

FAIR & AFFORDABLE RENTAL HOUSING APPLICATION

APPLICATION FOR LEWISBORO COMMONS

205 Goldens Bridge Road, Lewisboro, NY (Westchester County)

APPLICATION DEADLINE – Postmarked by May 13, 2022

Lottery – May 27, 2022

Submit Completed Application by Mail or Hand Delivery to:

Housing Action Council, 55 South Broadway, Tarrytown, NY 10591

Unit Type	# of Units at 50% AMI	Monthly Rent - 50% AMI	Approx. Sq. Ft.	# of Units at 60% AMI	Rents at 60% AMI	Approx. Sq. Ft.
1 Bedroom	2	\$1,089	743	8	\$1,315	743
2 Bedroom	5	\$1,312	928-1004	16	\$1,583	928-1004
3 Bedroom	2	\$1,519	1161-1208	8	\$1,832	1161-1208

Rents & Maximum Household Income as of March 2022

Area Median Income AMI	1 Person	2 Person	3 Person	4 Person	5 Person
50%	\$44,650	\$51,000	\$57,400	\$63,750	\$68,850
60%	\$53,550	\$61,200	\$68,850	\$76,500	\$82,620

Subject to Change. Rents include heat and hot water

1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

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

SSN# (last 4 digits): _____ DOB: _____ Gross Income: _____

Email: _____



2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

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

SSN# (last 4 digits): _____ DOB: _____ Gross Income: _____

Email: _____

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 ____	_____	_____	_____
SSN# (last 4 digits): _____		Occupation: _____		
b. _____	_____	_____	_____	_____
SSN# (last 4 digits): _____		Occupation: _____		
c. _____	_____	_____	_____	_____
SSN# (last 4 digits): _____		Occupation: _____		
d. _____	_____	_____	_____	_____
SSN# (last 4 digits): _____		Occupation: _____		
e. _____	_____	_____	_____	_____
SSN# (last 4 digits): _____		Occupation: _____		
f. Do you expect any change (s) in your family size in the next 12 months?				_____ YES _____ NO
If YES , EXPLAIN: _____				

4. **STATISTICAL INFORMATION**

The following information is needed for statistical purposes only in order to determine the degree to which programs are utilized by people of different racial & ethnic backgrounds. Provide information for the head of household only.

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

ETHNICITY: (check **only one** from this group)

- Hispanic Non-Hispanic

5. **ACCESSIBILITY/ADAPTABILITY:**

Would any household member benefit from special features of an accessible apartment?

Check all that apply: Wheelchair accessible? Hearing Impaired? Visually Impaired?

REASONABLE ACCOMMODATION: If you are an individual with disabilities you may make a request for a reasonable accommodation. If you would like more information on how to make a request for a reasonable accommodation, contact Housing Action Council at (914) 332-4144 or hac@affordablehomes.org.

6. **PREFERENCE CATEGORY:**

Seven (7) of the units will have a preference for households who are on New York’s Housing Choice Voucher waiting list.

Are you on the CVR New York Housing Choice Voucher wait list?

YES NO

Do you receive any rent subsidy? Yes No

If Yes, state source of subsidy _____

7. 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/ semi-monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ semi-monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/semi- monthly (circle one)	

8. OTHER SOURCES OF INCOME:

(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-giving, alimony, child support, regular payouts from annuities, 401ks and IRAs, dividends, income from rental property and/or Armed Forces/Reserves.)

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

9. **HOUSEHOLD ASSETS** (This includes but is not limited to Accounts for Checking, Savings, Money Market, CDs, Stocks, Bonds, Retirement accounts including IRA, Roth, Keogh, 401(k) and 403(b), annuities, whole life insurance policies, online accounts (e.g. Paypal)):

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 or co-applicant **NOW** own real estate: _____ YES _____ NO

If "yes", what is the value: _____

Has the applicant or co-applicant **EVER** owned real estate? _____ YES _____ NO

If "yes", when? _____

10. RENT:

What is your Current Monthly Rent \$ _____

Check Utilities paid by you now:

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

11. 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)
- Church/ Synagogue (Identify): _____
- Community Organization (Identify): _____
- Other (Identify): _____

I (WE) DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY(OUR) KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE PUNISHABLE UNDER FEDERAL LAW.

Applicant Signature

Date

Co-Applicant Signature

Date

FOR INFORMATION CONTACT: HOUSING ACTION COUNCIL
(914) 332-4144 | hac@affordablehomes.org | www.housingactioncouncil.org

DOCUMENTATION OF INCOME AND ASSETS WILL BE REQUESTED AFTER THE LOTTERY FOR QUALIFICATION PURPOSES

