

HERITAGE HOMES PHASE III
New Rochelle, NY 10801
APPLICATION

RE: HERITAGE HOMES PHASE III

DEAR APPLICANT:

Enclosed is an application for the above-referenced rental development. The 33 affordable housing apartments are being financed by New York State Homes and Community Renewal and complies with all federal, state and local laws, rules and regulations applicable to tenant selection, fair housing and anti-discrimination. Please note the following before completing and returning this application:

1. Applications will be randomly drawn and opened in a lottery process. Depending on the volume of applications received, it may not be possible for all of them to be opened.
Accordingly, it is possible that you may not receive a response immediately after the lottery. A response will be sent as soon as possible and no later than 30 days after the preference described in # 2 has been met.
2. Application preference: There is a general preference in the lottery for current Eligible residents of the City of New Rochelle Municipal Housing Authority's (NRMHA) Hartley Houses. Households outside this group are free to apply, but their applications will be assigned a low priority and processed only after all current Hartley Houses applicants.
Please answer the question on the application carefully to assist in identifying such preference.
3. Each applicant may submit only one application. Duplicate applications/submissions will result in disqualification.
4. The application should be filled out very carefully. Leaving out information pertaining to 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: (a) draw a line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.
5. **ONLY THE SIGNED APPLICATION SHOULD BE SUBMITTED. DO NOT ATTACH ANY DOCUMENTS TO YOUR APPLICATION.** If your application is selected for further processing, additional information will be requested at that time.
6. No broker application fees may be charged in connection to this program.
7. Income Eligibility: Attached is a chart which breaks down the mandatory income levels for affordable units in this building, based on family size. All income sources for all household members should be listed on the application. In general, gross income is what is calculated for most income except that net income is analyzed for self-employed applicants. Net business income from current and prior years is considered for self-employed applicants, and such applicants must have at least two complete years in the same self-employed field. However, apart from these general guidelines, every applicant's income information (both current income, as well as from the recent past) will be considered to evaluate eligibility and document a continuing need for housing assistance. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for processing you will be contacted with a list of such documentation which you will need to provide at that time.
8. Other eligibility Factors: in addition to the income requirements, other eligibility factors will be applied. These include:
 - A. Credit History
 - B. Criminal Background Check
 - i. There are two circumstances for which the Applicant's criminal history will automatically make them ineligible for the housing accommodation. If the Applicant was convicted for producing methamphetamine in the home, or is required to be a lifetime registrant on the Sex Offender registry, Federal Department of Housing and Urban Development ("HUD") rules make them ineligible for acceptance by the housing provider.
 1. If you have any other type of conviction, you are eligible to be considered for housing. Housing operators will first look at whether your criminal conviction involved physical violence to persons or property, or affected the health, safety and welfare of others. If it did, you must be provided with an opportunity to answer the following questions:
 - a. How much time has passed since the conviction(s)?
 - b. How old were you at the time of the conviction(s)?
 - c. How serious was the conviction(s)?
 - d. What evidence do you have about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)?
 - C. Qualification as a household – Low-income housing programs are designated for individuals, families and households who can document financial interdependence as a household unit. These affordable programs are not intended for "roommate situations" and so such applicants will not be eligible under this household criterion.
 - D. Continuing Need – Applicants to Low-income housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history. For example, applicants may not have more than \$250,000 in total household assets (including specifically designated retirement accounts such as IRAs and 401Ks).
9. Primary Residence Requirements: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. Any approved tenant will need to surrender any other primary residence or lease prior to signing a lease for this program. Maintaining more than one unit which participates in any governmental housing program is a particularly egregious violation of this requirement. If you are presently residing in another governmental assisted unit, you are free to apply to this building provided that you comply with this requirement and give up your current such unit before signing a lease with this building (if you are selected and approved). Violation of this requirement may lead to the loss of the apartments and leases in question as well as referral to the appropriate authorities for potential criminal charges.
10. Submission of False or Incomplete Information: Prospective applicants should be aware that this is a governmentally assisted housing program. The submission of false or knowingly incomplete information (either on this application or in any subsequently provided verification documents) will not only result in an applicant's disqualification, but will be forwarded to the appropriate authorities for further action – including the possibility of criminal prosecution. All paperwork and documents submitted by applicants are subject to review.

Once you have reviewed all this information, and would still like to apply, please complete and return the enclosed application. Deadline information and return mail instructions are included in the attached notice.



HERITAGE HOMES PHASE III
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ONLY MAIL TO:
HERITAGE HOMES PHASE III
P.O BOX 208 New Rochelle, NY 10802

MUST BE MAILED TO THE PO BOX ABOVE OR IT WILL BE REJECTED.

MAIL ONLY ONE APPLICATION PER FAMILY. YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED.

DO NOT GIVE BROKERS' OR APPLICATION FEES TO ANYONE IN CONNECTION WITH THE OBTAINING, PREPARING OR FILING OF THIS APPLICATION FOR HOUSING.

The rent and income distribution for these apartments is as follows: Other factors such as Credit and payment history are considered.

Apartments Available	Apartment Type	Household Size	Monthly Rent *	Total Annual Income Range**	
				Minimum Income Range	Maximum Income Range
9	2 Bedroom	2	\$ 928.00	\$32,537	\$35,680
		3	\$ 928.00	\$32,537	\$40,120
		4	\$ 928.00	\$32,537	\$44,560
2	3 Bedroom	3	\$ 1,071.00	\$37,611	\$40,120
		4	\$ 1,071.00	\$37,611	\$44,560
		5	\$ 1,071.00	\$37,611	\$48,160
		6	\$ 1,071.00	\$37,611	\$51,720

Apartments Available	Apartment Type	Household Size	Monthly Rent *	Minimum Income Range	Maximum Income Range
6	2 Bedroom	2	\$ 1,167.00	\$40,731	\$ 44,600
		3	\$ 1,167.00	\$40,731	\$ 50,150
		4	\$ 1,167.00	\$40,731	\$ 55,700
4	3 Bedroom	3	\$ 1,346.00	\$47,040	\$ 50,150
		4	\$ 1,346.00	\$47,040	\$ 55,700
		5	\$ 1,346.00	\$47,040	\$ 60,200
		6	\$ 1,346.00	\$47,040	\$ 64,650

Apartments Available	Apartment Type	Household Size	Monthly Rent *	Minimum Income Range	Maximum Income Range
7	2 Bedroom	2	\$ 1,405.00	\$48,891	\$ 53,520
		3	\$ 1,405.00	\$48,891	\$ 60,180
		4	\$ 1,405.00	\$48,891	\$ 66,840
5	3 Bedroom	3	\$ 1,621.00	\$56,469	\$ 60,180
		4	\$ 1,621.00	\$56,469	\$ 66,840
		5	\$ 1,621.00	\$56,469	\$ 72,240
		6	\$ 1,621.00	\$56,469	\$ 77,580

In addition, 4 units will be designated for households with at least one member who has a mobility impairment and 2 units will be designated for households with at least one member who has a vision and/or hearing impairment

*Monthly rent includes gas for cooking and heating (Tenant pays Electricity).

**Income guidelines subject to change.



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Applications for these apartments will be randomly selected by lottery; we will notify you in writing and schedule an interview. Please be prepared to document your income and the other information you provide on the application.

TENANT SELECTION PROCESS

APPLICATIONS PROCESS

1. Eligible applicants will be contacted in log order number to set up an interview, where all the information provided in the application will be verified against the documents requested. (See check list on the reverse side)
2. Applicants will be notified in writing of their status within 14 days after the completion of the review of their application or after all units are occupied.
3. Eligible applicants that we cannot accommodate in this project, because no units are available, will be placed on a waiting list in log number order. Future vacancies will be filled with the applicants on this waiting list, in log number priority.
4. Rejected applicants have the right to appeal if they have additional information that would affect their application. The appeal must be sent in writing submitting all the additional information within 14 days after mailing of their rejection status letter. All timely appeals will be processed and the applicant status will be communicated in writing within 14 days after the receipt of all the appeal documents. Only one appeal will be considered per applicant and all appeal decisions are final.

ELIGIBILITY & REJECTION CRITERIA

Eligibility Criteria:

All applicants with household income equal to or less than the maximum allowable income established by New York State Homes and Community Renewal (NYSHCR) pursuant to the IRS Code.

Rejection Criteria:

1. Applicant(s) household earns above the maximum allowable income, as established by NYSHCR pursuant to the IRS Code.
2. Household family size less than 2 people or more than 4 people for a 2-bedroom unit; less than 3 people or more than 6 people for a 3-bedroom unit
3. Applicants employed by the Owner, Developer, Owner or Developer's Agent.
4. Applicant does not meet IRS exceptions regarding ineligibility of full time student.
5. Credit or Court 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. Harassment of the office staff by an applicant. Harassment shall be deemed to mean threatening or incessant phone calls to the leasing office, intimidation by the applicants of the leasing and support staff, before, during or after the selection process, inside or outside of the low-income leasing office.
9. Criminal Background Check
 - i. There are two circumstances for which the Applicant's criminal history will automatically make them ineligible for the housing accommodation. If the Applicant was convicted for producing methamphetamine in the home, or is required to be a lifetime registrant on the Sex Offender registry, Federal Department of Housing and Urban Development ("HUD") rules make them ineligible for acceptance by the housing provider.
 1. If you have any other type of conviction, you are eligible to be considered for housing. Housing operators will first look at whether your criminal conviction involved physical violence to persons or property, or affected the health, safety and welfare of others. If it did, you must be provided with an opportunity to answer the following questions:
 - a. How much time has passed since the conviction(s)?
 - b. How old were you at the time of the conviction(s)?
 - c. How serious was the conviction(s)?
 - d. What evidence do you have about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)?

Mitigating Circumstances:

In the event of the receipt of unfavorable information with respect to an applicant, consideration will be given to the time, nature and extent to the applicant's conduct and to factors which might indicate a reasonable probability of favorable future conduct or financial prospects.



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DOCUMENTS CHECK LIST FOR EACH HOUSEHOLD MEMBER 18 YEARS OR OLDER

DOCUMENTS CAN'T BE OLDER THAN 90 DAYS

DO NOT SEND ANY OF THESE DOCUMENTS WITH THE APPLICATION.

IF YOU ARE NOTIFIED TO ATTEND AN INTERVIEW, YOU MUST BRING ALL OF THE FOLLOWING DOCUMENTS TO THE INTERVIEW.

ANY AND ALL INCOME AND ASSETS MUST BE DOCUMENTED AND VERIFIABLE

1. INCOME VERIFICATION: GENERAL EMPLOYMENT.

For each employed member of your household (18 years & older, including yourself):

- 6 recent and consecutive pay stubs.
- Letter from employer (on letterhead, including signature, title and phone number of company representative) verifying salary, length of employment, bonus, tips, commissions, overtime and anticipated increases.
- Complete copy of the past two years' federal tax returns (including copies of W-2).

2. INCOME VERIFICATION: BENEFITS AND GOVERNMENT ASSISTANCE.

Proof of income from other sources (if any) for each household member (including yourself):

- Welfare payments (budget letter)
- Social Security (Award Letter)
- Unemployment compensation (Award Letter & 4 consecutive pay stubs)
- Scholarship or grants
- Disability insurance
- Military pay
- Babysitting and caretaking
- Section 8 (Assistance certificate, Voucher, other)
- Pension (recent statement)

3. VERIFICATION OF ALIMONY AND CHILD SUPPORT

- Copy of separation or divorce agreement indicating amount and schedule of payments.
- Last 6 consecutive payments.
- Recent, original letters from court indicating amount and schedule of payments.
- A notarized letter stating any child support agreement

4. INCOME VERIFICATION: SELF EMPLOYMENT AND /OR OTHER INCOME NOT LISTED ABOVE

Proof of income from other sources (if any) for each household member (including yourself):

- Notarized statement signed by accountant and applicant describing current year's income.
- Self- Employment verification letter addressed to the Accountant. (Use employer verification letter form)
- Last 3 years' tax returns including schedule C (if applicable)

5. VERIFICATION OF ASSETS

Proof of assets including all bank accounts and real estate, copy of deed, etc.

- Income from rental property
- Original Checking bank statements for the past 6 months.
- Interest income, dividends and annuities (Last Complete Statement)
- Original Saving Account Statement for the last Month
- 401K or Retirement Account Statement not older than 90 days.

6. OTHER REQUIRED DOCUMENTS

Proof of birth for every member of your household (including yourself).

- Original birth certificate and Current driver's license.
- Original Social Security card for each household member.
- School letter for each household member attending school, stating if the member is full or part time student.
- Copy of your current lease
- Copy of your last four (4) canceled rent checks and current month's rent statement from your Landlord.

DO NOT SUBMIT THIS PAGE. RETAIN FOR YOUR RECORDS.



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INSTRUCTIONS

**ONLY MAIL TO:
HERITAGE HOMES PHASE III
P.O BOX 208 New Rochelle, NY 10802**

MUST BE MAILED TO THE PO BOX ABOVE OR IT WILL BE REJECTED.

- **MAIL ONLY ONE (1) APPLICATION PER FAMILY BY REGULAR MAIL ONLY, NO LATER THAN THE POSTMARK DEADLINE OF MONDAY, OCTOBER 16, 2017 (DO NOT SEND BY REGISTERED OR CERTIFIED MAIL) YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED.**
 - **MUST MEET ALL INCOME, HOUSEHOLD SIZE, AND ADDITIONAL SELECTION CRITERIA.**
1. Each application received will be recorded. Since so many families need housing, this Development will not be able to accommodate all that are eligible. Each applicant will be contacted regarding the status of his or her application.
 2. A credit check and housing record search will be completed for all adult household members.
 3. No payment or fee should be given to anyone in connection with the preparation, filing or processing of this application for housing.
 4. This information is to be filled out by the applicant.
 5. **Incomplete applications will be automatically rejected.** Please complete all sections carefully and completely.

APPLICANT GENERAL INFORMATION

Name: _____
Street Address: _____ Apt. No. _____
City: _____ State: _____ Zip: _____
Home Phone No.: (____) _____ Work Phone No.: (____) _____ Cell: () _____
Name/address/telephone number of present landlord/managing agent: _____

How many bedrooms are in your current unit _____ Do you rent _____ or Own _____ (check one)
How long have you lived at this address? _____ Monthly rent \$ _____ or Mortgage \$ _____
Name/address/ Telephone No. of prior landlord: _____ Name: _____
(If less than 2 years at present address) Address: _____
_____ Telephone No. _____

Have legal proceedings ever been commenced against you for non-payment of rent? Please check. Yes ___ No ___
Reason for moving: Living w/parents (), Not enough space (), Homeless-Shelter, Street (), bad housing conditions (),
Health reasons (), Disability access problems (), Do not like neighborhood (), Living w/relatives (), Rent too High (),
Housing Relocation (), Other () _____.



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Bedroom size requested: Two Bedroom Three Bedroom

List all persons including yourself who will live with you in the unit for which you are applying: List head of household first.

H' hold Member	Last Name	First Name	Middle Initial	Relationship To head of Household	Race	Ethnicity	Disabled? Mobility(M) Visual (V) Other (O)	Date of Birth	Age	F/T Student (Y or N)	Social Security No.
1											
2											
3											
4											
5											
6											

(Note: The maximum number of occupants that are allowable in a 3-bedroom unit is six (6), therefore only six occupants may be eligible.)

Do you anticipate any additions to your household in the next twelve months? Yes _____ No _____

If Yes, Explain. _____

SPECIAL ACCOMMODATIONS:

Do you or a member of your family require special accommodation in your residence due to a mobility, visual or hearing disability? [] YES [] NO

If "YES", please specify and check () Mobility () Visual () Hearing Disability.

Will **all** of the persons in the household be or have been full time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes ____ No ____.

IF YES ANSWER THE FOLLOWING QUESTIONS:

	Yes	No
Are any full time student(s) married and filing a joint tax return?		
Are any student(s) enrolled in a job-training program receiving assistance under the job Training Partnership Act?		
Are any full time student(s) a TANF or title IV recipient?		
Are any full time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?		



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INCOME: List all full and/or part time employment for all household members. Include Self-employed earnings and full time students Income (18 years old and over) (Attach additional sheet, if necessary).

Household Member Name	Employer's name & Address	Position & for how long	Gross Earnings Amount \$	Specify Payment Periodicity (Ex: Weekly, Bi-weekly or Total Year)

Do you anticipate any additions to your income in the next twelve months? Yes _____ No _____
If Yes, Explain. _____

OTHER SOURCES OF INCOME: Are you entitled to receive or receive any other income such as: (Examples: Welfare (including housing allowance), Social Security, A.D.F.C., S.S.I., Disability Compensation, Unemployment Compensation, Pension, Baby Sitting, Care Taking, Alimony, Child Support, Annuities, Dividends, Interest Income, Armed Forces Reserves, Scholarships, and/or Grants). Please include the income and the periodicity of your income in the chart below. (Example: Weekly, Bi-Weekly, Semi-Monthly, Monthly, Quarterly, Annually, etc.)

Household Member Name	Type of Income	Income Amount \$	Specify Income Periodicity Example: Weekly, Bi-weekly or Total Year

TOTAL ANNUAL HOUSEHOLD INCOME PER YEAR \$ _____

SECTION 8

Do you receive Section 8 Assistance? Yes () No ()
Office/Agency Name of Caseworker Telephone No. Voucher amount Last Recert. Date.

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1. **ASSETS:** For each household member indicate below: (attach additional sheets, if necessary)

	<u>Bank</u>	<u>Bank Branch address</u>
a) Checking Accounts:	_____	_____
b) Checking Accounts:	_____	_____
c) Savings Account	_____	_____
d) Passbook Savings	_____	_____
e) Savings Certificates:	_____	_____
2. Stocks, Bonds, Treasury bills, Certificates of Deposit, Market Funds (value)		\$ _____
3. U.S. Savings Bonds (value)		\$ _____
4. Trusts	Value	\$ _____
	Monthly Income	\$ _____
5. IRA or Keogh Accounts	Value	\$ _____
6. Retirement and Pension Funds	Value	\$ _____
	Monthly Income	\$ _____
7. Lump Sum Receipts (E.g. lottery, inheritance, Insurance payments).		\$ _____
8. Investment Property (e.g. jewelry, antiques).		\$ _____

REAL ESTATE

Do you **NOW** own Real Estate? YES NO

If "YES", Type of property _____

Location _____

State the Market value. \$ _____

Mortgage or outstanding loan \$ _____

Amount of Annual Insurance Premium \$ _____

Amount of most recent tax bill \$ _____

If rented state any Monthly Income \$ _____

Do you have any other asset not listed above? (Excluding personal property) Yes ____ No ____

If yes, please explain: _____

- Have you sold/dispensed of any property in the last 2 years? Yes ____ No ____
- If yes, Type of property _____
- Market Value when sold/dispensed \$ _____
- Amount sold/dispensed for \$ _____
- Date of transaction _____

GENERAL

How did you hear about this development? (Please check one).

- Sign Posted on Building
- Newspaper
- Local Organization
- Friend
- Other (specify) _____



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PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED.

The following information is requested for statistical purposes so that we may determine the degree of program utilization. **IT WILL NOT AFFECT THE PROCESSING OF THIS APPLICATION.**

RACIAL GROUP IDENTIFICATION (Used for statistical purposes only). Please check one group which identifies the **head of household**:

- White/Non-Hispanic Origin
- Black/Non-Hispanic Origin
- Hispanic
- American Indian/Alaskan native
- Asian/Pacific Islander

I declare that statements contained in this application are true and complete to the best of my knowledge. I further declare that neither I, nor any member of my immediate family is employed by the owners, developers or managing agents of this development.

Additionally, I authorize the enforcement agencies, academic institutions and employers to release information they may have about me, my credit or any criminal activity and release them from a liability and responsibility for any damage whatsoever incurred in furnishing such information. The undersigned agrees that this application shall remain the property of Cornell Pace Inc., regardless if apartment is offered.

In compliance with the FAIR CREDIT REPORTING ACT, we inform you that the processing of this application includes, but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies and obtaining credit information from other credit institutions.

You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation.

WARNING: WILLFUL FALSE, MISLEADING, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

(This application must be signed by all household members 18 or older)

SIGNATURE: _____ DATE: _____ SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____ SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____ SIGNATURE: _____ DATE: _____

