benefits
- Self-Employment Income Family Composition Disability Income Assets of Any Kind
- Other Sources of Income Landlord References Personal References Benefits
- Federal, State, Tribal, and Local Employment Income Social Security Income Student Status

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the HATG.

Please Complete This Section:

I understand that failure to consent to the release of this information will render me ineligible for housing at the complex which I have applied. I give my permission for Landlord, as mentioned above, to obtain any information that is pertinent to my eligibility, and to any reference or entity I have identified to release such information to Landlord.

Applicant Info

Spouse /Co-Applicant Info

NAME		
ADDRESS		
PHONE		
SOCIAL SECURITY #		
DATE OF BIRTH		
DRIVER'S LICENSE #		
STATE OF ISSUANCE		
SIGNATURE		
DATE		