

# FAIR AND AFFORDABLE HOUSING APPLICATION

## Application for Purchase or Rental

Property of interest: \_\_\_\_\_

1. Mail 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.
3. When completed, applications must be returned by regular mail only (hand delivered applications will not be accepted).

### **Mail Completed Application to:**

Westchester Residential Opportunities, Inc, 470 Mamaroneck Ave, Suite 410, White Plains, NY 10605  
Phone: 914-428-4507 Ext. 324

**Check whether you are interested in  Purchasing  Renting**

*No payment should be given to anyone in connection with the preparation or filing of this application.*

This information is to be filled out by the APPLICANT!

### 1. APPLICANT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Gross Income: \_\_\_\_\_

Email: \_\_\_\_\_

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### 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. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
b. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
c. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
d. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
e. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		

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

    If **YES**, EXPLAIN: \_\_\_\_\_

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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).

- |  |   |
|--|---|
| <input type="checkbox"/> White                                     | <input type="checkbox"/> American Indian or Alaska Native & White                     |
| <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Asian & White  |
| <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black or African American & White                            |
| <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> American Indian or Alaska Native & Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other Multi Racial   |

b. **ETHNICITY:** (check **only one** from this group)     Hispanic     Non-Hispanic

AL: (Not required to answer)

c. **OPTION**  
Are you disabled or handicapped?     NO     YES

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

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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
_____	_____	\$ _____	\$ _____
	_____		
	_____		
_____	_____	\$ _____	\$ _____
	_____		
	_____		
_____	_____	\$ _____	\$ _____
	_____		
	_____		

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7. OTHER SOURCE 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.)

<u>HOUSEHOLD MEMBER</u>	<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____	\$ _____ \$ _____ Weekly/ biweekly/ monthly ( <b>circle one</b> )
_____	_____	\$ _____ \$ _____ Weekly/ biweekly/ monthly ( <b>circle one</b> )
_____	_____	\$ _____ \$ _____ Weekly/ biweekly/ monthly ( <b>circle one</b> )

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

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: \_\_\_\_\_ NO \_\_\_\_\_ YES

If "yes", what is the value: \_\_\_\_\_



Has the applicant or co-applicant **EVER** owned real estate? \_\_\_\_\_NO \_\_\_\_\_YES

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

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**9. COPIES OF DOCUMENTATION NEEDED**

All household members must submit copies of the following documents with their application:

- \_\_\_\_\_ 2010 & 2009 W2's and Federal Tax Returns with all Schedules
- \_\_\_\_\_ One Month's Most Recent Pay Stubs
- \_\_\_\_\_ Documentation on any other source of income, e.g. social security, pension, annuity payments
- \_\_\_\_\_ 3 Months of all Bank, Credit Union and Investment Statements (all pages)  
Include checking accounts, passbook savings, CDs, Trust Accounts, Mutual Funds, etc.
- \_\_\_\_\_ Most Recent Retirement Fund Account Statements (e.g. 403b, 401k)
- \_\_\_\_\_ Identification (Drivers License or Birth Certificate and Social Security Card)
- \_\_\_\_\_ \$25 Credit Report Fee (Non-refundable – Made payable to Westchester Residential Opportunities)

\* Additional documents will be requested following the lottery.

I/ We hereby affirm that the information provided on this application (including any attached papers) are true and complete to the best of my/our knowledge. I/ We also understand that falsified information or significant omissions may disqualify me/ us from further consideration for affordable housing.

\_\_\_\_\_  
Applicant Signature                      Co-Applicant Signature                      Date



## CONSUMER CREDIT INFORMATION

I/ We hereby authorize Housing Action Council, HDSW & Westchester Residential Opportunities 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 counseling agencies 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

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### 10. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?

Friend

Employer

Sign Posted on Building

Website/ Internet \_\_\_\_\_ (list site)

Newspaper (Identify): \_\_\_\_\_ On-line Version? \_\_\_\_\_

Church/ Synagogue (Identify): \_\_\_\_\_

Community Organization (Identify): \_\_\_\_\_

Other (Identify): \_\_\_\_\_

### **For More Information Contact:**

Westchester Residential Opportunities  
914-428-4507

