NEW ROCHELLE AFFORDABLE HOUSING OPPORTUNITY

Live/ Work Space - NewRo Studios
(specially designed for artists)¹
11 Burling Lane, New Rochelle, New York

Mail or Hand Deliver Completed Application to:
Housing Action Council
55 South Broadway, 2nd Floor, Tarrytown, NY 10591

Maximum Income Limits as of April 2020 - (Income limits are subject to change)

<table>
<thead>
<tr>
<th></th>
<th>1 Person</th>
<th>2 Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
<td>$70,480</td>
<td>$80,560</td>
</tr>
</tbody>
</table>

1. APPLICANT INFORMATION:

Name: ____________________________________________________________

Address: ____________________________________________________________ Apt#: __________

City: __________________________________ State: __________ Zip: __________

Home Phone: __________ Cell Phone: __________ Work Phone: __________

SSN: __________________ DOB: __________________ Gross Income: __________

Email: ____________________________________________________________

Are you an Artist certified by the New Rochelle Municipal Art Commission?  ☐ Yes  ☐ No

¹ An individual who practices one of the fine, design, graphic, musical, culinary, literary, technological or performing arts; or an individual whose profession relies on the application of the above-mentioned skills to produce a unique creative product; e.g., an architect, craftsperson, chef, photographer, teacher of art/music/dance, or other qualified individual, as certified by the Municipal Art Commission. For New Rochelle Artist Certification Application, https://www.newrochelleny.com/1515/Artist-Certification-Program
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:

FULL NAME | RELATIONSHIP | DATE OF BIRTH | SEX | ATTENDING SCHOOL
--- | --- | --- | --- | ---
a. ________________________ H.O.H ______ _______________ ___________ ___________ ___________

Social Security #: __________________________ Occupational Status: __________________________

b. ________________________ __________________________ ___________ ___________ ___________

Social Security #: __________________________ Occupational Status: __________________________

c. 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

Housing Action Council

NewRo Studios 11/2020
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.

<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>CURRENT $__________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ANTICIPATED $__________</td>
</tr>
<tr>
<td>Weekly/ biweekly/ monthly (circle one)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>Weekly/ biweekly/ monthly (circle one)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

<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>Weekly/ biweekly/ monthly (circle one)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>Weekly/ biweekly/ monthly (circle one)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.: ____________

**Certificates of Deposit (CD’s):**
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** - All household members must submit **COPIES** of the following documents *(as applicable)* with their application:

- ________ 2019 & 2018 **W2’s or 1099** and **Federal Tax Returns** with all Schedules
- ________ **If self-employed,** 2019, 2018 Federal Tax Returns **AND** Profit & Loss Statement through 8/31/2020
- ________ One Month’s Most Recent Pay Stubs
- ________ 3 Months of all Bank, Credit Union, and Investment Statements *(all pages)*
- ________ Proof of child and/or spousal support payments
- ________ Proof of social security income, disability or other government income
- ________ Proof of retirement or trust fund income
- ________ Most Recent Retirement Fund Account Statements (e.g. 403b, 401k)
- ________ Valid government-issued photo identification (e.g., driver’s license, passport)
- ________ $20 Non-refundable Applicable Fee payable to Housing Action Council

Housing Action Council

NewRo Studios 11/2020
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.

__________________________  ____________________________
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 management agent, 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

10. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?

☐ Friend If friend, how did your friend hear about this? ____________________________

☐ Employer

☐ Website/ Internet ____________________________ (list site)

☐ Church/ Synagogue (Identify): ____________________________

☐ Community Organization (Identify): ____________________________

☐ Sign Posted on Site

☐ Other (Identify): ____________________________