

Thank you for your interest in residing at Meriden Commons.

1, 2, & 3-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 can be dropped off during business hours or returned via US MAIL and should be addressed to:

Meriden Commons 161 State Street Meriden, CT 06450

Bricks & Mortar | Heart & Soul

- 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:





INCOME RESTRICTIONS:

Unit Size	% AMI	Monthly Rent	Household Size	Qualified Annual Household Income	
1 bedroom	50%	\$813	1 person	\$27,874 - \$35,350	
			2 people	\$27,874 - \$40,400	
	60%	\$1,003 - \$1,040	1 person	\$34,389 - \$42,420	
			2 people	\$34,389 - \$48,480	
	Market	Starting at \$1,150	1-2 people	Monthly Income 3x Rent	
2 bedroom	50%	\$976-\$1,016	1-2 people	\$33,737 - \$40,400	
(A			3 people	\$33,737 - \$45,450	
(Apartments & Townhomes)			4 people	\$33,737 - \$50,450	
	60%	\$1,203 - \$1,243	1-2 people	\$41,246 - \$48,480	
			3 people	\$41,246 - \$54,540	
			4 people	\$41,246 - \$60,540	
	Market	Starting at \$1,435	1-4 people	Monthly Income 3x Rent	
3 bedroom	50%	\$1,121 - \$1,166	3 people	\$38,484 - \$45,450	
(Amoutments 9			4 people	\$38,484 - \$50,450	
(Apartments & Townhomes)			5 people	\$38,484 - \$54,500	
			6 people	\$38,484 - \$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:









Address: 161 & 177 State Street

Meriden, CT 06450

PHASE I & II

HEAD OF HOUSEHOLD

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

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NAME:					_ SSN:			
(First)	(Mid	dle Initial)	(Last)					
CURRENT ADDRESS: _					HOME #:			
	(House #)	(Street Na	me) (A	pt. #)				
					CELL #:			
(City)	(State)		(Zip Code)		WORK #:			
EMAIL:					D.O.B:			
How did you hear abo	did you hear about us?					DRIVER LICENSE STATE:		
					DRIVER LICENSE I	NUMBER:		
		н	DUSEHOLD MEI	MBER	RS			
Name	DOB	M/F Re	lationship	Soc.	Sec. Number	DL State & Number		
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		ANNU	AL HOUSEHOL	D INC	СОМЕ			
Employment/Wag	ges				Ç	\$		
Social Security Inc	Social Security Income				Ş	\$		
Social Security Dis	sability Income				(5		
Public Assistance	(Welfare/TANF)			(
Child Support					')		
Pension					(
Other Income (Ple	aco Spacifyl:					5		







Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your ho Are you currently employed?	usahald have a DICADILITY2			
Are you currently employed?	usenoid have a Disability?		Υ	N
o you can entry employeur			Υ	N
Are you a student or recent graduate of an educational or training program?			Υ	N
Are you homeless?			Υ	N
Do you have a Housing Choice Voucher?				N
Do you require a unit with special impaired, walk-in shower, grab ba		paired, visually impaired, hearing	Y	N
If yes above, please circle featur	es required:			
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:				ı
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