

# FAIR AND AFFORDABLE HOUSING APPLICATION

## Application for Purchase

**Mail or Hand Deliver Completed Application to:**  
Housing Action Council at 55 South Broadway, Tarrytown, NY 10591  
Phone: 914-332-4144

**Check which properties you are interested in:**

- 224 Union Avenue, Mt. Vernon, New York (One Family Home)
- 19 North High Street, Mt. Vernon, New York (Two Family Home)
- 30-32 South 13<sup>th</sup> Street, Mt. Vernon, New York (Two Family Home)
- 431 South Fifth Avenue, Mt. Vernon, New York (Three Family Home)
- 122 Nelson Avenue, Peekskill, New York (One Family Home)
- 1357 Howard Street, Peekskill, New York (Two Family Home)
- 44 Summit Avenue, Yonkers, New York (Two Family Home)
- 141 Morningside Place, Yonkers, New York (Two Family Home)
- 4 Morris Place, Yonkers, New York (Two Family Home)
- 175 Saratoga Avenue, Yonkers, New York (Three Family Home)
- 31 Oak Street, Yonkers, New York (Three Family Home)

*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: \_\_\_\_\_

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**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 #: _____		Occupation: _____		
b. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
c. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
d. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
e. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
f. Do you expect any change (s) in your family size?		___YES	___NO	

If **YES**, EXPLAIN: \_\_\_\_\_



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**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).

- |  |   |
|--|---|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> American Indian or Alaska Native & White                     |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Asian & White  |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black or African American & White                            |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> American Indian or Alaska Native & Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> 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?  YES  NO

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**5. RENT:**

What is your Current Monthly Rent \$ \_\_\_\_\_

Check Utilities paid by you now:

- |                                      |                    |
|--------------------------------------|--------------------|
| <input type="checkbox"/> Heat        | \$ _____ per month |
| <input type="checkbox"/> Electricity | \$ _____ per month |
| <input type="checkbox"/> Gas         | \$ _____ per month |
| <input type="checkbox"/> Water       | \$ _____ per month |
| <input type="checkbox"/> Other       | \$ _____ per month |



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**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)	

**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)	



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**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? \_\_\_\_\_

**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**



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**10. 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): \_\_\_\_\_

**MAXIMUM INCOME as of DECEMBER 2011**

	No. of Persons	Income Limit	No. of Persons	Income Limit	No. of Persons	Income Limit	No. of Persons	Income Limit
For Purchaser	1	\$90,660	2	\$103,620	3	\$116,580	4	\$129,480



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