

APPLICATION FOR MODERATE INCOME HOUSING OPPORTUNITY WAITLIST

360 Huguenot Apartments 360 Huguenot Street, New Rochelle, New York

28 Apartments Moderate Income Apartments

(6) Studios - \$2,263 • (13) One Bedrooms - \$2,414 • (9) Two Bedroom - \$2,884

Maximum Income Limits as of **May, 2025** - (Income limits are subject to change)

1 Person	2 Persons	3 Persons	4 Persons	5 Persons
\$95,200	\$108,800	\$122,400	\$136,000	\$146,900

Name: _____

- I am applying for a Studio.
- I (We) are applying for a One Bedroom.
- We are applying for a Two Bedroom

The Moderate Income Apartments at 360 Huguenot are available on a preference basis in the following order of priority. Check one or more of the following boxes:

- I am an eligible member of the workforce of New Rochelle who is an existing resident of the City of New Rochelle

Name and Address of Employer:

- I am an eligible New Rochelle resident
- I am an eligible member of the workforce of New Rochelle but I am not an existing resident of the City of New Rochelle

Name and Address of Employer:

- I am not a member of any of the above categories.



1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN (last 4 digits): _____ DOB: _____ Gross Annual Income: _____

Email: _____

2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN (last 4 digits): _____ DOB: _____ Gross Annual Income: _____

Email: _____

3. LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF:

FULL NAME	RELATIONSHIP	DATE OF BIRTH	ATTENDING SCHOOL
a. _____	____ H.O.H _____	_____	_____
Social Security (last 4 digits): _____		Occupation: _____	
b. _____	_____	_____	_____
Social Security (last 4 digits): _____		Occupation: _____	
c. _____	_____	_____	_____
Social Security (last 4 digits): _____		Occupation: _____	
d. _____	_____	_____	_____
Social Security (last 4 digits): _____		Occupation: _____	



e. _____
Social Security (last 4 digits): _____ Occupation: _____

f. Do you expect any change (s) in your family size? _____ YES _____ NO

If **YES**, EXPLAIN: _____

4. **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).

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

5. **RENT:**

What is your Current Monthly Rent \$ _____

Check Utilities paid by you now:

- Heat \$ _____ per month
- Electricity \$ _____ per month
- Gas \$ _____ per month
- Water \$ _____ per month
- Other \$ _____ per month



6. **INCOME:**

List **ALL** full-time, part-time, seasonal and/or temporary employment for **ALL** household members. Include overtime pay, commissions, fees, tips, bonuses and/or self-employed earnings.

HOUSEHOLD MEMBER	EMPLOYER'S NAME/ADDRESS	GROSS EARNINGS (Pre-Tax)	
		CURRENT	ANTICIPATED
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	

7. **OTHER SOURCES OF INCOME:**

(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-giving, alimony, child support, annuities, dividends, income from rental property and/or Armed Forces Reserves.)

HOUSEHOLD MEMBER	SOURCE	AMOUNT
_____	_____	\$ _____
		Weekly/ biweekly/ monthly (circle one)
_____	_____	\$ _____
		Weekly/ biweekly/ monthly (circle one)



8. HOUSEHOLD ASSETS:

Checking Accounts:

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Savings Accounts: *(includes Passbook/Statement and Christmas/Vacation Clubs)*

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Certificates of Deposit (CD's):

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Credit Union Shares:

Credit Union Name: _____ Amt.: _____

Address _____

Stocks/Bonds (value): \$ _____ Savings Bonds (value): _____

Other Amt.: *(includes IRA's, mutual funds, etc.)* \$ _____

Does the applicant or co-applicant **NOW** own real estate: _____ YES _____ NO

If "yes", what is the value: _____

Has the applicant or co-applicant **EVER** owned real estate? _____ YES _____ NO

If "yes", when? _____

9. DOCUMENTATION – DOCUMENTATION OF INCOME AND ASSETS FOR ALL HOUSEHOLD MEMBERS WILL BE REQUESTED FOR QUALIFICATION PURPOSES WHEN YOUR NAME IS REACHED ON THE WAITLIST.

10. 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)
- Church/ Synagogue (Identify): _____
- Community Organization (Identify): _____
- Other (Identify): _____



CERTIFICATION

I (WE) DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE.

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 statement or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All applicants must sign 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 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):

Applicant _____ Date: _____

Co-Applicant _____ Date: _____

Household Member _____ Date: _____

Household Member _____ Date: _____

