

**EIGHT (8) FAIR & AFFORDABLE ONE BEDROOM  
APARTMENTS AT  
HIDDEN MEADOW**

38-45 Muscoot River Road, Town of Somers, Westchester County, New York 10598

**Submission Deadline: January 27, 2025 | Lottery: February 7, 2025**

Lottery sets order in which applications are reviewed

**Apply On-Line at [housingactioncouncil.org](https://housingactioncouncil.org) or  
Mail or Hand Deliver Completed Application to:**

Housing Action Council at: 55 South Broadway, 1<sup>st</sup> Floor, Tarrytown, NY 10591

**Maximum Income Limits as of April, 2024**

(Rent and Income limits are subject to change)

1 Person	2 Persons
\$65,600	\$74,950

**ONE BEDROOM/ONE BATHROOM RENT - \$1,389 (approx. 727 SF)**

\*Tenant pays all utilities. Gas heating & hot water, electric cooking, & general electric

**1. APPLICANT INFORMATION:**

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

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

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

Main Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Do you use your email regularly? \_\_\_\_\_



**2. CO-APPLICANT INFORMATION:**

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

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

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

Main Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Do you use your email regularly? \_\_\_\_\_

**3. HOUSEHOLD COMPOSITION:**

Number of Household Members \_\_\_\_\_ Total Household Income \_\_\_\_\_

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

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. STATISTICAL INFORMATION (Optional)**

**a. The following information is requested for statistical purposes so that Westchester County and the New York State Housing Trust Fund Corporation may determine the degree to which its programs are utilized by people of different racial & ethnic backgrounds.**

**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

c. Prefer not to answer

**5. 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

**6. EMPLOYMENT:**

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



**EMPLOYMENT (cont'd):**

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

**PREVIOUS EMPLOYMENT (within last 60 days)**

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

**7. OTHER SOURCES OF 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	\$





	#	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 \$

### 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



**If yes, describe:**

Do they have access to the asset(s)?  Yes  No

Have you sold/ disposed of any property in the last 2 years?  Yes  No

**If yes, type of property:**

Market Value when sold/disposed	\$
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Amount sold/ disposed for	\$
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Date of transaction	
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Have you disposed of any other assets in the last 2 years?  Yes  No  
(Example: Given away money to relatives, set up Irrevocable Trust Accounts)

**If yes, describe the asset:**

Date of disposition	
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Amount of disposition	\$
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Do you have any other assets not listed above (excluding personal property)?  Yes  No

**If yes, please list:**

**CERTIFICATION**

If qualified and selected, I/We certify that this will be my/our permanent residence. I/We understand that my/our eligibility for housing will be based on applicable income limits and by underwriting 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.

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 this application.

**ALL HOUSEHOLD MEMBERS 18 AND OVER MUST SIGN BELOW**

**SIGNATURE (S):**

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

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

**DO NOT PROVIDE FINANCIAL DOCUMENTATION WITH YOUR INITIAL APPLICATION**

**THE FOLLOWING DOCUMENTATION WILL BE REQUESTED AFTER THE LOTTERY PRIOR TO QUALIFICATION**

- 2023 + 2022 **W2's or 1099's** and **Federal Tax Returns** with all Schedules
- **If self-employed**, 2023 + 2022 Federal Tax Returns **AND** Profit & Loss Statement (1/1/24 -9/30/24)
- 6 Most Recent Pay Stubs & recent documentation on any other source of income, e.g. social security, pension, disability, annuity payments
- 6 Most Recent 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 Information & Application - Contact: Housing Action Council**  
**(914) 332-4144 | [hac@affordablehomes.org](mailto:hac@affordablehomes.org) | [www.housingactioncouncil.org](http://www.housingactioncouncil.org)**

