

PUBLIC NOTICE!!

McKINNEY TERRACE II 55 + and/or Disabled Housing Waitlist OPENING 2/9/2025!!

Greenwich Communities is now accepting pre-applications for units at our McKinney Terrace II development.

SECTION - 8 VOUCHERS ARE WELCOME!!

Pre-Applications can be found on our website: www.GreenwichCommunity.org

- Pre-Applications are to be mailed and post-marked to the address below.
- Waitlist Closing 2/28/2025 pre-applications post-marked after February 28th, 2025, will not be accepted.

Greenwich Communities
Attn: MCKII Waitlist Application
249 Milbank Avenue
Greenwich, CT 06830



McKinney Terrace II

(State, Moderate Income, 55+ and/or Disabled Housing Property)

Pre-Application

The purpose of this pre-application is to identify eligible applicants who meet the criteria for our State, Moderate Income, 55+, and/or Disabled housing program. All applications will be processed through a daily lottery system, and applicants will be placed on a waitlist. Each applicant will receive a notification regarding their eligibility status, whether confirmed or denied.

Any falsification of information provided will result in the rejection of your application by Greenwich Communities. The information collected from applicants is for the exclusive use of Greenwich Communities.

Maximum Income Limits

Below are the maximum income limits based on household size. These limits reflect the gross annual income of all household members. If your household's gross annual income exceeds these limits, you will NOT qualify for our housing program.

2024/25 Maximum Income Limits:

Household Size	1 Person	2 Persons	
Income Limit	\$83,300.00	\$95,200.00	

Rent and Utility Requirements

Please be aware that McKinney Terrace II has a minimum base rent, and residents are responsible for their utility payments. As such, applicants must either meet the income requirement or provide proof of substantial assets to demonstrate financial capability for covering rent and utilities.



MCKINNEY TERRACE II PRE-APPLICATION for ADMISSION

APPLICANT / HEAD OF HOUSEHOLD INFORMATION

Last Name			First Name	Э						
Address	City		State		Zi	р				
Phone	e-mail									
Date of Birth		Age	G	ender	er Social Security#					
Mailing Address	– if diffe	rent from resid	lential add	ress above						
Address				City		S	tate		Zip	
o you or anyone in you	ır house	hold have a	Section-	-8 Voucher?	YES NO					
re you U.S. Born?	YE	ES NO	It	f NO, list the cour	ntry of your birth:	/			_	
ircle your Citizenship Statu	s: U	l.S. Born	Natura	alized Le	gal Alien	ed				
re you Disabled?		ES NO	ŀ	f YES, do you red	uire Special Acc	ommodations	? YES	NO		
YES, please explain accom	nmodation	ns needed:								
s anyone a College Student	? YI	ES NO		f YES, are they e	nrolled Full Time	? YE	S N	NO		
re you Currently Employed		ES NO	ŀ	f YES, circle statu	ıs: Full Time	Part Tir	ne			
are you Currently out of wor		ES NO		f YES, are you re		yment Benefit	s? \	/ES	NO	
circle reason for Unemployn		Seasonal V	Vorker	Medical Injur	y/Leave Reti	red				
Other				•						
Marital Status: circle one		Married	Divor	ced Separat	ed Sing	gle W	idowed			
Vhat is your Race: circle all	I that app	ly Black	F	∖sian Wi	nite Nat	ve American	Pacific	c Islande	er	
re You Hispanic/Latino? ci	rcle one	Yes	Ŋ	No						
SPOUSE OR PARTNE	ER			Taxas or pips	L COUNTRY	05 80	CIAL	L 601	LECE	CURR
		RELATION TO HEAD	SEX	DATE OF BIRT	H COUNTRY BIRTH	·	SOCIAL SECURITY #		COLLEGE STUDENT	
		10112/12						YES	NO	YES
NCOME - List the INCOMire below 1) Job 2) Welfare	3) Soci	ial Security 4) Self-em	ployment 5)	Unemployment	or 6) Othe	mmon IN er income			HOW
RSON w/ INCOME INCOI		TYPE MBER)		IPLOYER NAME NCOME SOURCE					OFTEN	
	-									
ASSETS - List the ASSET re below		n household m				•	ommon A		ypes	
1) Checking 2)		Stocks, Bonds,					ANOT			
RSON w/ ASSETS	SET TYPE SE NUMBER)	BANK NAME or FINANCIAL INSTITUTION					VALUE or BALANCE			
							\$			

NAME



MCKINNEY TERRACE II APPLICATION CONT'D

CURRENT RESIDENCE												
Address				- ,,	City				State	Zip		
Living Arrangement (check one)		Renting				Sh	aring/	Furnished	Room	Part of Er	nployment	
		Living	g with Fan	nily		Sh	elter/	Homeless		Own the	Property	
Total Rent	nt \$		Amount you PAY If shared or subsi			ized \$			Monthly Utility Expense		\$	
Landlord Name								Landlord	Phone			
Landlord Address												
Length of Tenancy		Move In	Date						Move Out [Date		
Reason for Moving												
FORMER RECIDENCE												
FORMER RESIDENCE						City				State	Zip	
Address		Dantina				City	aring	Furnished	I Poom		Part of Employment	
Living Arrangement (check one)		Renting	ith Familie					Homeless		Own the		
(0.1001, 2.10)	r	LIVING W	ith Family		, DAV	311	eiter/	nomeiess	Monthly		Гюренту	
Total Rent	\$	Amount you PAY If shared or subsident				dized \$			Utility Ex		\$	
Landlord Name			**					Landlord	d Phone			
Landlord Address												
Length of Tenancy		Move In	Move In Date Move Out Date									
Reason for Moving												
ADDITIONAL INFO I am a Current / Fo List all the states y Has anyone in the If YES, list and expl *You will be required to the I understand that the information is true a and have no objecti INCLUDING BUT NO	ormer Residual Residu	dent of G yed in the been ar rence contract to the k uiries bei	and does	or an	t bind of the pu	othe either ge. E	r than part ach for	n traffic v y. By sign amily men	iolations? ning below mber over he stateme	r, I/we certify 18 must sign	n. I understar erein,	
WARNING: Title 18, Section 1 for knowingly and fraudulent staten the United States years or both. Head of Househo	d willfully nents or e and shal	making entries in I be fine	g or using n any ma	g a d atte	docum er with	nent nin th	or w ie jui	riting co isdiction	ntaining f n of a dep	false, fictition Partment or	ous or agency of	у
Spouse /Partner	-									- Date		