

**CITY OF NEW ROCHELLE AFFORDABLE HOUSING PROGRAM**  
**AFFORDABLE RENTAL APARTMENTS (for waitlist)**  
**THE MILLENNIA – 20 Burling Lane, New Rochelle, NY 10801**

**Completed Applications Must be Mailed or Hand Delivered to:**  
 Housing Action Council – 55 South Broadway, 1<sup>st</sup> Fl, Tarrytown, NY 10591

Type of Affordable Apartment	Rents (subject to change)	Approximate Sq. Ft.
Studios	\$2,078	575 SF
One Bedroom	\$2,214	850 SF
Two Bedrooms	\$2,591	

Maximum Household Income as of April 2024 – 80% AMI	1 Person	2 Person	3 Person	4 Person
	\$87,500	\$99,950	\$112,500	\$124,950

**APARTMENT PREFERENCE: (Please check all unit sizes you are interested in)**

Studio                       One Bedroom                       Two Bedroom

**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



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**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:**

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

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:**



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**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 <b>legally entitled</b> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, list the amount the amount you are entitled to receive:</b>	
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
<b>If yes to any of the above, explain:</b>			
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

**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](mailto:hac@affordablehomes.org)



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## 8. 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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### 9. 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?	
<b>If yes, describe</b>	

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	
<b>If yes, describe:</b>	
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	
<b>If yes, type of property:</b>	
Market Value when sold/disposed	\$
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)	
<b>If yes, describe the asset:</b>	
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	
<b>If yes, please list:</b>	



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### 10. ADDITIONAL INFORMATION

Briefly describe your reasons for applying to The Millennia:

### 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

**This is an initial application. It does not include all the information and documentation that will be required to qualify you to rent an apartment when your application is reached. To income qualify, you will need to complete additional information requests regarding your household's income and assets, and provide documentation to support that income and assets including:**

- 2022 + 2023 **W2's or 1099's** and **Federal Tax Returns** (2022 + 2023 (if completed)) with all Schedules
- **If self-employed**, 2022 + 2023 (if completed) Federal Tax Returns **AND** Profit & Loss Statement (3/1/24-6/30/24)
- 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)

**DO NOT PROVIDE THIS DOCUMENTATION AS PART OF YOUR INITIAL APPLICATION**

### 13. 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 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 household members 18 years and older must sign application.

I/We agree to authorize Housing Action Council Inc., Management 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):

*All Members of Household 18 Years or Older Must Sign Application*

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

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

Member of Household \_\_\_\_\_ Date: \_\_\_\_\_

**For Information, Contact:**  
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