TWELVE (12) FAIR & AFFORDABLE ONE BEDROOM APARTMENTS

VALLEY COTTAGE APARTMENTS

123 Valley Road, Town of Bedford, Westchester County, New York 10536

Submission Deadline: May 5, 2025 | Lottery: May 12, 2025 Lottery sets order in which applications are reviewed

Apply On-Line at housingactioncouncil.org or Mail or Hand Deliver Completed Application to:

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

Maximum Income Limits as of April, 2024

(Rent and Income limits are subject to change)

1 Person	2 Person	3 Person
\$71,078	\$81,218	\$91,390

ONE BEDROOM/ONE BATHROOM RENT - \$1,524

* Heat and Hot Water Included.

ddress: Apt ity: State: Zip: /lain Phone: Secondary Phone:	City: Main Phone:	State:	Zip:
1ain Phone: Secondary Phone:	Main Phone:		
		Secondary Pho	one:
SN/ITIN (last 4 digits): DOB: Gross Income:	SSN/ITIN (last 4 digits):		
		DOB:	Gross Income:
nail: Do you use your email regu	mail:		Do you use your email regularly?
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ddress:				Apt#:	
ty:	State:		Zip:		
ain Phone:	Secondary F	hone:			
SN/ITIN (last 4 digits):	DOB:		_ Gross In	come:	
nail:		Dο γοι	use your	email regularly? _	
	ibers Total H	T		-	
NAME	RELATIONSHIP TO HEAD OF	DATE OF BIRTH	SS# (Last 4	OCCUPATION	STUDI Y/M
Applicant	HOUSEHOLD		Digits)		
Со-Арр					
Со-Арр					
	n household composition in the last	twelve mont	15?	Ves [
Have there been any changes i	n household composition in the last	twelve montl	ns?	Yes [No
Have there been any changes i If yes, explain:					
Have there been any changes i If yes, explain: Do you anticipate any changes	n household composition in the last			Yes [No No
Have there been any changes i If yes, explain: Do you anticipate any changes If yes, explain:	s in household composition in the ne	ext twelve mo	nths?	Yes	No
Have there been any changes i If yes, explain: Do you anticipate any changes If yes, explain: Is there someone not listed ab		ext twelve mo	nths?		
Have there been any changes i f yes, explain: Do you anticipate any changes f yes, explain: s there someone not listed ab f yes, explain:	s in household composition in the ne	ext twelve mo	nths? d?	Yes [No
If yes, explain: Do you anticipate any changes If yes, explain: Is there someone not listed about the s	s in household composition in the ne	ext twelve mo	nths? d?	Yes	No





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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.

<u>RACIAL GROUP IDENTIFICATION</u>: Used for statistical purposes only. (Please <u>check only one from this</u> <u>group</u> for the <u>head of household only</u>).

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 orAfrican American Other Multi Racial
b. ETHNICITY: (check only one from this group)	Hispanic Non-Hispanic
c. Prefer not to answer	
CURRENT RESIDENCE:	
What is your Current Monthly Rent or Mortgage Paymer	nt \$
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:	
□ \$ □ \$ □ \$ □ \$ □ \$ □ \$	\$ 🗆 \$ Water Other
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:

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 entitle	to receive alimony?	Yes	🗌 No
If yes, list the amount	the amount you are entitled to receive:		
Do you receive alimon	γ?	Yes	🗌 No
If yes, list the amount y	vou receive		

ADDITIONAL INCOME: (If Any)

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

Source:	Monthly Amount:	\$
Source:	Monthly Amount:	\$

8. ASSETS

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Direct Deposit Cards for SS,	#	Bank	Balance \$
SI, SSP, TANF, Child Support and Work	#	Bank	Balance \$





ASSETS (cont'd)			
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 \$
,			

9. REAL ESTATE PROPERTY AND OTHER ASSETS

Do you own any property?			Yes 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, b	pankruptcy or eviction?		
If yes, describe			I
HOUSING			
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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	\$
Amount sold/ disposed for	\$
Date of transaction	
Have you disposed of any other assets in the last 2 years?	
If yes, describe the asset:	
Date of disposition	
Amount of disposition	\$
Do you have any other assets not listed above (excluding personal property?	Yes No
If yes, please list:	

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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:_____ 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:**

- 2024 + 2023 W2's or 1099's and Federal Tax Returns with all Schedules
- If self-employed, 2024 + 2023 Federal Tax Returns AND Profit & Loss Statement (1/1/25 3/31/25)
- 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 | www.housingactioncouncil.org





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