



249 Milbank Avenue, Greenwich, CT 06830
Phone: 203-869-1138 GreenwichCommunity.org

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRE-APPLICATION FAMILY WAITING LIST FOR PUBLIC HOUSING AT WILBUR PECK

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 when requested.

- The waiting list will open on Monday April 3, 2023 and close on Friday June 30, 2023
- Applications postmarked between the dates above will be accepted
- Head of Household must be at least 18 years old
- Minimum Occupancy is two people
- Current Income Limits: (2p) 81,750 (3p) 91,950 (4p) 102,150 (5p)110,350 (6p) 118,500
- Complete and return the entire application packet (4 pages)
- Send no documentation
- Illegible or Incomplete Pre-Application Forms will NOT be accepted
- Pre-Applications must be postmarked and mailed by the USPS

MAIL TO: **GC – 2023 FAMILY APP**
249 Milbank Avenue
Greenwich, CT 06830

*Please contact Ms. Murphy at ext. 120, if you 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 FAMILY 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 **WILBUR PECK**
- The enclosed application is incomplete or illegible. Please submit a new pre-application form
- The enclosed application is INELIGIBLE for the following reason: _____



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.

Applicant Name	
Mailing Address	
Telephone No	e-mail address:

Check this box if you choose not to provide information for an additional contact person, then sign below

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

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.



FAMILY WAITING LIST PRE-APPLICATION

1. HEAD OF HOUSEHOLD INFORMATION INFORMACIÓN SOBRE EL CABEZA DE FAMILIA

LAST NAME APELLIDO		FIRST NAME NOMBRE PRIMER		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		

PROVIDE A P.O. BOX OR MAILING ADDRESS **ONLY** IF YOU WANT TO RECEIVE MAIL SOMEWHERE ELSE

MAILING ADDRESS DIRECCIÓN POSTAL ALTERNATIVA

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 / LOS MIEMBROS DEL HOGAR

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 # <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
 Enumere los miembros del hogar que son estudiantes universitarios a tiempo completo

List household members who DO NOT have legal status _____ n/a
 Enumere los miembros de la unidad familiar que NO tienen estatuto legal



HOUSEHOLD INCOME *(list each person separately)* **INGRESOS DE LOS MIEMBROS DEL HOGAR** *(enumere cada persona por separado)*

Income Types: 1) Wages 2) Social Security 3) Welfare 4) Self-employment 5) Pension 6) Other <i>Tipos de ingresos: 1) Salarios 2) Seguridad Social 3) Asistencia social 4) Trabajo por cuenta propia 5) Pensión 6) Otros</i>				
Person with Income	Income Type <i>(use number)</i>	Employer Name or Income Source	DOLLAR AMOUNT	MONTHLY or ANNUALLY?
Persona con ingresos Tipo de ingresos	Tipo de ingresos (utilice el número)	Nombre del empleador o fuente de ingresos	Importe en dólares	¿mensual o anual?
TOTAL				

LOCAL PREFERENCE *PREFERENCIA LOCAL* (answer all) verification will be required

F: I am a Greenwich Resident: Soy residente en Greenwich: **No** **Sí**
Landlord Name & Number Nombre y número del propietario

G: I Work Full-Time in Greenwich: Trabajo a tiempo completo en Greenwich: **No** **Sí**
Employer Name & Number Nombre y número de la empresa

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.

Signature of Head of Household _____ **Date/Fecha** _____
 Firma del cabeza de familia

Signature of Spouse/Partner _____ **Date/Fecha** _____
 Firma del cónyuge/pareja

Household Member over 18 _____ **Date/Fecha** _____
 Miembro del hogar mayor de 18 años

Household Member over 18 _____ **Date/Fecha** _____
 Miembro del hogar mayor de 18 años

All household members over the age of 18 must sign and date above. Todos los miembros del hogar mayores de 18 años deben firmar y poner la fecha arriba