

# FAIR AND AFFORDABLE HOUSING APPLICATION

APPLICATION FOR **AFFORDABLE UNITS** AT

**CHAPPAQUA CROSSING APARTMENTS**

480 Bedford Road, Chappaqua, NY 10514

Westchester County

**Mail or Hand Deliver Completed Application to:**

Housing Action Council  
55 South Broadway, Tarrytown, NY 10591  
914-332-4144

Check whether you are interested in  One Bedroom  Two Bedroom  Three Bedroom

**Maximum Household Income Limits Apply:**

# of Apartments	AMI % Area Median Income	Rents	Maximum Household Income
3 One Bedroom	40%	\$807	1 person - \$32,800, 2 person - \$37,480
11 One Bedroom	60%	\$1246	1 person - \$49,200, 2 person - \$56,220
2 Two Bedroom	40%	\$964	2 person - \$37,480, 3 person - \$42,160 4 person - \$46,840
10 Two Bedroom	60%	\$1,491	2 person - \$56,220, 3 person - \$63,240 4 person - \$70,260
1 Three Bedroom	40%	\$1,111	3 person - \$42,160, 4 person - \$46,840 5 person - \$50,600, 6 person - \$54,360
1 Three Bedroom	60%	\$1,720	3 person - \$63,240, 4 person - \$70,260 5 person - \$75,900, 6 person - \$81,540

\*Rents & Maximum Household Income as of May 2018, Subject to Change.  
Heat is included in Rent



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**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: _____		



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e. \_\_\_\_\_

Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_

f. \_\_\_\_\_

Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_

g. \_\_\_\_\_

Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_

h. Do you expect any change (s) in your family size? \_\_\_\_\_ YES \_\_\_\_\_ NO

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

**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).

**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

**c. Do you need a handicapped accessible/adaptable apartment?** \_\_\_\_\_ YES \_\_\_\_\_ NO



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**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

**Do you receive Rental Assistance?** \_\_\_ Yes \_\_\_ No If YES, identify source \_\_\_\_\_

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



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**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.)

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

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

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



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**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

### **CONSUMER CREDIT INFORMATION**

I/ We hereby authorize Housing Action Council and Wilder Balter Partners or its affiliates 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 the organizations listed above, to the owner, 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

### **9. 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)
- Newspaper (Identity): \_\_\_\_\_ On-line Version? \_\_\_\_\_
- Church/ Synagogue (Identify): \_\_\_\_\_
- Community Organization (Identify): \_\_\_\_\_
- Other (Identify): \_\_\_\_\_

Note:

1. Only one (1) application per household. If your name appears on more than one application you will be disqualified and the application will not be considered.
2. Applications must be signed in all requested places.



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8/2018