



PUBLIC NOTICE

Senior Waiting List for Public Housing Open

The Housing Authority of the Town of Greenwich, (“HATG”) will be accepting Applications for the above-mentioned program (“SDWL”) beginning **January 15th, 2019**.

Applications must be accompanied by income verification

and **MAILED** to HATG as follows:

XXXXXX XXXXXX	Greenwich Housing 2019 SENIOR APP 249 Milbank Avenue Greenwich, CT 06830
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- ◆ Applications will be available at HATG office 249 Milbank Ave starting on **1/15/19**
- ◆ Information & Applications available on our website @ www.GreenwichHousing.org

DETAILS

- ◆ This program is for the development known as Agnes Morley Heights
- ◆ Applicants must be 62 or older
- ◆ Total Gross Household Income must be below Income Limits
- ◆ This Application form must be used to apply
- ◆ Applicants must fill out the entire pre-application neatly in ink
- ◆ Only fully completed, legible Applications with verification will be accepted
- ◆ Submit **COPIES** of the required verification. Originals will not be returned
- ◆ Applications submitted by fax or postmarked before 1/15/19 will be rejected
- ◆ A **DAILY** lottery system will be used to numerate eligible submissions **POSTMARKED** 1/15/19 or later
- ◆ Submissions without a legible postmark will be added on the date received by HATG
- ◆ Eligible submissions will have the application receipt mailed back them
- ◆ Applicants with disabilities may seek assistance with the completion of the pre-application form
- ◆ Please note that The Greenwich Housing Authority has a preference for those who:
 - ① Live in Greenwich, ② Work Full-Time in Greenwich or are ③ Former Greenwich Residents

REQUIRED VERIFICATION

(submit copies)

1. **Birth Certificate or Passport**
2. **2018 W2 and/or Tax Return**
3. **4 Recent Paystubs**
4. **Recent Social Security Statement**
5. **Recent Statement from Pension/Annuity**
6. **Verification of Assets (including real estate)**



SENIOR & DISABLED PUBLIC HOUSING PROGRAM PRE-APPLICATION

APPLICANT / HEAD OF HOUSEHOLD INFORMATION

Last																		
First							Middle											
Address								APT										
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
e-mail																		

MAILING ADDRESS (only if different from residence)

Address											
City						State		Zip			

SPOUSE / PARTNER

NAME	Relation to Head	Gender	Date of Birth	Employed?
		M F	mm / dd / yyyy	Y N

TOTAL HOUSEHOLD INCOME

INCOME TYPE	PERSON w/ INCOME	AMOUNT PER YEAR
EMPLOYMENT OR SELF EMPLOYMENT		\$ 0 0 , 0 0 0
SOCIAL SECURITY, SSI, or SSD		\$ 0 0 , 0 0 0
SOCIAL SECURITY, SSI, or SSD		\$ 0 0 , 0 0 0
PENSION, ANNUITY, RETIREMENT		\$ 0 0 , 0 0 0
CASH ASSISTANCE (welfare, etc)		\$ 0 0 , 0 0 0
ASSETS		\$,
<i>List each person separately - do not include food stamps</i> TOTAL >>>>>>>		\$

LOCAL PREFERENCE (answer each question)

Greenwich Resident? Y N Work Full-Time in Greenwich? Y N Former Resident? Y N

FOR STATISTICAL PURPOSES

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

If yes, please list

ETHNICITY: _____ Circle one **Hispanic** **Not Hispanic**

MINORITY: Circle all applicable **Black** **White** **Native American** **Pacific Islander** **Asian**

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** _____

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 the contact information.

Name of Additional Contact Person or Organization:	
Address:	
Telephone No: Cell Phone No:	
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with 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.



_____	NAME
_____	ADDRESS
_____	CITY STATE ZIP

Application Receipt for
2019 AGNES MORLEY
SENIOR HOUSING WAITING LIST

This is to certify that on this date

(HATG ONLY)

The individual above initiated an application for Senior Housing
at the development known as **AGNES MORLEY HEIGHTS**
with the Housing Authority of the Town of Greenwich

This is not an offer of a housing nor should this be construed as a statement of eligibility