

WORKFORCE HOUSING APPLICATION

FOR 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

The Workforce Units are available on a preference basis in no particular order of preference. Check one or more of the following boxes:

- I am an employee of Town of New Castle
- I am an employee of the County of Westchester
- I am an employee of the Chappaqua Central School District
- I am a volunteer member of the Chappaqua or Millwood Fire Department
Check One: _____ Chappaqua _____ Millwood
- I am a volunteer member of the Chappaqua or Ossining Volunteer Ambulance Corp
Check One: _____ Chappaqua _____ Millwood
- Other

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

Workforce Maximum Household Incomes:

# of Apartments	AMI % Area Median Income	Rents	Maximum Household Income
5 One Bedroom	90%	\$1,905	1 person - \$73,800, 2 person - \$84,330
4 Two Bedroom	90%	\$2,281	2 person - \$ 84,330, 3 person - \$94,860 4 person - \$105,390
1 Three Bedroom	90%	\$2,633	3 person - \$94,860, 4 person - \$105,390 5 person - \$113,850, 6 person - \$122,310

*Rents & Maximum Household Income as of May 2018, Subject to Change.



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NO SMOKING



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Heat is included in Rent

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. _____	_____	_____	____	_____



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Social Security #: _____ Occupation: _____

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 _____

.....

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



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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

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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