

# APPLICATION FOR MODERATE INCOME HOUSING OPPORTUNITY

## The Printhouse New Rochelle Apartments – **FOR WAITLIST** 165 Huguenot St, New Rochelle, New York

**(2) Studios - \$1,768 • (4) One Bedrooms - \$1,853 • (1) Two Bedroom - \$2,221  
(Rents Subject to Change)**

**Mail or Hand Deliver Completed Application to:**  
**Housing Action Council**  
**55 South Broadway, 2<sup>nd</sup> Floor, Tarrytown, NY 10591**

Maximum Income Limits as of May 2023- (Income limits are subject to change)

1 Person	2 Persons	3 Persons	4 Persons	5 Persons
\$82,250	\$94,000	\$105,750	\$117,450	\$126,850

Check all that apply:

- I am applying for a Studio.
- I am/We are applying for a One Bedroom.
- We are applying for a Two Bedroom (minimum occupancy of two persons).

The Printhouse Apartments are available on a preference basis in the following order of priority.  
Check one of the following boxes:

- I am a member of the workforce of New Rochelle **and** a resident of the City of New Rochelle.
- I am a resident of the City of New Rochelle.
- I am a member of the workforce of New Rochelle.
- Other.

### 1. APPLICANT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SSN (last 4 digits): \_\_\_\_\_ DOB: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Email: \_\_\_\_\_



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**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.____	_____	_____	_____
Social Security #(last 4 digits): _____		Occupation: _____		
b. _____	_____	_____	_____	_____
Social Security #(last 4 digits): _____		Occupation: _____		
c. _____	_____	_____	_____	_____
Social Security #(last 4 digits): _____		Occupation: _____		
d. _____	_____	_____	_____	_____
Social Security #(last 4 digits): _____		Occupation: _____		
e. _____	_____	_____	_____	_____
Social Security # (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: \_\_\_\_\_

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**4. STATISTICAL INFORMATION**

a. **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

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

- Hispanic
- Non-Hispanic

**5. 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 any rent subsidy?  Yes  No

If Yes, state source of subsidy, e.g., CVR New York \_\_\_\_\_

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**6. 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)	

**7. 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)

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8. **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.: \_\_\_\_\_

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 (When? \_\_\_\_\_) \_\_\_\_\_ NO

9. **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): \_\_\_\_\_



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## CERTIFICATION

I/We hereby certify that I/We will not maintain a separate rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that we must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by Management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All applicants must sign application.

I/We agree to authorize Housing Action Council Inc. or their agents to use this copy of my/our signature(s) as approval to verify my/our, employment, any other source of income, and assets in connection with my/our application. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.

SIGNATURE (S):

Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**DOCUMENTATION OF INCOME AND ASSETS WILL BE REQUESTED FOR  
QUALIFICATION PURPOSES WHEN YOUR NAME IS REACHED ON THE WAITLIST  
INCLUDING BUT NOT LIMITED TO THE FOLLOWING:**

- 2022 + 2021 W2's or 1099's
- 2022 + 2021 Federal Tax Returns with all Schedules
- **If self-employed**, 2022 + 2021 Federal Tax Returns **AND** Profit & Loss Statement (1/1/23 – 6/30/23)
- 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)
- Valid Government issued Photo ID (e.g. Driver's License or Passport)



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