



**Meriden Commons**  
**PHASE II**

Thank you for your interest in residing at Meriden Commons II.  
**1, 2, 3 & 4-Bedroom Apartment Homes & Townhomes**

**PRE-APPLICATION INSTRUCTIONS:**

- Pre-application **MUST** be filled out in its entirety to be eligible for housing.
- Only one pre-application is needed per household.
- Pre-application **MUST** be returned VIA US MAIL and should be addressed to:

**Meriden Commons II**  
**161 State Street**  
**Meriden, CT 06450**

- Please carefully review the following page for income restrictions prior to submitting a pre-application.
- Note that household income is your gross income - money earned before taxes or any other deductions are taken out.
- If you have a question, please give us a call or send us an email and we will get back to you as soon as we can.

**FOR MORE INFORMATION:**

MeridenCommons.com | MeridenCommons@Pennrose.com

T: 203.443.1313 | TDD: 800.545.1833 x647



# Meriden Commons

## PHASE II

### INCOME RESTRICTIONS:

Unit Size	% AMI	Monthly Rent	Household Size	Qualified Annual Household Income
<b>1 bedroom</b>	60%	\$1,040	1 person	\$35,657 - \$42,420
			2 people	\$35,657 - \$48,480
	Market	Starting at \$1,540	1-2 people	Monthly Income 3x Rent
<b>2 bedroom</b> <small>(Apartments &amp; Townhomes)</small>	50%	Please Call	1-2 people	\$33,737 - \$40,400
			3 people	\$33,737 - \$45,450
			4 people	\$33,737 - \$50,450
	60%	\$1,211 - \$1,243	1-2 people	\$41,520 - \$48,480
			3 people	\$41,520 - \$54,540
			4 people	\$41,520 - \$60,540
	Market	Starting at \$1,850	1-4 people	Monthly Income 3x Rent
<b>3 bedroom</b> <small>(Apartments &amp; Townhomes)</small>	25%	Please Call	3 people	Up to \$22,725
			4 people	Up to \$25,225
			5 people	Up to \$27,250
			6 people	Up to \$29,275
	50%	Please Call	3 people	\$38,640 - \$45,450
			4 people	\$38,640 - \$50,450
			5 people	\$38,640 - \$54,500
			6 people	\$38,640 - \$58,550
	60%	\$1,390	3 people	\$47,657 - \$54,540
			4 people	\$47,657 - \$60,540
			5 people	\$47,657 - \$65,400
			6 people	\$47,657 - \$70,260

### FOR MORE INFORMATION:

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# Meriden Commons

## PHASE II

Leasing Address: 161 State Street  
 Meriden, CT 06450

Phone: 203.443.1313  
 Fax: 203.886.1138  
 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 \_\_\_\_\_

**All Pre-Applications Must be Sent via U.S. Mail and Addressed to:  
 Meriden Commons II, 161 State Street, Meriden, CT 06450**

### HEAD OF HOUSEHOLD

M	F
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NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
 (First) (Middle Initial) (Last)

CURRENT ADDRESS: \_\_\_\_\_ HOME #: \_\_\_\_\_  
 (House #) (Street Name) (Apt. #)

CELL #: \_\_\_\_\_

(City) (State) (Zip Code) WORK #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ D.O.B: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ DRIVER LICENSE STATE: \_\_\_\_\_  
 DRIVER LICENSE NUMBER: \_\_\_\_\_

### HOUSEHOLD MEMBERS

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

### ANNUAL HOUSEHOLD INCOME (Gross)

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



**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
Are you homeless?			Y	N
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)			Y	N
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 many bedrooms are you interested in? (1-3) \_\_\_\_\_

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: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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  50%  60%

PBV  30

May 2019

