

APPLICATION COW BAY APARTMENTS

INSTRUCTIONS

MAIL ONLY ONE (1) APPLICATION PER FAMILY BY REGULAR MAIL. (DO NOT SEND BY REGISTERED OR CERTIFIED MAIL) YOU WILL BE PLACED AT THE BOTTOM OF THE WAITLIST IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED

MUST MEET ALL INCOME, HOUSEHOLD SIZE, AND ADDITIONAL SELCTION CRITERIA.

**MAIL TO: COW BAY HDFC
P.O. BOX 149
LARCHMONT, NY 10538**

APPLICATION MUST BE POSTMARKED NO LATER THAN MONDAY, JUNE 23, 2025

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, housing record search, and drug and criminal history check will be completed for all adult household member, age 18 and older.
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: _____ Zipcode: _____

Mailing address , if different: _____

Home Pone No.: (____) _____ Alternate No.: (____) _____ (Cell, Work, Other) **Select for Alernate No.**

Cell Phone No.: (____) _____ Email _____ @

Social Security No.: _____

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 number of previous landlord/managing agent (If less than 2 years at present address) _____



The Fair housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex (including gender identity and sexual orientation), handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. This apartment community does not discriminate on the basis of handicap/disability status. The management coordinates compliance with the non-discrimination requirements contained in HUD's regulation Implementing Section 504 (24 CFR Part 8 dated June 2, 1988.



COW BAY APARTMENTS

Bedroom size requested: **(CHECK ONLY ONE)**

Studio
 One Bedroom
 Two Bedrooms
 Three Bedrooms
 Four Bedrooms

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

H'hold Member	Name	Relationship to Head	Citizenship Status: U.S =U.S. Citizen EN= Eligible Non-Citizen	Birth Date	Age	Social Security Number	Employed or Student
Head							
2							
3							
4							
5							
6							
7							
8							

(NOTE: The maximum number of occupants that are allowable in a 4-bedroom unit is eight (8), therefore only eight occupants may be eligible.)

SPECIAL ACCOMMODATIONS:

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

If "YES", please specify () **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 return?		
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?		

Note: Eligibility for housing will consider all criteria for Assistance and Occupancy per HUD Handbook Chapter 3 and all other pertinent HUD guidelines for Students and all others for Program Eligibility



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COW BAY APARTMENTS

INCOME: List **All** full and/or part time employment for all household members (age 18 and older). Include self-employed earnings and full-time student's income. (Attach addition sheet, if necessary).

Household Member Name	Employer Name & Address	Position & for how long	Amounts of Gross earnings Specify Period (ex: Weekly, Bi-weekly or Annually)
			\$ _____ per
			\$ _____ per
			\$ _____ per
			\$ _____ per
			\$ _____ per

Do you anticipate any additions tot the household 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), A.D.F.C., Social Security, 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 periodicity of you income. (Example: Weekly, Bi-Weekly, Monthly, Bi-Monthly, Annually, etc.)

Household Member Name	Type of Income	Amounts \$ Specify Period (ex: Weekly, Bi-weekly or Annually)
		\$ _____ per
		\$ _____ per
		\$ _____ per
		\$ _____ per
		\$ _____ per

TOTAL ANNUAL HOUSEHOLD INCOME PER YEAR \$ _____



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

1. Type of Account (ex. Checking, Savings)	<u>Bank Name</u>	<u>Account No.</u>	<u>Current Balance</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2. Stocks, Bonds, Treasury Bills,
Certificate of Deposit, Market Funds (Current Value) \$ _____

3. U.S. Savings Bonds (value) \$ _____

4. Trust (Current Value) \$ _____

Monthly Income \$ _____

5. IRA or Keogh Accounts (Current Value) \$ _____

6. Retirement and Pension Funds (Current 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 he Market Value \$ _____

Mortgage or Outstanding Loan \$ _____

Amount of Annual Insurance Premium \$ _____

Amount of most recent tax bill \$ _____

If rented state 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 two (2) years? Yes _____ No _____

If yes, Type of property _____

Market Value when sold/dispensed \$ _____

Amount sold/dispensed for \$ _____

Date of transaction _____



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**LIST ALL STATES IN WHICH ALL HOUSEHOLD MEMBERS HAVE RESIDED IN
(DO NOT LEAVE THIS SECTION BLANK)**

Household Member Name	CURRENT STATE NAME	OTHER STATE NAME	OTHER STATE NAME

Are any members of your household including yourself subject to a lifetime sex offender registration in any State?

Please Check One: (DO NOT LEAVE IT BLANK)

_____ Yes _____ No

If Yes, who and in what State?



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GENERAL:

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

- 1. Sign Posted on Building
- 2. Newspaper Which one? _____
- 3. Local Organization Which one? _____
- 4. Friend
- 5. Other (specify) _____

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. IF MORE THAN ONE APPLICATION IS RECEIVED, ALL APPLICATION WILL BE PLACED AT THE END OF THE LIST.

The following information is required for statistical purposes so that we may determine the degree of program utilization. This information must be completed. **IT WILL NOT AFFECT THE PROCESS 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 ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND ARE SUBJECT TO VERIFICATION. I FURTHER DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY ARE EMPLOYED BY NEW YORK STATE HOMES AND COMMUNITY RENEWAL, THE OWNERS, DEVELOPERS OR MANAGING AGENTS OF THIS DEVELOPMENT.

ADDITIONALLY, I AUTHORIZE THE ENFORCEMENT AGENCIES, ACADEMIC INSTITUTIONS AND EMPLOYERS TO RELEASE THEM FROM 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 obtain 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. ALL HOUSEHOLD MEMBERS THAT ARE EIGHTEEN (18) YEARS OF AGE AND OLDER MUST SIGN BELOW.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____



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Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.