FAIR & AFFORDABLE RENTAL HOUSING APPLICATION

APPLICATION FOR DAYSPIRING COMMONS
227 Elm Street, Yonkers, NY 10701 - Westchester County

APPLICATION DEADLINE – April 5, 2021 | Lottery – April 15, 2021

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

<table>
<thead>
<tr>
<th>Unit Type</th>
<th># of Units Available at 50% AMI</th>
<th>Rents 50% AMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Bedroom</td>
<td>2</td>
<td>$1,093</td>
</tr>
<tr>
<td>Two Bedroom</td>
<td>23</td>
<td>$1,353</td>
</tr>
</tbody>
</table>

Maximum Household Income Guidelines

<table>
<thead>
<tr>
<th>Area Median Income (AMI)</th>
<th>1 Person</th>
<th>2 Person</th>
<th>3 Person</th>
<th>4 Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>$44,050</td>
<td>$50,350</td>
<td>$56,650</td>
<td>$62,900</td>
</tr>
</tbody>
</table>

*Rents & Maximum Household Income as of January 2021, Subject to Change.

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>
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<tr>
<td>b.</td>
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<td>c.</td>
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<td>f.</td>
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</tbody>
</table>

Social Security #: ___________________________ Occupation: ___________________

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Social Security #: ___________________________ Occupation: ___________________

f. Do you expect any change(s) in your family size in the next 12 months?  _____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. ACCESSIBILITY/ADAPTABILITY:

Would any household member benefit from special features of an accessible apartment? Check all that apply: ___ Wheelchair accessible? _____ Hearing Impaired? ___ Visually Impaired?

**REASONABLE ACCOMMODATION:** If you are an individual with disabilities you may make a request for a reasonable accommodation. If you would like more information on how to make a request for a reasonable accommodation, contact Housing Action Council at (914) 332-4144 or hac@affordablehomes.org.

6. DO YOU RECEIVE A RENTAL SUBSIDY? ____Yes ____No  **If YES,** Source of Rent Subsidy:

__________________________________________________
7. **RENT:**

What is your Current Monthly Rent $___________

Check Utilities paid by you now:

- Heat $_____________ per month
- Gas $_____________ per month
- Other $_____________ per month
- Electricity $_____________ per month
- Water $_____________ per month
- Other $_____________ per month

8. **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>
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<tbody>
<tr>
<td></td>
<td></td>
<td>CURRENT</td>
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<td></td>
<td>Weekly/ biweekly/ monthly (circle one)</td>
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9. OTHER SOURCES OF INCOME:

(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-giving, alimony, child support, regular payouts from annuities, 401ks and IRAs, dividends, income from rental property and/or Armed Forces/Reserves.)

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER</th>
<th>SOURCE</th>
<th>AMOUNT</th>
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<tbody>
<tr>
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Weekly/ biweekly/ monthly (circle one)

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Weekly/ biweekly/ monthly (circle one)

10. HOUSEHOLD ASSETS (This includes but is not limited to Accounts for Checking, Savings, Money Market, CDs, Stocks, Bonds, Retirement accounts including IRA, Roth, Keogh, 401(k) and 403(b), annuities, whole life insurance policies, online accounts (e.g.Paypal)):

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.: ______________
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? ___________
DOCUMENTATION OF INCOME AND ASSETS WILL BE REQUESTED AFTER THE LOTTERY FOR QUALIFICATION PURPOSES

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 PUNISHABLE UNDER FEDERAL LAW.

__________________________________________  ____________________________  ____________________
Applicant Signature                         Date                         Co-Applicant Signature                          Date

BACKGROUND CHECK (Please read)

I/ We hereby authorize Housing Action Council and Westhab 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, criminal history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other 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

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)
☐ Church/ Synagogue (Identify): ________________________________________________________
☐ Community Organization (Identify): ____________________________________________________
☐ Other (Identify): ________________________________________________________________


ANDREW M. CUOMO
Governor
RUTHANNE WISMAUASKA
Commissioner/CEO

WESTHAB

HOUSING ACTION COUNCIL

NO SMOKING

EQUITABLE HOUSING OPPORTUNITY

ACCESSIBILITY

HANDICAP ACCESSIBLE