

CITY OF NEW ROCHELLE AFFORDABLE HOUSING PROGRAM
NEW AFFORDABLE APARTMENTS

The Atelier – 8 Westchester Place, New Rochelle, NY 10801

Application Deadline: **October 16, 2023**

Completed Applications Must be Mailed or Hand Delivered to:
Housing Action Council – 55 South Broadway, 2nd Fl, Tarrytown, NY 10591

Total # of Affordable Apartments	# of Affordable Units	Rents
Studios	31	\$1,853
One Bedroom	26	\$1,975
Two Bedroom	8	\$2,063

Maximum Household Income

Area Median Income AMI	1 Person	2 Person	3 Person	4 Person
80%	\$82,250	\$94,000	\$105,750	\$117,450

Maximum Household Incomes & Rents Subject to Change. Utilities not included in rent.

Name of Applicant: _____

- I am applying for a Studio.
- I(We) are applying for a One Bedroom.
- We are applying for a Two Bedroom.

The Atelier apartments are available on a preference basis in the following order of priority. Check one or more of the following boxes:

- I am an artist certified by the City of New Rochelle’s Municipal Arts Commission. Provide certification.
- I am a member of the New Rochelle workforce **and** a New Rochelle resident. Name and address of employer: _____
- I am a New Rochelle resident.
- I am a member of the New Rochelle workforce. Name and address of employer: _____
- I am not a member of any of the above categories.



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1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

SSN (last 4 digits): _____ DOB: _____ Gross Income: _____

Email: _____ Do you use your email regularly? Yes No

2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

SSN (last 4 digits): _____ DOB: _____ Gross Income: _____

Email: _____ Do you use your email regularly? Yes No

3. HOUSEHOLD COMPOSITION (include all household members):

	NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SS# (Last 4 Digits)	OCCUPATION	STUDENT Y/N
Head						
Co-App						

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain:



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Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	
Is there someone not listed above who would normally be living in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	
Are you living with anyone now who will not be moving into this apartment with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:	

4. CURRENT RESIDENCE:

What is your Current Monthly Rent or Mortgage Payment \$_____

How long have you lived at your current residence? _____

Is any portion of your rent subsidized? Yes No Agency Name: _____

Check Utilities paid monthly by you now:

\$ _____ Heat
 \$ _____ Electricity
 \$ _____ Gas
 \$ _____ Water
 \$ _____ Other

5. EMPLOYMENT:

HOUSEHOLD MEMBER NAME:	
EMPLOYER:	
POSITION HELD:	
HOW LONG EMPLOYED:	MONTHLY GROSS INCOME:

HOUSEHOLD MEMBER NAME:	
EMPLOYER:	
POSITION HELD:	
HOW LONG EMPLOYED:	MONTHLY GROSS INCOME:



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PREVIOUS EMPLOYMENT (within last 60 days)

HOUSEHOLD MEMBER NAME:	
EMPLOYER:	
POSITION HELD:	
HOW LONG EMPLOYED:	MONTHLY GROSS INCOME:

6. INCOME:

List ALL sources of income as requested below. If a section doesn't apply, write "NA" for not applicable.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Child Support Payments	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Other Financial Aid (excluding loans)	\$
	Regular payouts from Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments (e.g. 403(b) & 401(k), interest dividends (specify source))	\$

Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the amount the amount you are entitled to receive:	
Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the amount you receive:	



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ADDITIONAL INCOME (If Any):

(Baby-sitting, care-giving, income from rental property)

Source:		Monthly Amount:	\$
Source:		Monthly Amount:	\$
Do you anticipate any changes in this income in the next 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance that you did not list above?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income assistance (monetary or not) from someone who is not a member of the household?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:			
Is the income received?			<input type="checkbox"/> Yes <input type="checkbox"/> No

7. 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). (Respond to a. & b.)

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

8. ACCESSIBILITY/ADAPTABILITY:

Would any household member benefit from special features of an accessible apartment?

Check all that apply: ___ Wheelchair accessible? ___ Hearing Impaired? ___ Visually Impaired?

REASONABLE ACCOMMODATION: If you are an individual with disabilities you may make a request for a reasonable accommodation. If you would like more information on how to make a request for a reasonable accommodation, contact Housing Action Council at 914-332-4144 ■ hac@affordablehomes.org



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9. ASSETS

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Direct Deposit Cards for SS, SSI, SSP, TANF, Child Support and Work	#	Bank	Balance \$
	#	Bank	Balance \$
Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
Money Market Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bond	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Life Insurance Policy	#		Cash Value \$
	#		Cash Value \$
Mutual Funds/ Name	# of Shares	Interest or Dividend \$	Value \$
Stocks/ Bonds	# of Shares	Interest or Dividend \$	Value \$



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10. REAL ESTATE PROPERTY AND OTHER ASSETS

Do you own any property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Type of property	
Address of property	
Estimated Market Value	\$
Mortgage or outstanding loan balance	\$
Amount of annual insurance premium	\$
Amount of Real estate taxes	\$
Is the property subject to foreclosure, bankruptcy or eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of your household? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:	
Do they have access to the asset(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you sold/ disposed of any property in the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, type of property:	
Market Value when sold/dispensed	\$
Amount sold/ disposed for	\$
Date of transaction	
Have you disposed of any other assets in the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (Example: Given away money to relatives, set up Irrevocable Trust Accounts)	
If yes, describe the asset:	
Date of disposition	
Amount of disposition	\$
Do you have any other assets not listed above (excluding personal property)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list:	



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11. ADDITIONAL INFORMATION

Briefly describe your reasons for applying to The Atelier:

12. APPLICATION ASSISTANCE

Did anyone help/ assist you in filling out this application? Yes No

If yes, who assisted and what was the reason for the assistance?

13. DOCUMENTATION

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

- _____ 2022 + 2021 all **W2's** and **1099's**
- _____ 2022 + 2021 **Federal Tax Returns** with all applicable Schedules
- _____ **If self-employed**, 2022 + 2021 Federal Tax Returns **AND** Profit & Loss Statement (1/1/23 - 6/30/23)
- _____ Six Most Recent Pay Stubs & documentation on any other source of income, e.g. social security, pension, disability, annuity payments
- _____ 3 Most Recent 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)
- _____ If you are a Certified Artist or a member of the New Rochelle workforce, provide documentation.

14. 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)
- House of Worship (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 I/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 and all members of household over the age of 18 must sign the 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 Housing Action Council Inc. and/or Management and will be used only for purposes connected with the apartment.

SIGNATURE(S):

Applicant _____ Date: _____

Co-Applicant _____ Date: _____

Additional Adult Member of Household

_____ Date: _____

Additional Adult Member of Household

_____ Date: _____

For Information, Contact:
914-332-4144 ■ hac@affordablehomes.org



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