

FAIR & AFFORDABLE RENTAL HOUSING APPLICATION

APPLICATION FOR MAYFAIR SENIOR HOUSING FOR 62+

1 Westhelp Drive, Greenburgh, NY 10603 (Westchester County)

All Household Members Must Be 62+

APPLICATION DEADLINE: February 19, 2021 | Lottery: March 2, 2021 - 5:00 pm

Mail or Hand Deliver Completed Application to:

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

Unit Type	# of Units at 40% AMI or less	Rents 40% AMI	# of Units at 50% AMI or less	Rents 50% AMI	# of Units at 60% AMI or less	Rents 60% AMI	# of Units at 80% AMI or less	Rents 80% AMI
One Bedroom	18	\$943	16	\$1179	4	\$1415	8	\$1887
Two Bedroom	1	\$1132	3	\$1415	1	\$1698	3	\$2264

2020 Maximum Income Guidelines				
Area Median Income (AMI)	1 Person	2 Person	3 Person	4 Person
40%	\$35,240	\$40,280	\$45,320	\$50,320
50%	\$44,050	\$50,350	\$56,650	\$62,900
60%	\$52,900	\$60,400	\$69,200	\$75,500
80%	\$70,480	\$80,560	\$90,640	\$100,640

*Rents & Maximum Household Income as of April 2020, 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:

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 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. **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

Do you receive Rental Assistance from a third party, e.g., Housing Voucher? ☐ Yes ☐ No

If YES, source of Rental Assistance _____



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.

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)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	

8. 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.)

HOUSEHOLD MEMBER	SOURCE	AMOUNT
_____	_____	\$ _____
		Weekly/ biweekly/ monthly (circle one)
_____	_____	\$ _____
		Weekly/ biweekly/ monthly (circle one)



9. **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 WILL BE REQUESTED AFTER THE LOTTERY

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 Marathon Development 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

10. 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): _____

