

FAIR AND AFFORDABLE HOUSING APPLICATION

APPLICATION FOR ASSISTED LIVING AT THE AMBASSADOR OF SCARSDALE 9 Saxon Woods Road, White Plains, NY 10605

APPLICATION REVIEWED FIRST COME FIRST SERVED

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: _____

2. 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).

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native & White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American & White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian or Alaska Native & Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other Multi Racial |

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



Housing Action Council



3. 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

4. SOURCES OF INCOME:

List ALL sources of income (EXAMPLES: social security, SSI, pensions, disability compensation, earned income, annuities, dividends, and income from rental property)

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

5. 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.: _____

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



Housing Action Council



Credit Union Shares:

Credit Union Name: _____ Amt.: _____

Address _____

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

Other Amt.: (includes IRA's, trust, 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? _____

Do you own a house? _____ Yes _____ No

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE.

Applicant Signature

Date

CONSUMER CREDIT INFORMATION

I/ We hereby authorize Housing Action Council and the Ambassador at Scarsdale and its agents to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate references, or statements or other data obtained from me or from any person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the organizations listed above, to the owner, and to agencies that made or will make funding available in connection with this property listed above in support of this application. I have been advised that I have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Applicant Signature

Date



Housing Action Council



6. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?

- Friend
- Employer
- Sign Posted on Building
- Website/ Internet _____ (list site)
- Newspaper (Identify): _____ On-line Version? _____
- Church/ Synagogue (Identify): _____
- Community Organization (Identify): _____
- Other (Identify): _____

7. DOCUMENTATION

All household members must submit COPIES of the following documents with their application:

- _____ 2014 & 2013 **W2's and Federal Tax Returns with all Schedules**
- _____ One Month's Most Recent Pay Stubs & documentation on any other source of income, e.g. social security, pension, disability, annuity payments
- _____ 3 Months of all Bank, Credit Union, and Investment Statements (**all pages**)
- _____ Most Recent Retirement Fund Account Statements (e.g. 403b, 401k)
- _____ Birth Certificate, Drivers License or Passport

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE.

_____	_____
Applicant Signature	Date
_____	_____
Co-Applicant Signature	Date

Mail or Hand Deliver Application to:
Housing Action Council at 55 South Broadway, Tarrytown, NY 10591
Phone: 914-332-4144

