

FAIR AND AFFORDABLE HOUSING APPLICATION

322 KEAR ST APARTMENTS, YORKTOWN HEIGHTS

APPLICATION DEADLINE FEBRUARY 8, 2018

Mail or Hand Deliver Application to:

Housing Action Council at 55 South Broadway, Tarrytown, NY 10591
Phone: 914-332-4144

1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN: _____ DOB: _____ Gross Income: _____

Email: _____

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2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN: _____ DOB: _____ Gross Income: _____

Email: _____

Priority for Persons with Physical Disabilities: Four (4) of the apartments will be available on a priority basis for households/ individuals with a physical disability, including sensory impaired. If a household member needs special design features – check this box



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NO SMOKING



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3. LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF:

FULL NAME	RELATIONSHIP	DATE OF BIRTH	SEX	ATTENDING SCHOOL
a. _____	___ H.O.H ___	_____	_____	_____
Social Security #: _____		Occupation: _____		
b. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
c. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
d. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
e. Do you expect any change (s) in your family size?		___ YES	___ NO	
If YES, EXPLAIN: _____				

5. STATISTICAL INFORMATION

a. The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are utilized by people of different racial & ethnic backgrounds.

RACIAL GROUP IDENTIFICATION: Used for statistical purposes only. (Please check only one from this group for the head of household only).

Single Race

- ___ White
- ___ Black or African American
- ___ Asian
- ___ American Indian or Alaska Native
- ___ Native Hawaiian or Other Pacific Islander

Multi-Race

- ___ American Indian or Alaska Native & White
- ___ Asian & White
- ___ Black or African American & White
- ___ American Indian or Alaska Native & Black or African American
- ___ Other Multi Racial

b. **ETHNICITY:** (check **only one** from this group) ___ Hispanic ___ Non-Hispanic

6. ACCESSIBILITY/ADAPTABILITY

Do you need a handicapped accessible/adaptable apartment? ___ YES ___ NO



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7. RENT:

What is your Current Monthly Rent \$ _____

Check Utilities paid by you now:

- Heat \$ _____ per month
- Electricity \$ _____ per month
- Gas \$ _____ per month
- Water \$ _____ per month
- Other \$ _____ per month

Do you receive Rental Assistance? ___ Yes ___ No If YES, identify source _____

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8. INCOME:

List **ALL** full-time, part-time, seasonal and/or temporary employment for **ALL** household members. Include overtime pay, commissions, fees, tips, bonuses and/or self-employed earnings.

HOUSEHOLD MEMBER	EMPLOYER'S NAME/ADDRESS	GROSS EARNINGS (Pre-Tax)	
		CURRENT	ANTICIPATED
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	



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9. OTHER SOURCES OF INCOME:

(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-giving, alimony, child support, annuities, dividends, income from rental property and/or Armed Forces Reserves.)

HOUSEHOLD MEMBER	SOURCE	AMOUNT
_____	_____	\$ _____ \$ _____ Weekly/ biweekly/ monthly (circle one)
_____	_____	\$ _____ \$ _____ Weekly/ biweekly/ monthly (circle one)
_____	_____	\$ _____ \$ _____ Weekly/ biweekly/ monthly (circle one)

10. HOUSEHOLD ASSETS:

Checking Accounts:

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Savings Accounts: (includes Passbook/Statement and Christmas/Vacation Clubs)

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Certificates of Deposit (CD's):

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Credit Union Shares:

Credit Union Name: _____ Amt.: _____

Address _____

Stocks/Bonds (value): \$ _____ Savings Bonds (value): _____

Other Amt.: (includes IRA's, mutual funds, etc.) \$ _____

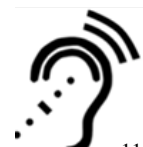
Does the applicant **NOW** own real estate: _____ YES _____ NO



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12. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?

- Friend If friend, how did your friend hear about this? _____
- Employer
- Sign Posted on Site
- Website/ Internet _____ (list site)
- Newspaper (Identify): _____ On-line Version? _____
- Church/ Synagogue (Identify): _____
- Community Organization (Identify): _____
- Other (Identify): _____

Note:

1. Only one (1) application per household. If your name appears on more than one application you will be disqualified and the application will not be considered.
2. Applications must be signed in all requested places.
3. Applications must be returned by mail or hand delivered with supporting documentation.
4. No payment should be given to anyone in connection with the preparation or filing of this application

# of Apartments	Rents*	Maximum Household Income*
2 One Bedroom	\$886	1 person – \$39,000 2 person – \$44,600 3 person – \$50,150
4 One Bedroom	\$1,120	1 person – \$46,800 2 person – \$53,520 3 person – \$60,180
1 Two Bedroom	\$1,064	2 person – \$44,600 3 person – \$50,150 4 person – \$55,700 5 person – \$60,200
5 Two Bedroom	\$1,359	2 person – \$53,520 3 person – \$60,180 4 person – \$66,840 5 person – \$72,240

*Rents & Maximum Household Income as of June 2017, Subject to Change.

Tenant pays utilities



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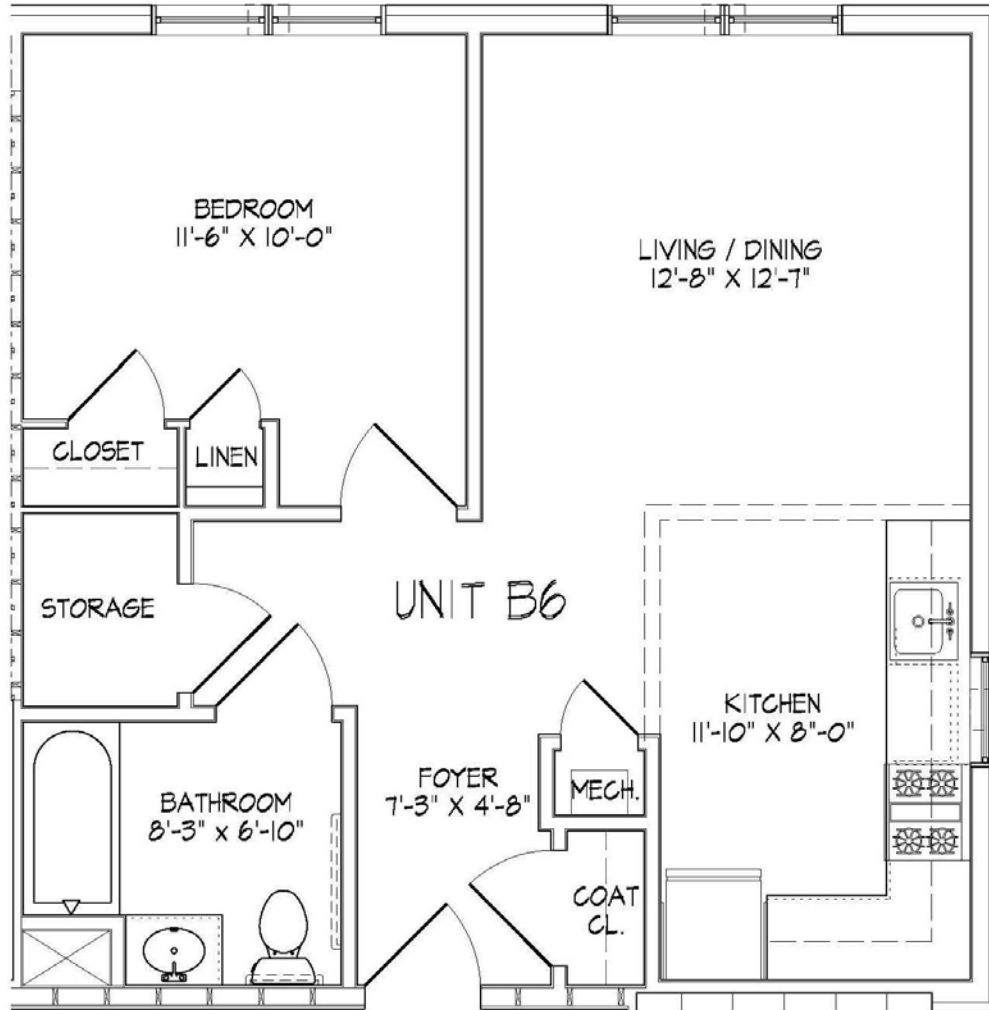
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322 KEAR STREET SAMPLE FLOOR PLAN – UNIT B6 (1 BEDROOM)

FOR ILLUSTRATIVE PURPOSES ONLY



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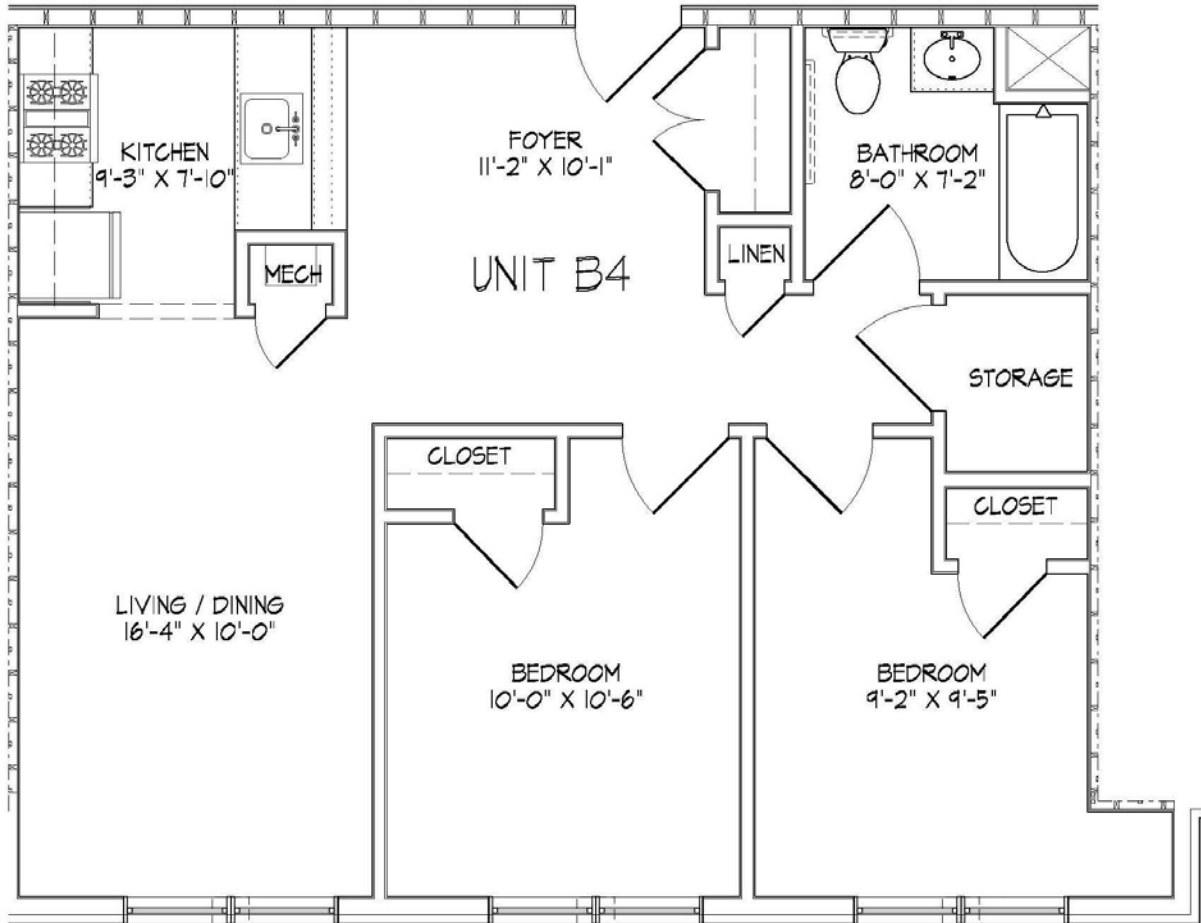
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322 KEAR STREET SAMPLE FLOOR PLAN – UNIT B4 (2 BEDROOM)

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