

APPLICATION DEADLINE: JULY 13, 2017

Fair & Affordable Rental Housing in Dobbs Ferry

↻ The Danforth Apartments ↻

10 One & Two Bedroom Affordable Apartments

Within a new 202 apartment community

at 100 Danforth Avenue, Dobbs Ferry, Westchester County, New York

↻ Building & Community Features ↻

4 Story Elevator Building, Individually Controlled Heating & A/C, Nationally recognized Ardsley Public School District, Quick commute to White Plains, Yonkers & NYC Employment Centers, Commuter shuttle to Dobbs Ferry Metro North Station, Shop at nearby Rivertowns Square, Easy access to Saw Mill River Parkway and 14 mile South County Trail for Hiking & Biking



| # of Apartments | Rents* | Maximum Household Income* |
|-----------------|---------|---|
| 5 One Bedrooms | \$1,117 | 1 person – \$46,780 2 person – \$53,470 |
| 5 Two Bedrooms | \$1,358 | 2 person – \$53,470 3 person – \$60,150 4 person – \$66,840 |

*Rents & Maximum Household Income as of April 2017, Subject to Change.
Tenant-paid utilities & additional fees for parking and amenities

FOR ADDITIONAL INFORMATION, CALL HOUSING ACTION COUNCIL
(914) 332-4144 or email hac@affordablehomes.org
www.housingactioncouncil.org



NO SMOKING

FAIR AND AFFORDABLE HOUSING APPLICATION

DANFORTH APARTMENTS
100 Danforth Avenue, Dobbs Ferry, NY 10522

APPLICATION DEADLINE JULY 13, 2017

A public lottery will be held in July to determine the order in which people are qualified

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. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

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

SSN: _____ DOB: _____ Gross Income: _____

Email: _____



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4/2017

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 <i>YES</i> , EXPLAIN: _____ | | | | |

4. 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

5. ACCESSIBILITY/ADAPTABILITY

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



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6. 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 _____

.....

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/ monthly (circle one) | |
| _____ | _____ | \$ _____ | \$ _____ |
| | | Weekly/ biweekly/ monthly (circle one) | |
| _____ | _____ | \$ _____ | \$ _____ |
| | | Weekly/ biweekly/ monthly (circle one) | |
| _____ | _____ | \$ _____ | \$ _____ |
| | | Weekly/ biweekly/ monthly (circle one) | |



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8. 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) |

9. 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.: _____

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? _____



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10. DOCUMENTATION

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

- _____ 2016 & 2015 **W2's**
- _____ 2016 & 2015 **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, child support (child support court order or private arrangement)
- _____ 3 Months of all Bank, Credit Union, and Investment Statements (**all pages**)
- _____ Most Recent Retirement Fund Account Statements (e.g. 403b, 401k)
- _____ Divorce/ Separation Documents, if applicable
- _____ \$35 Consumer Report Fee (Non-refundable – Made payable to Housing Action Council)
- _____ Driver's License for any household member 18+, Birth Certificates for all household members, Resident card if applicable

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

CONSUMER CREDIT INFORMATION

I/ We hereby authorize Housing Action Council 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 Housing Action Council, 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

Co-Applicant Signature

Date



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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)
- 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

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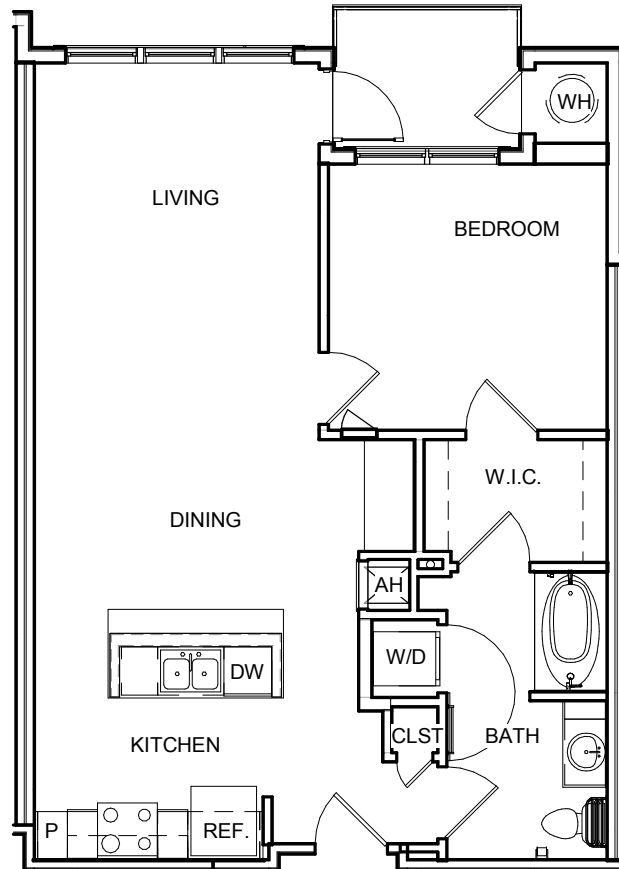
NO SMOKING



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FOR ILLUSTRATIVE PURPOSES ONLY

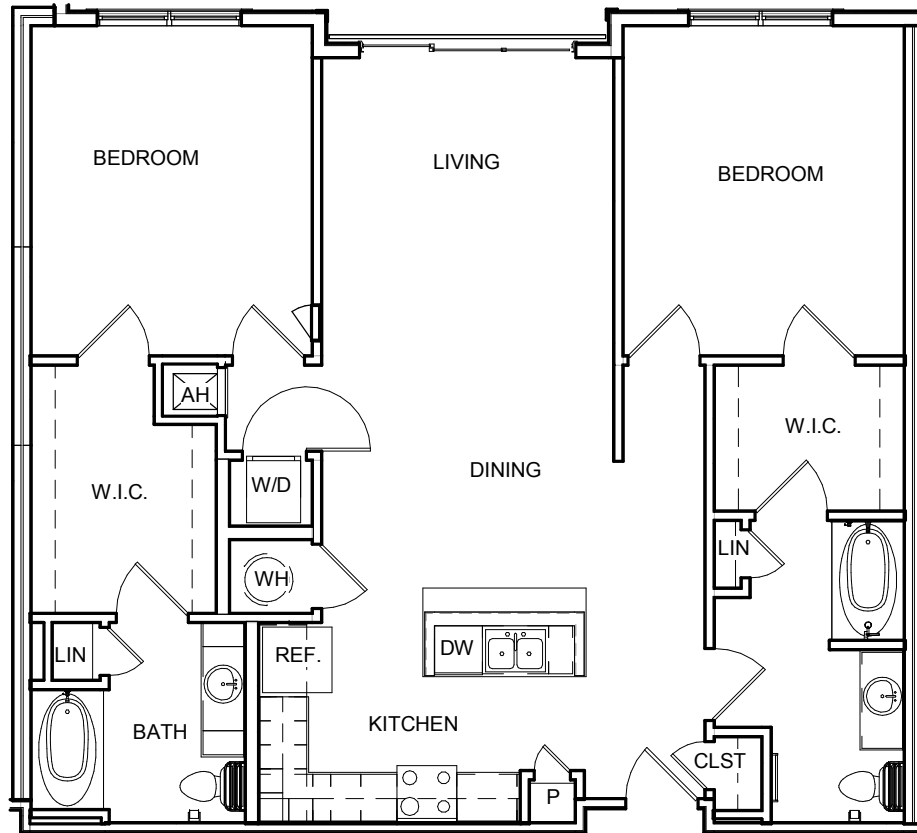


ONE BEDROOM (1BA)

780 SF

**THE DANFORTH
APARTMENTS**

FOR ILLUSTRATIVE PURPOSES ONLY



TWO BEDROOM (2B-E)

1236 SF

**THE DANFORTH
APARTMENTS**