

# FAIR AND AFFORDABLE HOUSING APPLICATION

## Hillside Apartments

214 Hillside Place, Eastchester, New York

**APPLICATION DEADLINE JULY 13, 2017**

**Mail or Hand Deliver Application to:**

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

Phone: 914-332-4144

Check whether you are interested in  One Bedroom  Two Bedroom  Three Bedroom

**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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**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. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
f. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
g. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
h. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		

i. Do you expect any change (s) in your family size?      \_\_\_YES      \_\_\_NO

If **YES**, EXPLAIN: \_\_\_\_\_



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**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

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**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 \_\_\_\_\_



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**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)	
_____	_____	\$ _____	\$ _____
		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 and Community Housing Innovations, 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 Community Housing Innovations, 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

# of Apartments	Rents*	Maximum Household Income*
1 One Bedroom	\$1,214	1 person – \$46,780 2 person – \$53,470 3 person – \$60,150
2 Two Bedrooms	\$1,469	2 person – \$53,470 3 person – \$60,150 4 person – \$66,840 5 person – \$72,180
1 Three Bedroom	\$1499	3 person – \$60,150 4 person – \$66,840 5 person – \$72,180 6 person – \$77,530 7 person – \$82,880

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

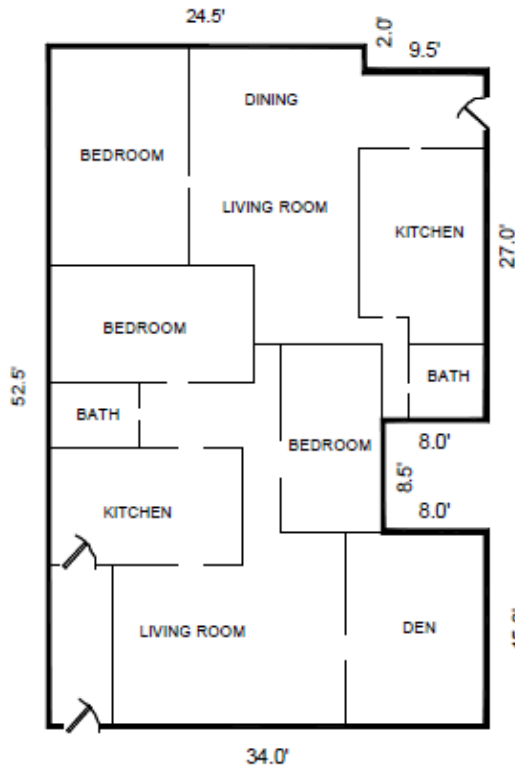


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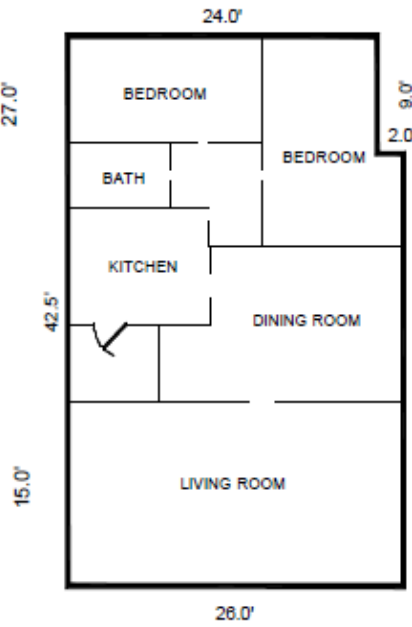


# HILLSIDE APARTMENTS

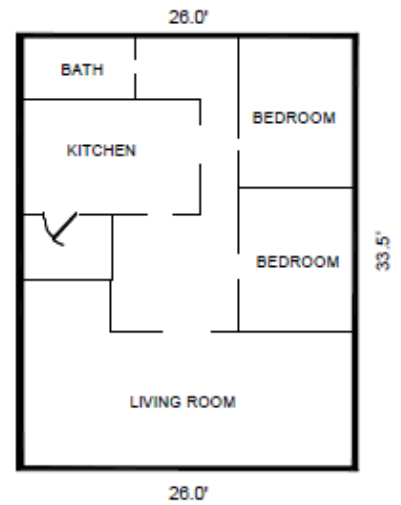
## SAMPLE FLOOR PLANS – ILLUSTRATIVE PURPOSES ONLY



First Floor



Second Floor



Third Floor



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