



PUBLIC NOTICE: Senior & Disabled Waiting List for Public Housing Open

The Housing Authority of the Town of Greenwich, ("HATG") will be accepting pre-applications for the above-mentioned program ("SDWL") beginning **March 5th, 2018**.

Pre-applications must be addressed and **MAILED** to HATG as follows:

XXXXX	
XXXXX	
	Greenwich Housing 2018 SDWL APP 249 Milbank Avenue Greenwich, CT 06830

- ◆ This program is for the developments known as Agnes Morley Heights & Quarry Knoll 1
- ◆ Pre-applications will be available in the HATG office at 249 Milbank Ave starting on **March 5st, 2018**
- ◆ Pre-applications will also be available on our website @ www.GreenwichHousing.org
- ◆ This pre-application form must be used to apply for the SDWL
- ◆ Applicants must fill out the entire pre-application neatly in ink. **Make a copy for your records.**
- ◆ Only fully completed, legible pre-applications received by mail will be accepted
- ◆ Pre-applications submitted by fax or in person will be considered ineligible
- ◆ A **DAILY** lottery system will be used to select eligible submissions **POSTMARKED** 3/5/18 or later
- ◆ Pre-applications postmarked before 3/5/18 will be considered ineligible
- ◆ Envelopes without a legible postmark will be added to the list randomly on the date received by HATG
- ◆ Applicants 62 or older may elect to be considered for one or both properties
- ◆ The HATG has a preference for those who ① Live, ② Work F/T or are ③ Former Residents of Greenwich
- ◆ Computer and internet access may be found at your local library.
- ◆ Applicants with disabilities may seek assistance with the completion of the pre-application

The Housing Authority of the Town of Greenwich is an Equal Housing Provider



SENIOR & DISABLED PUBLIC HOUSING PROGRAM PRE-APPLICATION

APPLICANT / HEAD OF HOUSEHOLD INFORMATION

Last																				
First																Middle				
Address																				
City											State				Zip					
DOB	M M /		D D /		Y Y Y Y				Gender	M F		Age		0 0						
Citizenship	ALIEN			NATURALIZED			U.S. BORN			Social Security #		0 0 0 - 0 0 - 0 0 0 0								
Phone 1	0 0 0 - 0 0 0 - 0 0 0 0			Phone 2		0 0 0 - 0 0 0 - 0 0 0 0														

MAILING ADDRESS (only if different from residence)

Address																		
City											State				Zip			

SPOUSE / PARTNER

NAME	Relation to Head	Gender	Date of Birth	Employed?
			/ /	Y N

TOTAL HOUSEHOLD INCOME

INCOME TYPE	PERSON w/ INCOME	AMOUNT PER YEAR
EMPLOYMENT OR SELF EMPLOYMENT		\$ 0 0 0 , 0 0 0 0
CASH ASSISTANCE (welfare, etc)		\$ 0 0 0 , 0 0 0 0
SOCIAL SECURITY, SSI, SSD		\$ 0 0 0 , 0 0 0 0
PENSION, ANNUITY, RETIREMENT		\$ 0 0 0 , 0 0 0 0
OTHER		\$ 0 0 0 , 0 0 0 0
<i>do not include SNAP or Food stamps</i> TOTAL >>>>>>>		\$

LOCAL PREFERENCE (answer all)

Greenwich Resident Y N I Work Full-Time in Greenwich Y N Former Resident/ Moved Y N

FOR STATISTICAL PURPOSES

Are you disabled? Y N Will you require special accommodations to participate? Y N

If yes, please list _____

ETHNICITY: Circle one **Hispanic** **Not Hispanic**
MINORITY: Circle all applicable **Black** **White** **Native American** **Pacific Islander** **Asian**

BUILDING CHOICE Choose One or Both if Applicable (APPLICANTS MUST BE 62 YEARS OF AGE TO SELECT AMH)

Agnes Morley Heights Y N Quarry Knoll 1 Y N

I certify that the above information is an ACCURATE and COMPLETE representation of my household. I understand that the submission of false or misleading information will result in loss of eligibility to participate in the Public Housing Program. I also acknowledge that the information herein will require verification.

Signature of Head of Household _____ **Date** _____
Signature of Spouse or Partner _____ **Date** _____