

APPLICATION FOR RENTAL APARTMENT

INSTRUCTIONS:

1. **SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD.** You may be disqualified if more than one application is received per lottery for your household.
2. Applications are selected randomly through a lottery. Depending on the volume of applications received, it may not be possible for all of them to be processed. Accordingly, it is possible that you may not receive a response.
3. You must complete the first three sections (Sections A, B, and C) as well as sign and date the application (Section G) in order for your application to be reviewed if it is selected for further processing. The application should be completed very carefully. Incomplete information for the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, do not use white-out or liquid paper anywhere on the application. If you need to correct a mistake, you should cross one line neatly through the information, write the revised information neatly next to it, and sign your initials near the change.
4. When completed, this application must be returned by regular mail ONLY to the address below. To ensure that it arrives successfully at the P.O. Box, do NOT use certified mail, return receipts, or any method requiring a signature confirmation.
5. The completed application must be postmarked no later than **November 4th, 2019.**
6. Only the application should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.
7. Mail completed application to:

22 SOUTH WEST APARTMENTS
P.O. Box 149
Larchmont, NY 10538
8. Income Eligibility: Please review the chart in the project advertisement which breaks down the mandatory income levels for the housing program of the project you are applying to, based on household size. List all current income sources for all household members on the application. In general, gross income is calculated for most applicants, except that net income is used for self-employment income. Further, please note that if your application is selected for further processing, all sources of income will need to be documented and verified. If your application is selected, you will be contacted, via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.
9. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied.
 - a. Applicants will be rejected based on the following criteria:
 1. Household earns above the maximum allowable income, as established by NYSHCR pursuant to the IRS Code.
 2. Household family size more than 1 person for Studio unit, more than 2 people for a 1-bedroom unit, less than 2 people or more than 4 people for 2-bedroom unit, less than 3 people or more than 6 people for 3-bedroom unit.
 3. Employed by the Owner, Developer, Owner or Developer's Agent, or NYSHCR.
 4. Does not meet IRS exceptions regarding ineligibility of full time student.
 5. Credit history indicating past rent payment problems or inability to pay current rent for this development.



6. Falsification of any information provided on the application, income or third-party verification, or any other documentation at any point in the application process.
 7. History of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residence which may adversely affect the health, safety or welfare of other tenants.
 8. History of criminal activity such as physical violence to person or property and other criminal acts which may adversely affect the health, safety or welfare of other tenants. Criminal history checks will be carried out in accordance with New York State's Anti-Discrimination Policies
10. Application Preferences and Set Asides: A percentage of apartments is designated for persons with mobility, hearing, and vision disabilities. Please answer the questions on the application carefully to assist in identifying such preferences.



A. Name & Address (Required)

Home Address:

First Name	Middle Initial	Last Name
Building (House) #	Street	Apartment #
City	State	Zip

How long have you lived at this address? _____ Years _____ Months

Phone Numbers:

Cell Phone	Home Phone	Work Phone
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Check if mailing address is **different** than Home Address, above

Mailing Address (if different):

Building (House) #	Street	Apartment #
P.O. Box		
City	State	Zip

Method of Contact: How would you prefer to be contacted for ALL future communication about your application (check one)?

Email (enter address): _____

Postal Mail



B. Household Information (Required)

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used. Providing Social Security Numbers and/or Taxpayer Identification Numbers on this application is voluntary. Failure to provide a Social Security Number or Taxpayer Identification Number on this application will not result in an applicant's disqualification at this time. If your application is selected for further processing, the building's landlord will have the right to require this information at that time in order to perform a credit check.

How many persons, including yourself, will live in the unit for which you are applying?

List ALL OF THE PEOPLE who will live in the unit for which you are applying, starting with yourself (Head of Household), and provide the following information.

If a household member has a mobility (M), hearing (H), or visual (V) disability and requires an accessible/adaptable unit, please check the relevant box. If your application is selected for further processing, you and a medical professional will need to complete a form to verify that your household requires an accessible or adaptable apartment.

First, Mid. Initial, & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date MM/DD/YY	Sex	Occupation	Disabled?		
						M	V	H
		Head of Household						

If you checked either mobility, visual, or hearing disability, do you or a member of your household require a special accommodation?

- Yes – please specify the accommodation required: _____
- No



1. Income from Employment

List all full and/or part time employment income for ALL HOUSEHOLD MEMBERS including yourself, WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employment earnings:

Household Member	Employer Name & Address	Length of Employment		Earnings	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
		Yrs.	Mos.			
Head of Household						



2. Income from Other Sources

List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.

Household Member	Type of Income	Dollar Amount	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
Head of Household				

3. Total Annual Household Income

Add ALL Annual Gross Income (Sections 1 & 2 above) and enter the TOTAL ANNUAL HOUSEHOLD INCOME:



4. Assets

Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please indicate assets for each household member:		
Household Member	Type of Asset/Account	Branch
Head of Household		

C. Rental Subsidy

Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? Please check the appropriate box at right. This information will not affect the processing of the application. Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.	<input type="checkbox"/> No <input type="checkbox"/> Yes
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D. Current Landlord

Landlord Name (Company, Organization, or Individual Name)	Landlord Address	Landlord Phone #
What is the total rent on the apartment where you currently live or are temporarily staying?		_____ monthly
How much do you contribute to the total rent of the apartment? If nothing, write "0."		_____ monthly



E. Reason for Moving

Why are you moving? Please check all that apply:			
<input type="checkbox"/>	Living with Parents	<input type="checkbox"/>	Not Enough Space
<input type="checkbox"/>	Bad Housing Conditions	<input type="checkbox"/>	Health Reasons
<input type="checkbox"/>	Disability Access Problems	<input type="checkbox"/>	Living with Relative/Other Family Members
<input type="checkbox"/>	Do not like Neighborhood	<input type="checkbox"/>	Rent Too High
<input type="checkbox"/>	Increase in Family Size (Marriage, Birth)	<input type="checkbox"/>	Other:

F. Ethnic Identification

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:			
<input type="checkbox"/>	White	<input type="checkbox"/>	Black or African-American
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Asian
<input type="checkbox"/>	American Indian or Native Alaskan	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

G. Signature (Required)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (We) have not withheld, falsified, or otherwise misrepresented any information. I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I (WE) DECLARE THAT NEITHER I (WE), NOR ANY MEMBER OF MY (OUR) IMMEDIATE FAMILY, ARE EMPLOYED BY THE OWNER, DEVELOPER, OWNER OR DEVELOPER’S AGENT, OR NYSHCR.

Signature

Date

Signature

Date

