

**Fair & Affordable Single Family Homes
Now Available for Purchase in Town of Yorktown
Westchester County**

APPLICATION DEADLINE APRIL 24, 2017

**IF YOU ARE INTERESTED IN THESE PROPERTIES
YOU MUST COMPLETE AN APPLICATION AND SUBMIT WITH SUPPORTING
DOCUMENTATION BY APRIL 24, 2017.**

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

**** Check Properties in which you are Interested ****

One Bedroom:

- 114 Quail Court, Yorktown Heights

Three Bedrooms (Must have a minimum household size of 3):

- 3271 Lincoln Drive, Mohegan Lake
 3318 Old Yorktown Road, Yorktown Heights
 3758 Old Jefferson Valley Road, Shrub Oak

Four Bedrooms (Must have a minimum household size of 4):

- 15 Granite Springs Road, Yorktown Heights
 3771 Valleyview Street, Mohegan Lake
 1633 Strawberry Road, Mohegan Lake
 3841 Valleyview Street, Mohegan Lake

Five Bedrooms (Must have a minimum household size of 5):

- 3408 Deerhaunt Street, Yorktown Heights

Maximum Income Limits as of June 1, 2016

(Income limits are subject to change)

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
\$60,400	\$69,000	\$77,650	\$86,250	\$93,150	\$100,050

**For Information & Application - Contact: Housing Action Council
(914) 332-4144 | hac@affordablehomes.org | www.housingactioncouncil.org**

**Mail or Hand Deliver Completed Application to:
Housing Action Council at 55 South Broadway, Tarrytown, NY 10591**



Housing Action Council



1/2017

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: _____

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. Do you expect any change (s) in your family size?		_____ YES	_____ NO	



If **YES**, 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

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



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)	

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? _____

10. DOCUMENTATION

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

_____ 2016 & 2015 & 2014 **W2's**

_____ 2016 if available & 2015 & 2014 **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

_____ \$25 Credit 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 (Identity): _____ 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



Housing Action Council



1/2017