



The Housing Authority of the Town of Greenwich

249 Milbank Avenue, Greenwich, CT 06830
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

PUBLIC NOTICE: MCKINNEY TERRACE II SITE BASED WAITING LIST OPEN

The Housing Authority of the Town of Greenwich, (“HATG”) began accepting pre-applications for **0** and **1** bedroom units in the above-mentioned program for the development known as: **MCKINNEY TERRACE II** on **March 17, 2017**.

A pre-application form will be used to apply for the McKinney Terrace II Site Based waiting list (“MCK2”). A daily lottery system will be used to numerate eligible submissions **POSTMARKED** during the application period. Receipts will be mailed to all applicants. Pre-application packet and verification must be **MAILED** as follows:

HATG 2020 MCK2 APP 249 Milbank Avenue Greenwich, CT 06830

- ✦ The waiting list is open, and we will accept applications until a closing date is announced
- ✦ Applicants must be 55 years of age or older or the applicant must be disabled
- ✦ Only fully completed, legible pre-applications with proper verification will be accepted
- ✦ Applicants must demonstrate the ability to pay the minimum rent
- ✦ Rents according to your income, Minimum rents are \$734 (0BR) & \$790 (1BR).
- ✦ The rent charged will be the higher of a) Base Rent or b) 30% of Adjusted Gross Income
- ✦ Applicants must fill out the entire pre-application neatly in ink
- ✦ Answer all questions. Do not leave any blanks
- ✦ One pre-application form per household / per envelope will be allowed
- ✦ Verification must be current, valid at the time of application and not more than 90 days old
- ✦ Explanations must be written on a separate sheet of paper, not on the form
- ✦ Applicants must submit **COPIES** of required verification. Originals will not be returned
- ✦ Applicants may seek assistance by appointment during office hours
- ✦ Applications will only be accepted from Households that qualify for **0** or **1** Bedroom units
- ✦ Total Gross Household Income must be below Income Limits (see chart below)
- ✦ Multiple Submissions postmarked on the same day will be numerated by random lottery
- ✦ Submissions without a legible postmark will be added on the date received by HATG
- ✦ HATG has a preference for those who ① are Current or Former Residents ② Work Full-Time in Greenwich

THE FOLLOWING WILL BE CONSIDERED INELIGIBLE:

- Pre-applications submitted by Fax or In Person
- Pre-applications from persons who are under 55 or not disabled

APPLICATIONS CAN BE OBTAINED AS FOLLOWS:

- Pick one up in person at the HATG office located at 249 Milbank Avenue
- Call and request that one be mailed to you
- Download from The HATG Web site; <http://www.greenwichhousing.org/seniors.aspx>

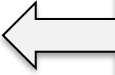
FY 2019 INCOME LIMITS

HOUSEHOLD SIZE	
1	2
\$61,650	\$70,450

If you have questions or are an applicant with disabilities seeking assistance with the completion of the pre-application, contact The Waiting List at (203) 869-1138, extension 120.

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

NAME
ADDRESS
CITY STATE ZIP



*Print your full name
and address.
This page will be
mailed back to you*

Application Receipt

2020

MCKINNEY TERRACE II SITE BASED WAITING LIST

This is to certify that on this date

The individual above applied for Housing
at the development known as **McKinney Terrace II**
with the Housing Authority of the Town of Greenwich

ACCEPTED

INCOMPLETE

INELIGIBLE

This is not an offer of housing and does not mean that the household is eligible for the program.

After your application is processed, you will receive another letter from this office.

Additional Documentation / Verification may be required from You or a Household Member.



2020 MCKINNEY TERRACE II SITE BASED WAITING LIST - PRE-APPLICATION

HEAD OF HOUSEHOLD INFORMATION (applicant)

LAST FIRST
 RESIDENCE Apt
 CITY STATE ZIP
 DOB / / SS# - -
 PHONE - - EMPLOYMENT F/T P/T N/A
 AGE Email

P.O. BOX OR MAILING ADDRESS - IF YOU WANT CORRESPONDENCE SENT TO AN ADDRESS DIFFERENT FROM WHERE YOU LIVE

ADDRESS Apt
 City State Zip

SPOUSE OR PARTNER (other person who will live in unit)

FULL NAME	RELATION TO HEAD	GENDER	DOB	AGE

INCOME OF ALL HOUSEHOLD MEMBERS

List each person's income separately. See page 4

Income Types: 1) Job 2) Social Security 3) Welfare 5) Self-employment 6) Other

Person with Income	Income Type (1-6)	Income Source/ Employer Name		Income per year
			\$	
			\$	
			\$	
TOTAL INCOME =				

ASSETS OF ALL HOUSEHOLD MEMBERS

List each person's assets separately. See Page 4

Asset Types: 1) Checking 2) Savings 3) Retirement 4) Real Estate 5) Other

Person with Assets	Asset Type (1-5)	Bank Name or Asset Location		Current Value or Balance
			\$	
			\$	



2020 MCKINNEY TERRACE II SITE BASED WAITING LIST - PRE-APPLICATION CONT'D

CURRENT RESIDENCE					
Living Arrangement (check one)	Renting	Sharing/Furnished Room	Part of Employment		
	Living with Family	Shelter/Homeless	Own the Property		
Total Rent	\$	If split, amount YOU PAY	\$	Monthly Utility Expense	\$
Landlord Name					
Landlord Address					
Landlord Phone					
Length of Tenancy	Move In Date		Lease End Date		

FORMER RESIDENCE					
Living Arrangement (check one)	Renting	Sharing/Furnished Room	Part of Employment		
	Living with Family	Shelter/Homeless	Own the Property		
Total Rent	\$	If split, amount YOU PAY	\$	Monthly Utility Expense	\$
Landlord Name					
Landlord Address					
Landlord Phone					
Length of Tenancy	Move In Date		Move Out Date		
Reason for Moving					

Applicants must demonstrate the ability to pay the minimum rent

FOR HUD STATISTICAL PURPOSES ONLY (answer all)

Identify your race:	White <input type="checkbox"/>	Black <input type="checkbox"/>	Asian <input type="checkbox"/>	Native American <input type="checkbox"/>	Pacific Islander <input type="checkbox"/>
Identify your ethnicity:	Hispanic or Latino <input type="checkbox"/>	Not Hispanic or Latino <input type="checkbox"/>	Birth Country		
Marital Status	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Not Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Single <input type="checkbox"/>
You or Spouse Disabled?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Require a special accommodation to participate in this program?			No <input type="checkbox"/> Yes <input type="checkbox"/>

LOCAL PREFERENCE

I am a Resident of Greenwich No <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes Landlord Name& Number	
I Work Full-Time in Greenwich No <input type="checkbox"/> Yes <input type="checkbox"/>	If Yes Employer Name& Number	

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Public Housing Program.

I also acknowledge that Incomplete applications will not be accepted.

Signature of Head of Household _____ **Date** _____



2020 MCKINNEY TERRACE II SITE BASED WAITING LIST - PRE-APPLICATION CONT'D

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

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

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

REQUIRED VERIFICATION FOR EACH PERSON ON THE APPLICATION

IDENTIFICATION - SUBMIT FOR ALL HOUSEHOLD MEMBERS

- Birth Certificate or Passport

I WORK FOR A COMPANY OR BUSINESS – SUBMIT ALL

- 2019 W-2s from each employer
- Four (4) recent paystubs

SELF EMPLOYED OR GET PAID CASH – SUBMIT ALL

- 2019 Federal Tax Return with Schedule C
 - 1099 from Independent Contracting
 - I get paid \$_____ each Week Month
- (list dollar amount) (check frequency)

- This is not an exhaustive list
 - Substitutions not allowed
 - Additional verification may be required.
 - If you have questions regarding Verification, call the Waiting List at **(203) 869-1138 x 120**

RECEIVE FINANCIAL ASSISTANCE – SUBMIT ALL THAT APPLY

- Benefit Letter from Social Security
- Award Letter or Budget Sheet from Welfare

RETIRED – SUBMIT ALL THAT APPLY

- Annual Award Letter from Social Security
- Recent statement from your Pension

CURRENT STATEMENT OR LETTER OF PROOF FOR OTHER INCOME – SUBMIT ALL THAT APPLY

- Workman's Compensation or Unemployment
- Trust or Annuity
- Rental Income

PROOF OF ASSETS – SUBMIT ALL

- Two (2) recent bank statement – all pages from checking
- Two (2) recent bank statement – all pages from savings
- Recent Statement from 401K or other retirement savings account
- Current Statement from any other asset or Recent Assessment of Real Estate