



Thank you for your interest in residing at Meriden Commons.

PRE-APPLICATION INSTRUCTIONS:

- Pre-application **MUST** be filled out in its entirety to be eligible for housing.
- Pre-application **MUST** be returned **VIA US MAIL** and should be addressed to:

Meriden Commons
PO Box 7013
Meriden, CT 06450

- The following income restrictions apply:

Unit Size	% AMI	Monthly Rent	Household Size	Qualifying Household Income Range
1 bedroom	50%	\$729	1 person	\$24,994 - \$32,100
	50%	\$729	2 people	\$24,994 - \$36,700
	60%	\$901	1 person	\$30,891 - \$38,520
	60%	\$901	2 people	\$30,891 - \$44,040
	Market	\$1,250 - \$1,400	n/a	n/a
	50%	\$874	2 people	\$29,966 - \$36,700
2 bedroom	50%	\$874	3 people	\$29,966 - \$41,300
	50%	\$874	4 people	\$29,966 - \$45,850
	60%	\$1,081	2 people	\$37,063 - \$44,040
	60%	\$1,081	3 people	\$37,063 - \$49,560
	60%	\$1,081	4 people	\$37,063 - \$55,020
	Market	\$1,500 - \$1,600	n/a	n/a
	50%	\$1,008	3 people	\$34,560 - \$41,300
3 bedroom	50%	\$1,008	4 people	\$34,560 - \$45,850
	50%	\$1,008	5 people	\$34,560 - \$49,550
	50%	\$1,008	6 people	\$34,560 - \$53,200

FOR MORE INFORMATION:

MeridenCommons.com | MeridenCommons@Pennrose.com
T: 203.443.1313 | TDD: 800.545.1833 x647



Address: P.O. Box 7013
 Meriden, CT 06450
Phone: 203-443-1313
Email: MeridenCommons@pennrose.com
TTY: 800-545-1833 x647

To be completed by office staff:

Application Number _____

Date Application Rec'd _____

Time Application Rec'd _____

Initials of Staff Member _____

HEAD OF HOUSEHOLD

NAME: _____

SSN: _____

M	F
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(First)

(Middle Initial)

(Last)

CURRENT ADDRESS: _____

HOME #: _____

(House #) (Street Name)

(Apt. #)

(City) _____ (State) _____ (Zip Code) _____

CELL #: _____

EMAIL: _____

WORK #: _____

DOB: _____

HOUSEHOLD MEMBERS

Name	M/F	DOB	Relationship	Soc. Sec. Number
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ANNUAL HOUSEHOLD INCOME

EMPLOYMENT / WAGES	\$
SOCIAL SECURITY INCOME	\$
SOCIAL SECURITY DISABILITY INCOME	\$
PUBLIC ASSISTANCE (WELFARE/TANF)	\$
CHILD SUPPORT	\$
PENSION	\$
OTHER INCOME (PLEASE SPECIFY):	\$



PENNROSE
 Bricks & Mortar | Heart & Soul



Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?	Y	N
Are you currently employed?	Y	N
Are you a student or recent graduate of an educational or training program?	Y	N
Were you involuntarily displaced due to a natural disaster?	Y	N
Are you homeless?	Y	N
Do you require a unit with special features?	Y	N

(e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)

If yes above, please circle features required:

Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired
Grab bars	No steps	Other:

Describe: _____

How did you hear about us?: _____

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I _____ hereby give my permission for a credit and criminal background check, which is part of the application process

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Applicant Signature: _____ Date: _____

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Applicant Signature: _____ Date: _____

Types of Program Assistance (For Office Use ONLY)

****Important: You must notify us promptly should any information on this application change**

Tax Credit	<input type="checkbox"/>	50%	<input type="checkbox"/>	60%	<input type="checkbox"/>
PBV	<input type="checkbox"/>	30%	<input type="checkbox"/>	50%	<input type="checkbox"/>

January 2018

