



## **PUBLIC NOTICE: State Moderate Family Waiting List Open**

The Housing Authority of the Town of Greenwich, (“HATG”) will be accepting pre-applications for the above-mentioned program (“SMFWL”) beginning **June 6<sup>th</sup>, 2018**.

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

XXXXXX XXXXXX	<b>HATG ATTN: 2018 SMFWL 249 Milbank Avenue Greenwich, CT 06830</b>
------------------	---

- ◆ This program is for the developments known as Armstrong Court, Adams Gardens and McKinney Terrace I
- ◆ This Pre-Application Form must be used to apply for the **SMFWL**
- ◆ Forms will be available in the HATG office at 249 Milbank Ave starting on **June 6<sup>th</sup>, 2018**
- ◆ Forms will also be available on our website @ [www.GreenwichHousing.org](http://www.GreenwichHousing.org)
- ◆ Only fully completed, legible pre-applications **POSTMARKED** 6/6/18 or later will be accepted
- ◆ Pre-applications submitted by fax or in person will be considered ineligible
- ◆ HATG will review reported incomes to draw qualified submissions for a random selection lottery
- ◆ All eligible forms postmarked during the application period will be added to the list
- ◆ Income from all sources for all family members must be accounted for
- ◆ Household Income limits apply and are on our website
- ◆ Application period is 90 days unless a sufficient number of applications are received to meet HATG marketing plan
- ◆ Envelopes without a legible postmark will be acknowledged on the date received by HATG
- ◆ Applicants may elect to be considered for one, two or all three properties
- ◆ The HATG has a preference for those who ① Live or ② Work Full Time in Greenwich
- ◆ 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**



## STATE MODERATE FAMILY HOUSING PROGRAM PRE-APPLICATION

### APPLICANT / HEAD OF HOUSEHOLD INFORMATION

LAST   
 FIRST  MIDDLE   
 ADDRESS   
 CITY  STATE  ZIP

DOB  /  /  GENDER  AGE   
 CITIZENSHIP ALIEN NATURALIZED U.S. BORN SOCIAL SECURITY #   
 PHONE 1  -  -  PHONE 2  -  -

### MAILING ADDRESS (ONLY IF DIFFERENT FROM RESIDENCE)

ADDRESS   
 CITY  STATE  ZIP

### OTHER HOUSEHOLD MEMBERS

NAME	RELATION TO HEAD	GENDER		DATE OF BIRTH	AGE	IN SCHOOL?		EMPLOYED?	
		M	F			Y	N	Y	N

### TOTAL HOUSEHOLD INCOME

PERSON W/ INCOME	*TYPE OF INCOME OR EMPLOYER	GROSS INCOME PER YEAR	
		\$	
		\$	
		\$	
		\$	
<b>TOTAL</b>			

### FOR STATISTICAL PURPOSES

Greenwich Resident  Work Full-Time in Greenwich  Disabled head or spouse?   
 Will you require special accommodations to participate in this program?

If yes, please list

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

### BUILDING CHOICE

Armstrong Court  Adams Gardens  McKinney Terrace I

I certify that the above information is an ACCURATE and COMPLETE representation of my entire 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 \_\_\_\_\_