




State, Moderate-Income, Family Pre-Application

(Adams Garden, McKinney Terrace I)

This pre-application is for housing at Adams Garden or McKinney Terrace I **ONLY**. Please complete the application in-full, with clear and legible writing. The information provided will be used in the tenant selection process and is subject to verification.

ENVELOPE MUST READ		Greenwich Communities Attn: S-MOD Pre-Application 249 MILBANK AVE GREENWICH, CT 06830
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FY 2024 MAXIMUM INCOME LIMITS

HOUSEHOLD SIZE					
	2	3	4	5	6
50% Income Limits	\$72,200.00	\$81,250.00	\$90,250.00	\$97,500.00	\$104,700.00

Applicants for State / Moderate-Income housing, who have been determined eligible by Greenwich Communities and approved will be assigned an appropriate size apartment based on the preferences established for this program.

Preferences:

- Households whose head or spouse live, work or have been hired to work full-time in the Town of Greenwich.

This pre- application is to be completed fully and in detail. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** The information provided will be used in the tenant selection process by 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 this application and lease after occupancy. 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 Internal Revenue Service (IRS).

Applicant's Full Name _____

Address _____

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

Phone 1 _____ **Phone 2** _____

E-Mail _____

(Please Print)



HOUSEHOLD COMPOSITION

NAMES OF HOUSEHOLD MEMBERS (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY #	COUNTRY OF BIRTH	DATE OF BIRTH	STUDENT Y / N
1.	SELF				
2.					
3.					
4.					
5.					
6.					

Do you anticipate any changes in household composition within the next twelve months? If yes, explain:	YES	NO
Will all listed minors be living in the unit 100% of the time? If not, explain custody agreement (proof of custody may be required)	YES	NO
Have there been any changes in household composition in the last twelve months? If yes, explain:	YES	NO
Is there someone not listed above who would normally be living with the household? If yes, explain:	YES	NO
Are you living with anyone now who will not be moving into this unit with you? If yes, explain:	YES	NO

STUDENT STATUS:

Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	YES	NO
IF YES, ANSWER THE FOLLOWING QUESTIONS:		
Are any full-time students(s) married and filing a joint tax return?	YES	NO
Are any student(s) enrolled in a job training program receiving assistance under the Job Training Partnership Act?	YES	NO
Are any full-time student(s) a TANF or title IV recipient?	YES	NO
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	YES	NO
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	YES	NO



INCOME: Place a "0" or "n/a" in the Gross Amount column of each income source from which no income is received.

INCOME TYPE	WHO RECEIVES INCOME	GROSS AMOUNT +	FREQUENCY	SOURCE / EMPLOYER / INSTITUTION
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		\$		

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

Do you anticipate any changes in income in the next twelve months? If yes, explain:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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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 it?	YES	NO
<i>Please explain your answer.</i>		



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

TYPE OF ASSETS	BANK NAME	ACCOUNT #	VALUE †
CHECKING ACCOUNT			\$
CHECKING ACCOUNT			\$
CHECKING ACCOUNT			\$
SAVINGS ACCOUNT			\$
SAVINGS ACCOUNT			\$
SAVINGS ACCOUNT			\$
TRUST ACCOUNTS ▶			\$
MONEY MARKET ACCOUNT			\$
CERTIFICATES OF DEPOSIT (CD)			\$
CERTIFICATES OF DEPOSIT (CD)			\$
DIRECT DEPOSIT CARDS FOR SS, SSI, SSDI, TANF			\$
RETIREMENT ACCOUNTS IRA'S/401K/			\$
PENSIONS			\$
STOCKS/BONDS/ MUTUAL FUNDS NAME, # OF SHARES			\$
WHOLE LIFE			\$
CASH ON HAND/AT HOME MONEY IN A SAFETY DEPOSIT BOX			\$
SAVINGS BONDS			\$
PERSONAL PROPERTY HELD AS AN INVESTMENT			\$
OTHER (DESCRIBE)			\$

▶ 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			YES	NO
If yes,				
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/RECERTIFICATION. 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
	\$	\$	
	\$	\$	

CURRENT RESIDENCE

ADDRESS					
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					
Landlord Name			Landlord Phone		
Length of Tenancy	Move In Date		Lease End Date		

CREDIT REFERENCES: YOU 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: *personal or business references*

NAME	RELATIONSHIP	ADDRESS	TELEPHONE

EMERGENCY CONTACT: *—someone not listed on application*

NAME	RELATIONSHIP	ADDRESS	TELEPHONE

GENERAL INFORMATION: ANSWER ALL

Have you, your spouse, or any other proposed occupant ever filed for bankruptcy?	YES	NO
Have you, your spouse, or any other proposed occupant ever been evicted from any residence?	YES	NO
Has your tenancy or assistance been terminated for fraud, nonpayment of rent or failure to cooperate with the leasing or renewal process?	YES	NO
Have you, your spouse, or any other proposed occupant ever willfully or intentionally refused to pay rent	YES	NO
Have you, your spouse, or any other proposed occupant ever been required to register as a sex offender?	YES	NO
Have you, your spouse, or any other proposed occupant ever been arrested and charged with any misdemeanor or felony? If yes , please explain:	YES	NO
Have you, your spouse, or any other proposed occupant ever been arrested for possession, sale, or delivery of any illegal or controlled substance? If yes , explain:	YES	NO
Do you have any pets? If yes , describe the species and include the breed and weight.	YES	NO

MOTOR VEHICLES:

Does anyone in your household own any cars, trucks, or other motor vehicles?						YES	NO
If yes, provide the information below. You must mark "0" in this column if you do not make car payments							
YEAR	MAKE	MODEL	COLOR	LICENSE PLATE	MONTHLY PAYMENT †	LOAN PAYABLE TO	
					\$		
					\$		
					\$		



STATUS

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, 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 provide 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:
(OPTIONAL)

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, Greenwich Communities 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. Greenwich Communities 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 the release of wage matching data to Greenwich Communities. I hereby certify that if I am applying for an apartment, it will serve as my permanent residence, and that I will not maintain a separate rental unit in a different location. ALL adult applicants 18 or older, must sign application.

Applicant Signature: _____ Date: _____

Spouse/Co-Applicant Signature: _____ Date: _____

Person over 18 Signature: _____ Date: _____

Person over 18 Signature: _____ Date: _____

Person over 18 Signature: _____ Date: _____



CONSENT FOR RELEASE OF INFORMATION

Your signature on this form authorizes Greenwich Communities 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:

- Family Composition, Personal References, Credit References, Landlord References, Student Status
- Sources of Income, Social Security Income, Pension Income, Disability Income
- Assets of Any Kind
- Criminal History

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

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 for. 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	Person over 18
NAME			
ADDRESS			
PHONE			
SOCIAL SECURITY #			
DATE OF BIRTH			
DRIVER'S LICENSE #			
STATE OF ISSUANCE			
SIGNATURE			
DATE			



LIST OF REQUIRED VERIFICATION FOR EACH PERSON ON APPLICATION

All family members must sign a declaration stating whether they are U.S. citizens or non-citizens eligible for housing assistance and provide the necessary documentation. Any undocumented applicants are ineligible for the State Housing properties as approved by the Board of Commissioners effective on January 1, 2018.

Documents:	HEAD	2	3	4	5
BIRTH CERTIFICATE OR VALID PASSPORT					
GOVERNMENT ISSUED PHOTO ID					
SOCIAL SECURITY CARD					
2 to 4 MOST RECENT PAYSTUBS					
W2 AND 1099 FORMS					
SELF EMPLOYMENT: TAX RETURN INCLUDING ALL SCHEDULES					
MOST RECENT STATEMENT FROM SOCIAL SECURITY, WELFARE OR PENSION					
CHILD SUPPORT INCOME VERIFICATION					
SIX (6) MONTHS OF CHECKING ACCOUNT STATEMENTS (ALL PAGES, EVEN IF BLANK)					
ONE (1) MOST RECENT STATEMENT FROM ANY OTHER ASSET ACCOUNT (SAVINGS/INVESTMENT/RETIREMENT)					
PROOF OF FULL-TIME ENROLLMENT HIGH SCHOOL / COLLEGE /UNIVERSITY / TRADE SCHOOL					