

FAIR AND AFFORDABLE HOUSING APPLICATION

APPLICATION FOR RENTAL ROUNDTOP COMMONS

Route 9A (Albany Post Road, Montrose, NY 10548)

1. Mail only one (1) application per household. If your name appears on more than one application you will be disqualified and the application will not be considered.
2. Applications must be signed in all requested places.
3. When completed, applications must be returned by mail only (hand delivered applications will not be accepted).

APPLICATION DEADLINE: September 30, 2011

LOTTERY: October 14, 2011

Mail Completed Application to:

Housing Action Council at 55 South Broadway, Tarrytown, NY 10591

Phone: 914-332-4144

No payment should be given to anyone in connection with the preparation or filing of this application.

This information is to be filled out by the APPLICANT!

1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

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

SSN: _____ DOB: _____ Gross Income: _____

Email: _____

2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

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

SSN: _____ DOB: _____ Gross Income: _____

Email: _____



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

FULL NAME	RELATIONSHIP	DATE OF BIRTH	SEX	ATTENDING SCHOOL
a. _____	___H.O.H___	_____	_____	_____
Social Security #: _____		Occupation: _____		
b. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
c. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
d. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
e. Do you expect any change (s) in your family size?		___NO	___YES	
If YES , EXPLAIN: _____				

4. STATISTICAL INFORMATION

a. **The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) 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).

- | | |
|---|--|
| ___ White | ___ American Indian or Alaska Native & White |
| ___ Black or African American | ___ Asian & White |
| ___ Asian | ___ Black or African American & White |
| ___ American Indian or Alaska Native | ___ American Indian or Alaska Native & Black or African American |
| ___ Native Hawaiian or Other Pacific Islander | ___ Other Multi Racial |

b. **ETHNICITY:** (check **only one** from this group) ___ Hispanic ___ Non-Hispanic

c. **OPTIONAL:** (Not required to answer) Are you disabled or handicapped? ___NO ___YES



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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)	



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7. OTHER SOURCE 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)
_____	_____	\$ _____ \$ _____ 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.: _____

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: _____ NO _____ YES

If "yes", what is the value: _____

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

If "yes", when? _____



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

Applicant Signature

Date

Co-Applicant Signature

Date

Note: Supporting documents will be requested following the lottery.

9. Preference for **eight** of the housing units will be given to people who currently **live and/or work within the Town of Cortlandt** subject to the following preference order. Please check those that apply:

- I am a Veteran of the Armed Forces who currently lives or works in the Town of Cortlandt.
- I am a Volunteer Emergency Services Worker in the Town of Cortlandt.
- I am an Employee of the Town of Cortlandt or the Village of Croton or Buchanan.
- I am an Employee of a public school district that serves the Town of Cortlandt or an Employee of a private school located within the Town.
- I am an Employee of a hospital, or the Veterans Administration or a medical office located within the Town of Cortlandt including a dental office.
- I reside or work within the Town of Cortlandt.

10. Are you a Veteran of the U.S. Armed Forces? _____ Yes _____ No



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CONSUMER CREDIT INFORMATION

I/ We hereby authorize Housing Action Council to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate references, or statements or other data obtained from me or from any person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the counseling agencies listed above, to the owner, and to agencies that made or will make funding available in connection with this property listed above in support of this application. I have been advised that I have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Applicant Signature

Co-Applicant Signature

Date

.....

11. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?

- Friend
- Employer
- Sign Posted on Building
- Website/ Internet _____ (list site)
- Newspaper (Identity): _____ On-line Version? _____
- Church/ Synagogue (Identify): _____
- Community Organization (Identify): _____
- Other (Identify): _____



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