

FAIR AND AFFORDABLE HOMEOWNERSHIP OPPORTUNITY

Affordable 2-Bedroom Townhome for Purchase

**28 Lake Marie Lane
Bedford Hills, New York 10507**

Submission Deadline: October 2, 2026

Lottery sets order in which Applications are reviewed

**Apply On-Line at housingactioncouncil.org or
Mail or Hand Deliver Completed Expression of Interest to:**

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

Estimated Affordable Sale Price: \$350,000

Plus applicable utilities, common charges, assessments, property taxes, etc.

Maximum Income Limits 2026

(Income limits are subject to change)

110% of Westchester County Area Median Income (AMI)

2 Person	3 Person	4 Person	5 Person
\$149,270	\$167,915	\$186,560	\$201,520

1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

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

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

Email: _____ Do you use your email regularly? _____



09/2026



2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

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

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

Email: _____ Do you use your email regularly? _____

3. HOUSEHOLD COMPOSITION:

	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 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

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	\$
	Scheduled Payments from Investments (e.g. 403(b) & 401(k), interest dividends (specify source)	\$

Are you **legally entitled** to receive alimony?

☐ Yes ☐ No

If yes, list the amount the amount you are entitled to receive:

Do you receive alimony?

☐ Yes ☐ No

If yes, list the amount you receive

ADDITIONAL INCOME: (If Any)

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

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

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 \$
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, bankruptcy or eviction?	\$
If yes, describe	

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of your household? ☐ Yes ☐ 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

\$

Amount sold/ disposed for

\$

Date of transaction

\$

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

Amount of disposition

\$

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 Expression of Interest.

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 Expression of Interest. All verifications will be sent directly back to those authorized and will be used only for purposes connected with this Expression of Interest.

SIGNATURE (S):

Applicant _____ Date: _____

Co-Applicant _____ Date: _____

THE FOLLOWING DOCUMENTATION WILL BE REQUESTED AFTER THE LOTTERY PRIOR TO QUALIFICATION. DO NOT SUBMIT WITH APPLICATION.

- Mortgage loan preapproval in sufficient amount
- 2025 + 2024 **W2's or 1099's** and **Federal Tax Returns** with all Schedules
- **If self-employed**, 2025 + 2024 Federal Tax Returns **AND** Profit & Loss Statement (1/1/26 - 6/30/26)
- One month's most recent Pay Stubs & recent 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)

For More Information Contact: Housing Action Council

(914) 332-4144 | hac@affordablehomes.org | www.housingactioncouncil.org

