

**CITY OF NEW ROCHELLE AFFORDABLE HOUSING PROGRAM
NEW MODERATE INCOME APARTMENTS**

ILLUSTRATOR – 600 North Ave, New Rochelle, NY 10801

**STUDIOS AND ONE BEDROOM APARTMENTS CURRENTLY AVAILABLE AND
WILL BE CONSIDERED ON A FIRST COME, FIRST SERVE BASIS.**

APPLICATIONS FOR TWO BEDROOMS WILL BE PLACED ON A WAITLIST

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	Square Footage	Rents
Studios	2	602	\$1,915
One Bedroom/1 Bath	4	765-800	\$2,039
Two Bedroom/2 Bath	2	1118	\$2,434

Maximum Household Income as of June 30, 2023

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. **[FOR WAITLIST]**

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

- I live in the New Rochelle Downtown Overlay Zone.
<https://www.newrochelleny.com/DocumentCenter/View/11481/DOWNTOWN-OVERLAY-ZONE?bidId>
- I am a member of the New Rochelle workforce. Name and address of employer: _____
- I am a New Rochelle resident.
- 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						



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

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

Is there someone not listed above who would normally be living in the household? Yes No

If yes, explain:

Are you living with anyone now who will not be moving into this apartment with you? Yes 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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EQUAL HOUSING OPPORTUNITY

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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



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If yes, list the amount you receive:

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. 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?

12. DOCUMENTATION

FOR STUDIO AND ONE BEDROOM APPLICATIONS: 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 - 9/30/23)
- _____ 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)

FOR WAITLIST APPLICATIONS FOR TWO BEDROOM APARTMENTS:

DOCUMENTATION WILL BE REQUIRED AT THE TIME OF APPLICATION REVIEW.



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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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