



# The Housing Authority of the Town of Greenwich

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Phone: 203-869-1138 Fax: 203-869-2037

**Commissioners**  
Sam Romeo, Chair  
Abelardo Curdumi, Vice-chair  
James Boutelle  
Vincent De Fina  
Cathy Landy, Tenant Commissioner  
Angelo Pucci  
Robert Simms, Jr, Tenant Commissioner

**Executive Director**  
Anthony L. Johnson

## All Applicants of the **MCKINNEY TERRACE II** Site Based Waiting List with The Greenwich Housing Authority

Please note that when you fill out the attached application, you are required by the policies of the Housing Authority of the Town of Greenwich to document **ALL** income and assets of **ALL** family members with **CURRENT** verification that is not more than **90 days** old. Explanations must be written on a separate sheet. The checklist on the flip-side will assist you in the process of submitting the required documents.

### **If you receive any amount from any of these Income sources, it must be reported. INCOME INCLUDES:**

Self-Employment	Operating a Business	Wages	Salary
Unemployment	Workman’s Compensation	Tips	Bonuses
Commissions	Overtime	Scholarships	Grants
Work Study	Social Security	Disability/SSI	Death Benefits
Pension Funds	Annuities	Non-Revocable Trusts	Military Pay
Veterans Benefits	Alimony	Public Assistance	TANF / SAGA
Welfare	Child Support	Rental Income	Real Estate Sold
Lottery Winnings	Insurance Policies	Severance Pay	Support from Family
Support from Friends	Social Services Assistance	Retirement Funds	Regular monetary gifts

### **If you have any of these asset accounts, you must provide current statements. ASSETS INCLUDE:**

Bank Accounts	Savings Accounts	Certificates of deposit (CDs)	Benefit Debit Cards
Payroll Cards	Money Market Accounts	401 (k) 403(b) 457 (b)	House, Condo, Co-Op
IRA	Keogh	Stocks	Retirement Savings
Treasury Bills	Trust Funds	Real Estate or Land	Life Insurance Policies
Cash	Credit Union Accounts	Checking Accounts	Bonds

**Local Preference:** Please be aware that the Greenwich Housing Authority has a local preference. This means that applicants who are **CURRENT** or **FORMER** Greenwich residents will be offered housing before other applicants.

### **VERIFICATION is required.**

- **This is a Site Based Waiting List for McKinney Terrace II ONLY**
- **Please read the ENTIRE Application Packet before completing**
- **Do not leave ANY sections blank, Do not alter the form**
- **Applicants must be at least 55 years of age or Disabled (verification required)**
- **Incomplete Applications or Missing Income Information will NOT be accepted**
- **Applicants must demonstrate the ability to pay the minimum rent**
- **Minimum rents are (0BR) \$700 and (1BR) \$750. Utilities are not included**
- **All Household members must sign the application form**
- **Make COPIES of the application and all Verifying Documents for your records**
- **Return the entire application packet IN PERSON OR BY MAIL - Attention MK2WL**

*This information is only for the **McKinney Terrace II** Site Based Waiting List.  
Please contact **Laura Murphy at ext. 120**, if you have any questions or need assistance completing this form.  
Do not come to the office without an appointment. Thank you.*

**SUBMIT COPIES OF ALL THE VERIFICATION BELOW FOR EACH PERSON:**

**IDENTITY / CITIZENSHIP**

- Birth Certificate or Passport
- Social Security Card
- Green Card or Certificate of Naturalization (Non-US Born)
- I or someone in my household has no legal status**

**I / WE WORK OR SELF EMPLOYED**

- 2017 Federal Tax Return (form 1040; pages 1, 2 not state)
- 2017 Federal Schedule C (worksheet showing business or self-employment income)
- 2017 W-2s (for each person, each employer)
- 1099 (Non-Employee, Workman's Comp or Unemployment)
- Four (4) recent paystubs (even if you get paid every 2 weeks)
- I did not work or file taxes in 2017**
- I have not worked in 2018**

**I / WE RECEIVE ASSISTANCE**

- Benefit Letter from Social Security (SSI/SSD)
- Award Letter or Budget Sheet from Welfare
- I / We do not receive any financial assistance**

**I AM/ WE ARE RETIRED**

- Annual Award Letter or 1099 from Social Security (SSA)
- Recent statement from Pension/ Trust / Annuity Income
- I am/ we are not retired**

**\*\*PLUS\*\***

- Verification of Local Preference (for the household)
- Verification of your Disability (if applicable)
- Three (3) months of bank statements or Benefit Card Transactions
- Current Statement or Assessment from any other asset

**This is not an exhaustive list.**

***You will be required to provide verification of all income/ assets. Please refer to the list on the opposite side to determine which income and asset types apply to you.***



**APPLICATION FOR THE SITE BASED WAITING LIST AT MCKINNEY II**

Do not leave any sections blank – SENIOR  DISABLED

<b>Last Name</b>																						
<b>First Name</b>								<b>Middle</b>														
<b>Address</b>																						
<b>City</b>						<b>State</b>		<b>Zip</b>														
<b>Date of Birth</b>				<b>Gender</b>		<b>Social Security Number</b>																
M	M	/	D	D	/	Y	Y	Y	Y	M	F	0	0	0	-	0	0	-	0	0	0	0
<b>Age</b>		<b>Citizenship Status</b> (circle one)				<b>Employed?</b>		<b>In School</b>														
0	0	<input type="checkbox"/> U.S. BORN <input type="checkbox"/> NATURALIZED <input type="checkbox"/> ALIEN				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO														
<b>Phone 1</b>						<b>Phone 2</b>																
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>E-mail address</b>																						

**MAILING ADDRESS** (only if different from residence)

<b>Address</b>																						
<b>City</b>																						

**FOR STATISTICAL PURPOSES ONLY**

Are you Disabled?  YES  NO Will you require special accommodations to participate in this program ?  YES  NO

Please list special accommodations \_\_\_\_\_

**ETHNICITY:** Circle one **Hispanic?**  YES  NO

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

**OTHER HOUSEHOLD MEMBERS**

NAME	RELATION TO HEAD	GENDER		DATE OF BIRTH						EMPLOYED?		IN SCHOOL?			
		M	F			/		/				YES	NO	YES	NO
2.						/		/							

**TOTAL HOUSEHOLD INCOME**

INCOME: Type or Employer	PERSON w/ INCOME	AMOUNT PER YEAR						
JOB (S)		\$	0	0	,	0	0	0
SELF EMPLOYMENT		\$	0	0	,	0	0	0
CASH ASSISTANCE (welfare, etc)		\$	0	0	,	0	0	0
SOCIAL SECURITY, SSI, SSD		\$	0	0	,	0	0	0
PENSION, ANNUITY, RETIREMENT		\$	0	0	,	0	0	0
<b>TOTAL INCOME FOR ALL HOUSEHOLD MEMBERS</b> >>>>>>>>		\$						

List each person separately, do not include SNAP or Food stamps

**III. ASSETS**

TYPE	Account Holder	Bank Name	Balance or Value
Checking Account 1			
Savings Account 1			
Checking Account 2			
Savings Account 2			
Investments (stocks, bonds, etc.)			
Interest in Business (name)			
Real Estate or Land			

Have you sold or cashed in any assets in the last 12 months? \_\_\_\_\_

**IV. CURRENT RESIDENCE**

Apartment  Sharing / Furnished Room  Part of Employment

Living with Family  Shelter/ Homeless  Own House/Condo/Co-Op

Total Monthly Rent \$ \_\_\_\_\_ If split, amount **YOU** Pay \$ \_\_\_\_\_ Monthly Utility Expense \$ \_\_\_\_\_

Length of Time at Present Address \_\_\_\_\_ Years \_\_\_\_\_ Months

Name of Landlord, Owner or Management Company \_\_\_\_\_

Address of Landlord \_\_\_\_\_ Tel. \_\_\_\_\_

**V. FORMER RESIDENCE**

Apartment  Sharing / Furnished Room  Part of Employment

Living with Family  Shelter/ Homeless  Own House/Condo/Co-Op

**Previous Address** \_\_\_\_\_

Total Monthly Rent \$ \_\_\_\_\_ If split, amount **YOU** Pay \$ \_\_\_\_\_ Monthly Utility Expense \$ \_\_\_\_\_

Length of Time at Present Address \_\_\_\_\_ Years \_\_\_\_\_ Months

Name of Landlord, Owner or Management Company \_\_\_\_\_

Address of Landlord \_\_\_\_\_ Tel. \_\_\_\_\_

**Reason for moving** \_\_\_\_\_

**VI. HOUSING ASSISTANCE**

Have you or anyone on this application ever received housing assistance such as *Public Housing, Section 8, etc?*

Yes  No  If yes, what Agency/Housing Authority? \_\_\_\_\_

When? \_\_\_\_\_

**VII. CRIMINAL BACKGROUND**

Have you or anyone on this application ever been arrested for criminal behavior? Yes  No

Explain \_\_\_\_\_

**VIII. LOCAL PREFERENCE**

Preference is given to applicants who are Legal Residents or work Full-Time in Greenwich.

<b>I Live in Greenwich</b>	<b>Y</b>	<b>N</b>	<b>I am a FORMER resident</b>	<b>Y</b>	<b>N</b>
<p><b>Provide a Lease or Rental agreement from your Landlord plus TWO or MORE of the following:</b></p> <ul style="list-style-type: none"> <li>• Motor Vehicle Registration and Insurance card</li> <li>• Current Gas or Electric utility bills</li> <li>• Voter registration documents</li> <li>• Board of Education Enrollment Verification</li> <li>• Home or Motor Vehicle tax receipts</li> <li>• Real Estate Assessment</li> <li>• Mortgage Statement</li> <li>• Homeowner's / renter's insurance policy</li> </ul>					

All items must be current and valid at time of submission

<b>I Work Full Time in Greenwich</b>	<b>Y</b>	<b>N</b>
<b>Name of Employer</b>		
<ul style="list-style-type: none"> <li>• Recent paystubs listing a local employer</li> <li>• Signed, dated letter from local employer confirming your hire date, work location and hours per week.</li> </ul>		

**IX.** I understand that this is not a contract and does not bind either party. By signing below, I/we certify the above information is true and correct to the best of my knowledge. Each family member over 18 must sign. I understand and have no objections to inquiries being made for the purpose of verifying the statements made herein, INCLUDING BUT NOT LIMITED TO: Criminal Background, Landlord, Internal Revenue, Credit History, Etc.

**ANY FRAUDULENT INFORMATION WILL VOID THIS APPLICATION**

**X. WARNING:**

**Title 18, Section 1001 of the U. S. Code provides, among other things that a person is guilty of a felony for knowingly and willfully making or using a document or writing containing false, fictitious or fraudulent statements or entries in any matter within the jurisdiction of a department or agency of the United States and shall be fined not more than \$10, 000 or imprisoned for not more than five years or both.**

\_\_\_\_\_  
**Head of Household** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse / Co-Applicant** \_\_\_\_\_  
**Date**

# COMMENT SECTION

Please make any statements or explanations below

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\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>e-mail address:</b>

Check this box if you choose not to provide the contact information.

<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No: Cell Phone No:</b>	
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	

<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	
<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>

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.