



Meriden Commons

PHASE I & II

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**
- Household income considered is your gross income (before taxes and deductions).
- Please carefully review the below income restrictions prior to submitting a pre-application:

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	\$27,500 - \$35,350	50%	\$802
	2 people	\$27,500 - \$40,400		
	1 person	\$34,000 - \$42,420	60%	\$992 - \$1,040
	2 people	\$34,000 - \$48,480		
	1 - 2 people	Minimum of \$42,857	Market	\$1,250 - \$1,540
2 Bedroom	2 people	\$32,950 - \$40,400	50%	\$961 - \$1,018
	3 people	\$32,950 - \$45,450		
	4 people	\$32,950 - \$50,450		
	2 people	\$38,845 - \$48,480	60%	\$1,133 - \$1,245
	3 people	\$38,845 - \$54,540		
	4 people	\$38,845 - \$60,540		
	1 - 4 people	Minimum of \$51,429	Market	\$1,500 - \$1,840
3 Bedroom	3 people	\$37,780 - \$45,450	50%	\$1,102 - \$1,167
	4 people	\$37,780 - \$50,450		
	5 people	\$37,780 - \$54,500		
	6 people	\$37,780 - \$58,550		
	3 people	\$47,657 - \$54,540	60%	\$1,391
	4 people	\$47,657 - \$60,540		
	5 people	\$47,657 - \$65,400		
	6 people	\$47,657 - \$70,260		

FOR MORE INFORMATION:

MeridenCommons.com | MeridenCommons@Pennrose.com

T: 203.443.1313 | TDD: 800.545.1833 x647



Meriden Commons

PHASE I & II

Address: 161 & 177 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 _____

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

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 have a Housing Choice Voucher?			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) _____

Which phase of Meriden Commons are you interested in? Phase I ____ Phase II ____ Either ____

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.

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

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

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

March 2020

