Application for Purchase of a Fair & Affordable Home

Located at:
23 General Heath Avenue, North White Plains, NY
208 Centre Street, Buchanan, Cortlandt, NY

Westchester County

APPLICATION DEADLINE 14 SEPTEMBER 2018

IF YOU ARE INTERESTED IN EITHER OF THESE PROPERTIES
YOU MUST COMPLETE AN APPLICATION AND
SUBMIT WITH SUPPORTING DOCUMENTS

** Check Properties in which you are Interested **

Must have a minimum household size of 3 for 23 General Heath Avenue
☐ 23 General Heath Avenue - $245,000 (Single Family Property – 3 Bedrooms)

Must have a minimum household size of 4 for 208 Centre Street
☐ 208 Centre Street – $265,000 (Single Family Home – 4 Bedrooms)

Maximum Income Limits as of June 1, 2018
(Income limits are subject to change)

<table>
<thead>
<tr>
<th></th>
<th>3 Persons</th>
<th>4 Persons</th>
<th>5 Persons</th>
<th>6 Persons</th>
<th>7 Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>$84,300</td>
<td>$93,650</td>
<td>$101,200</td>
<td>$108,700</td>
<td>$116,150</td>
<td></td>
</tr>
</tbody>
</table>

For Information & Application - Contact: Housing Action Council
(914) 332-4144 | hac@affordablehomes.org | www.housingactioncouncil.org

Mail or Hand Deliver Completed Application to:
Housing Action Council at 55 South Broadway, Tarrytown, NY 10591
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: ____________________________________________________________________________  

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

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>RELATIONSHIP</th>
<th>DATE OF BIRTH</th>
<th>SEX</th>
<th>ATTENDING SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>____________</td>
<td>_____________</td>
<td>___</td>
<td>________________</td>
</tr>
<tr>
<td>Social Security #: ________________</td>
<td>Occupation: __________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>____________</td>
<td>_____________</td>
<td>___</td>
<td>________________</td>
</tr>
<tr>
<td>Social Security #: ________________</td>
<td>Occupation: __________________</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>____________</td>
<td>_____________</td>
<td>___</td>
<td>________________</td>
</tr>
<tr>
<td>Social Security #: ________________</td>
<td>Occupation: __________________</td>
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<td></td>
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<tr>
<td>d.</td>
<td>____________</td>
<td>_____________</td>
<td>___</td>
<td>________________</td>
</tr>
<tr>
<td>Social Security #: ________________</td>
<td>Occupation: __________________</td>
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<td></td>
<td></td>
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<tr>
<td>e.</td>
<td>____________</td>
<td>_____________</td>
<td>___</td>
<td>________________</td>
</tr>
<tr>
<td>Social Security #: ________________</td>
<td>Occupation: __________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Housing Action Council  

6/2018
f. Do you expect any change (s) in your family size?  ______YES  ______NO

   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).

<table>
<thead>
<tr>
<th>Single Race</th>
<th>Multi-Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>American Indian or Alaska Native &amp; White</td>
</tr>
<tr>
<td>Black or African American</td>
<td>Asian &amp; White</td>
</tr>
<tr>
<td>Asian</td>
<td>Black or African American &amp; White</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>American Indian or Alaska Native &amp; Black or African American</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>Other Multi Racial</td>
</tr>
</tbody>
</table>

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

5. ACCESSIBILITY/ADAPTABILITY

Do you need a handicapped accessible/adaptable apartment?  ______ YES  ______ NO

6. 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
7. **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.

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER</th>
<th>EMPLOYER'S NAME/ADDRESS</th>
<th>GROSS EARNINGS (Pre-Tax)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>CURRENT</strong> $__________</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>ANTICIPATED</strong> $________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weekly/ biweekly/ monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(circle one)</td>
</tr>
</tbody>
</table>

8. **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.)

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER</th>
<th>SOURCE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weekly/ biweekly/ monthly (circle one)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$________</td>
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<td></td>
<td></td>
<td>Weekly/ biweekly/ monthly (circle one)</td>
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<tr>
<td></td>
<td></td>
<td>$________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weekly/ biweekly/ monthly (circle one)</td>
</tr>
</tbody>
</table>
9. **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? __________________________________________________________________________________________

10. **DOCUMENTATION**

All household members must submit **COPIES** of the following documents with their application:

_________ 2017, 2016 & 2015 **W2’s**

_________ 2017, 2016 & 2015 **Federal Tax Returns** with all Schedules

_________ One Month’s Most Recent Pay Stubs & documentation on any other source of income, e.g. social security, pension, child support (child support court order or private arrangement)

_________ 3 Months of all Bank, Credit Union, and Investment Statements **(all pages)**

_________ Most Recent Retirement Fund Account Statements (e.g. 403b, 401k)

_________ Divorce/ Separation Documents, if applicable

_________ $35 Credit Report Fee (Non-refundable – Made payable to Housing Action Council)

_________ Driver’s License for any household member 18+, Birth Certificates for all household members, Resident card if applicable
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

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 Housing Action Council, 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    If friend, how did your friend hear about this? ________________________________
☐ Employer    ☐ Sign Posted on Site
☐ Website/ Internet ________________________________ (list site)
☐ Newspaper (Identity): ___________________________ On-line Version? __________
☐ Church/ Synagogue (Identify):
☐ Community Organization (Identify):
☐ Other (Identify): __________________________________________

Note:
1. 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. Applications must be returned by mail or hand delivered with supporting documentation.
4. No payment should be given to anyone in connection with the preparation or filing of this application