

43-45 Maple  
Street  
Croton-on-  
Hudson, NY

**APPLICATION DEADLINE: APRIL 18, 2024**

**HOUSING LOTTERY: May 3, 2024 at 2:00 P.M.**

**VIA ZOOM: <https://us02web.zoom.us/j/86809894199>**

Apply Online at [housingactioncouncil.org](http://housingactioncouncil.org) -or-  
Fill out the application and mail or hand  
deliver to:

Housing Action Council  
55 South Broadway, 1st Floor  
Tarrytown, NY 10591

Call: 914-332-4144 or email [hac@affordablehomes.org](mailto:hac@affordablehomes.org) for  
additional information or if you have any questions.

\*Applicants can apply for more than one bedroom size if eligible  
based on household size or need a reasonable accommodation  
for another size.

**Bedroom  
Desired\*:**

1BR

2BR

3BR

### APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security# or Alternative (e.g., ITIN# (Last 4 Digits)) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please fill in your previous address here (if at current address for less than 2 years)

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

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

Employment Information: Employer: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Employer/Company Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Choose One: Annual Gross Income: \_\_\_\_\_ Weekly Gross Income: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_

Other Sources of Income and Rent Subsidies: \_\_\_\_\_

Gross Income Last Year: \_\_\_\_\_ Expected Gross Income This Year: \_\_\_\_\_

### CO-APPLICANT INFORMATION (if applicable)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security# or Alternative (e.g., ITIN#)(Last 4 Digits) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please fill in your previous address here (if at current address for less than 2 years)

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

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

Employment Information: Employer: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Employer/Company Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Choose One: Annual Gross Income: \_\_\_\_\_ Weekly Gross Income: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_

Other Sources of Income and Rent Subsidies: \_\_\_\_\_

Gross Income Last Year: \_\_\_\_\_ Expected Gross Income This Year: \_\_\_\_\_



Income Restrictions Apply • An Equal Housing Opportunity



**OCCUPANTS TO BE LIVING IN THE APARTMENT**

(include everyone that will be living in the apartment including applicant and co-applicant)

First Name	Last Name	Age	Relation to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CURRENT LANDLORD**

Name: \_\_\_\_\_  
 Landlord Address & City: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Rent: \_\_\_\_\_ Number of Years: \_\_\_\_\_

**PREVIOUS LANDLORD**

Name: \_\_\_\_\_  
 Landlord Address & City: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Rent: \_\_\_\_\_ Number of Years: \_\_\_\_\_

**INCOME SOURCES**

Do you have any income or rent subsidies from sources other than the employment listed above? Yes No

If yes, please list other sources of income or rent subsidies:

Source of Income or Rent Subsidy	Monthly Amount
1. Social Security _____	_____
2. Pension _____	_____
3. Other _____	_____
4. Other _____	_____

**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 ACCOMODATION**

If you are an individual with disabilities you may make a request for a reasonable accommodation. See attachment for more information on how to make a request for a reasonable accommodation.

The following information is for statistical purposes only to determine the degree to which programs are utilized by people of different racial & ethnic backgrounds. Provide information for the head of household only. (This question is optional and will not have an effect on your application.)

a. 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

How did you hear about us? \_\_\_\_\_



I (We) agree to authorize Michaels Management-Affordable, Regan Development Corporation and/or Housing Action Council, or their agents to use this copy of my/our signatures as an approval to verify my/our credit, employment, assets, current or former tenancies, criminal history and sex offender status in connection with my/our application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment. The undersigned people represent and acknowledge that the landlord considers all information to be material in nature and understands that any false statements and/or information provided will be deemed material non-compliance with my/our lease and grounds for eviction. The undersigned people certify that the statements made in this pre-application are true and complete to the best of my/our knowledge and belief.

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE OF CO-APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE OF CO-APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

All people 18 years and over must sign application

**IF YOU HAVE ANY QUESTIONS PLEASE CONTACT HOUSING ACTION COUNCIL**  
[hac@affordablehomes.org](mailto:hac@affordablehomes.org) • (914) 332-4144 • [www.housingactioncouncil.org](http://www.housingactioncouncil.org)

