# FAIR & AFFORDABLE RENTAL APARTMENTS CHAPPAQUA CROSSING (AFFORDABLE UNITS) - WAITLIST

Completed Applica	tions Must be Mailed to:	For Information, Contact:	
Wilder Balter Partners	s / Chappaqua Crossings	Phone: 914-612-5212	
480 Bedford Rd, Chap	paqua, NY 10514	mbergholz@wilderbalter.com	
1. APPLICANT INFORMATION	I:		
Name:			
Address:		Apt#:	
City:	State:	Zip:	
Daytime Phone:	Cell Phone: _		
SSN (last 4 digits):	DOB:	Gross Income:	
Email:	Do you u	se your email regularly? 🗌 Yes 🔲 No	
		Apt#:	
		Zip:	
		Gross Income:	
Email:	Do you u	se your email regularly? 🗌 Yes 🗌 No	
FUNDING PROVIDED BY:	Homes and STATE OF OPPORTUNITY. Community Renew	wal Westchester gov.com	
Wilder Balter PARTNERS INC.		HOUSING ACTION COUNCIL	
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# 3. HOUSEHOLD COMPOSITION:

	NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SS# (Last 4 Digits)	OCCUPATION	STUDENT Y/N
Head						
Со-Арр						

Have there been any changes in household composition in the last twelve months?	🗌 Yes	🗌 No
If yes, explain:		
Do you anticipate any changes in household composition in the next twelve months?	🗌 Yes	🗌 No
If yes, explain:		
Is there someone not listed above who would normally be living in the household?	🗌 Yes	🗌 No
If yes, explain:		
Are you living with anyone now who will not be moving into this apartment with you?	🗌 Yes	🗌 No
If yes, explain:		
4. CURRENT RESIDENCE:		

What is your Current Monthly Rent or Morte	gage Payment \$
How long have you lived at your current resi	dence?
Is any portion of your rent subsidized? $\Box$ Ye	es 🛛 No Agency Name:
Check Utilities paid monthly by you now:	
□ \$ □ \$ □ \$ Heat Electricity Gas	🗆 \$ 🗆 \$ Water Other
field Licensety dus	Water
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## 5. EMPLOYMENT:

HOUSEHOLD MEMBER NAME:

EMPLOYER:

POSITION HELD:

HOW LONG EMPLOYED:

MONTHLY GROSS INCOME:

HOUSEHOLD MEMBER NAME:

EMPLOYER:

POSITION HELD:

HOW LONG EMPLOYED:

MONTHLY GROSS INCOME:

# **PREVIOUS EMPLOYMENT (within last 60 days)**

HOUSEHOLD MEMBER NAME:

EMPLOYER:

POSITION HELD:

HOW LONG EMPLOYED:

MONTHLY GROSS INCOME:



#### 6. INCOME:

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Child Support Payments	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Other Financial Aid (excluding loans)	\$
	Regular payouts from Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments (e.g. 403(b) & 401(k), interest dividends (specify source)	\$

#### If yes, list the amount the amount you are entitled to receive:

Do you receive alimony?

If yes, list the amount you receive

#### ADDITIONAL INCOME: (If Any)

(Baby-sitting, care-giving, income from rental property)

Source:	Monthly Amount:	\$
Source:	Monthly Amount:	\$

Yes

No No



Do you anticipate any changes in this income in the next 12 more	nths? Yes No
Is any member of the household legally entitled to receive incor	me assistance that you did not list above?  Yes No
Is any member of the household likely to receive income assista	nce (monetary or not) from someone who is not a member of
the household?	
If yes to any of the above, explain:	
Is the income received?	Yes No
7. STATISTICAL INFORMATION	
	al purposes only in order to determine the degree to which ic backgrounds. Provide information for the <u>head of househo</u>
RACIAL GROUP IDENTIFICATION: Used for statistical purp group for the head of household only). (Respond to a. & b.	
Single Race	Multi-Race
White	American Indian or Alaska Native & White
Black or African American	Asian & White
Asian	Black or African American & White
American Indian or Alaska Native	American Indian or Alaska Native & Black or
Native Hawaiian or Other Pacific Islander	African American
	Other Multi Racial
<b>b.</b> <u>ETHNICITY</u> : (check only one from this group)	Hispanic Non-Hispanic
ACCESSIBILITY/ADAPTABILITY:	
Would any household member benefit from special featu	ires of an accessible apartment?
Check all that apply: Wheelchair accessible? H	Hearing Impaired? Visually Impaired?
<b>REASONABLE ACCOMMODATION:</b> If you are an individua accommodation. If you would like more information on h contact Management at 914-612-5212 ■ mbergholz@wild	-
Wilder Balter	ind Nity Renewal Westchester gov.com
PARTNERS INC. EQUAL HOUSING NO SMOKING 11/2021 Chap	ppaqua Crossing 5
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#### 8.

If a section doesn't apply, cross out or write NA.			
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
avings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
irect Deposit Cards for SS,	#	Bank	Balance \$
SI, SSP, TANF, Child Support nd Work	#	Bank	Balance \$
ertificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
Noney Market Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
ust Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
avings Bond	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
fe Insurance Policy	#		Cash Value \$
	#		Cash Value \$
Autual Funds / Nama	# of Shares	Interact or Dividend C	
lutual Funds/ Name	# of Shares	Interest or Dividend \$	Value \$



Stocks/ Bonds	# of Shares	Interest or Dividend \$	Value \$

Do you own any property?		
If yes, Type of property		
Address of property		
Estimated Market Value	\$	
Mortgage or outstanding loan balance	\$	
Amount of annual insurance premium	\$	
Amount of Real estate taxes \$		
Is the property subject to foreclosure, bankruptcy or eviction? \$		
If yes, describe		
Does any member of the household have an asset(s) owned jointly with a person who is NOT an Yes No	member of your household?	
If yes, describe:		
Do they have access to the asset(s)?	Yes No	
Have you sold/ disposed of any property in the last 2 years?	Yes No	
If yes, type of property:		
Market Value when sold/disposed	\$	
Amount sold/ disposed for	\$	
Date of transaction \$		
Have you disposed of any other assets in the last 2 years? Yes No		
(Example: Given away money to relatives, set up Irrevocable Trust Accounts)		
If yes, describe the asset:		
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Wilder Balter PARTNERS INC.	ACTION COUNCIL	

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Date of disposition		
Amount of disposition		\$
Do you have any other assets not listed	d above (excluding personal property?	Yes No
If yes, please list:		
10. ADDITIONAL INFORMATION	N	
Are you or any member of your house	hold currently using an illegal substance?	Yes No
Have you or any member of your hous	ehold ever been convicted of a felony?	Yes No
lf yes, describe:		
Have you ever filed for bankruptcy?		Yes No
If yes, describe:		
Briefly describe your reasons for apply	ying to Chappaqua Crossing:	
11. APPLICATION ASSISTANCE		
Did anyone help/ assist you in filling ou	ut this application?	🗌 Yes 🗌 No
If yes, who assisted and what was the	reason for the assistance?	
12. HOW DID YOU HEAR ABOU	T THIS DEVELOPMENT?	
Friend If friend, how d	id your friend hear about this?	
🗌 Employer 🗆 Sigi	n Posted on Site	
Website/ Internet		(list site)
House of Worship (Identify):		
Community Organization (Ide	entify): Other (Iden	tify):
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Wilder Balter	🗈 💫 🔊 🏑	$\rightarrow$ $\oplus$
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## CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by Management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All applicants must sign application.

I/We agree to authorize Wilder Balter Partners or their agents to use this copy of my/our signature(s) as approval to verify my/our credit, employment, criminal history, assets and former tenancies in connection with my/our application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.

SIGNATURE (S):

Applicant Date:

Co-Applicant \_\_\_\_\_ Date: \_\_\_\_\_

# of Apartments	AMI % Area Median Income	Rents	Maximum Household Income
One Bedroom	40%	\$855	1 person - \$35,700, 2 person - \$40,800
Two Bedroom	40%	\$1003	2 person - \$40,800, 3 person - \$45,900 4 person - \$51,000
Three Bedroom	40%	\$1,143	3 person - \$45,900, 4 person - \$51,000 5 person - \$55,080, 6 person - \$59,160
One Bedroom	60%	\$1,203	1 person - \$53,550, 2 person - \$61,200
Two Bedroom	60%	\$1,536	2 person - \$61,200, 3 person - \$68,850 4 person - \$76,500
Three Bedroom	60%	\$1,806	3 person - \$68,850, 4 person - \$76,500 5 person - \$82,600, 6 person - \$88,750

\*Must have at least 2 persons in the household to be eligible for a 2 Bedroom. \*Must have at least 3 persons in the household to be eligible for a 3 Bedroom.

