

# **Greenburgh Heights, LLC (for waitlist ONLY)**

## Affordable Housing for Rent

61-69 Secor Rd, Ardsley;  
100-104 Greenvale Circle, White Plains;  
30-38 Old WhitePlains Rd, Tarrytown;  
71-79 North Washington Ave., Hartsdale;  
& 376 Saw Mill River Rd., Elmsford,  
all in Westchester County

**Application Due Date:** October 26th, 2023

**Must be postmarked by this date.** Sending more than 1 application may disqualify you.

**Lottery Date & Location:** November 17, 2023

Greenburgh Public Library

300 Tarrytown Rd, Elmsford, NY 10523

### How to Apply:

**Request Application by phone** at (914) 946-2110

or **via email:** [GHHS@Greenburghhousing.org](mailto:GHHS@Greenburghhousing.org)

**By Mail:** Greenburgh Heights, LLC (Waitlist)

9 Maple Street

White Plains, NY 10603

### **In Person:**

Greenburgh Housing Authority

9 Maple Street

White Plains, NY 10603

# APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

PLEASE PRINT CLEARLY

**IMPORTANT:**

- Completed applications must be mailed to: Greenburgh Housing Authority  
9 Maple Street White Plains, NY 10603
- Do NOT send more than one application. Applicants who submit more than one application will be penalized.

<b>This is an application for housing at:</b>	Project: Greenburgh Heights, LLC (for waitlist) 61-69 Secor Rd, Ardsley; 100-104 Greenvale Circle, White Plains; 30-38 Old White Plains Rd, Tarrytown; 71-79 North Washington Ave., Hartsdale; & 376 Saw Mill River Rd., Elmsford, all in Westchester County
<b>Please complete this application and return to:</b>	<b>Name:</b> Greenburgh Housing Authority
	<b>Address:</b> 9 Maple Street
	White Plains, NY 10603

An applicant may be interviewed only after the receipt of this tenant application which must be fully completed and signed by all adult members. Please answer every question. Partially completed applications may be disqualified.

For office use Only

**Date/Time Received:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

Eligible Applicants must meet income criteria:

AMI	Unit Size	# Units	Monthly Rent*	Household Size	Maximum Household Income**
60%	1 BR	12	\$1,471	1-2 persons	\$61,680- \$70,500
60%	2 BR	22	\$1,742	2-3 persons	\$70,500 - \$79,320
60%	3 BR	9	\$1,993	3-5 persons	\$79,320 - \$95,160
60%	4 BR	1	\$2,199	4-6 persons	\$88,080 - \$102,180
60%	5 BR	1	\$2,406	5- 8 persons	\$95,160 - \$116,280

\*Rent (utilities not included). Income guidelines & permitted household size are subject to change.

\*\*Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.

### GENERAL INFORMATION

Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Complete the following information for your household and bring this questionnaire to your recertification interview.

#### A. Household information

1. List all members of the household.

Name (first and last name)	Relationship	Date of birth	Social security number	Student Y/N

#### 2. Additional household information

	Yes	No
Are any household members temporarily absent? If yes, list the names:	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members permanently absent? If yes, list the names:	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Foster Children or Foster Adults who are part of the household? If yes, list the names:	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Live-In Care attendants who are part of the household? If yes, list the names:	<input type="checkbox"/>	<input type="checkbox"/>
Are any members of the household enrolled as a student at a Institution of higher education as defined under Section 102 of	<input type="checkbox"/>	<input type="checkbox"/>

the Higher Education Act of 1965 (20 U.S.C. 1002)? If yes, list the names:		
Has the employment status of any household member(s) changed? If yes, list the member name(s) and the type of change (include the employer's name): _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you qualify as disabled under the following definition: A person with disabilities for purposes of program eligibility is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that (A) is expected to be of long – continued and indefinite duration (B) substantially impedes his or her ability to live independently, and (C) is of such a nature that the ability to live independently could be improved by more suitable housing conditions	<input type="checkbox"/>	<input type="checkbox"/>
Are there any reasonable accommodation that your household will require (e.g., unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>
Are all household members United States citizens? Please provide current immigration status for all household members. Please provide current immigration/citizenship documentation. (e.g. Naturalization paperwork, <u>updated permanent resident card</u> , etc.) _____	<input type="checkbox"/>	<input type="checkbox"/>

**B. Income and Assets** Enter the amount received or the asset value for all questions that you answer yes.

1. Do you receive or expect to receive:

	Yes	No	Amount
Wages, salaries (includes overtime, tips, bonuses, and self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any member work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular pay as a member of the armed forces ?	<input type="checkbox"/>	<input type="checkbox"/>	
Welfare or disability benefits ?	<input type="checkbox"/>	<input type="checkbox"/>	
Child support ?	<input type="checkbox"/>	<input type="checkbox"/>	
Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security payments?	<input type="checkbox"/>	<input type="checkbox"/>	
SSI?	<input type="checkbox"/>	<input type="checkbox"/>	
Pensions (Railroad, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran's Administration benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment benefits or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	
Workman's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities or life insurance dividends?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>	
Disability or death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular cash contributions or gifts from individuals not living in the unit or organizations such as churches (includes rent, utilities, groceries, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	
Scholarships, educational grants or work study?	<input type="checkbox"/>	<input type="checkbox"/>	

1. Do you receive or expect to receive:	Yes	No	Amount
Do you file Income Tax returns?	<input type="checkbox"/>	<input type="checkbox"/>	
Is any member of the household expecting any changes to their current income information in the next months (seeking employment, child support, expecting a promotion etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	

2. Have you received or expect to receive any lump sum payments such as:	Yes	No	Amount
Inheritances?	<input type="checkbox"/>	<input type="checkbox"/>	
Lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance settlements for health, accident, Workers Compensation, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Capital gains?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security benefits, unemployment compensation, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Other? (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

3. Do you have any of the following:	Yes	No	Value
Checking accounts? (If yes, enter the balance)	<input type="checkbox"/>	<input type="checkbox"/>	
Savings accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Debit Card? (Direct Deposit Social Security, Wages, TANF, Unemployment Payment, Child Support, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Money market funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates of deposit?	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks?	<input type="checkbox"/>	<input type="checkbox"/>	
Bonds?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities?	<input type="checkbox"/>	<input type="checkbox"/>	
Securities?	<input type="checkbox"/>	<input type="checkbox"/>	
Trusts?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is the trust(s) irrevocable?	<input type="checkbox"/>	<input type="checkbox"/>	
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
IRA or Keogh accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Other retirement accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Safety deposit box, at home, etc?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have any coin collections, antique cars, stamps, jewelry or gems, or any other items held as an investment? (this does not include wedding rings and other personal jewelry)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive rental income from a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	

Have you disposed of any assets for less than Fair Market Value in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received: _____			

Are any of the assets listed above held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list the assets and the percentage owned by household member: _____			

**C. Other Information** – Enter the amount you pay per year for all questions that you answer Yes.

**1. Child and dependent care**

Yes No Amount

Family Member	Age	Provider's Address & phone number	Sun	Mon	Tues	Wed	Thu	Fri	Sat	Cost Per Month

Is the child or attendant care paid by and agency or individual other than an adult household member?  
 Is the child/attendant care paid out of pocket on a weekly basis or monthly basis? Circle one Weekly or Monthly

**2. Medical** - Complete only if the head of household, spouse or adult co-head is at least 62 years old or disabled. Enter medical expenses for all household members.

Do you have Medicare?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any other kind of medical insurance? If yes, enter the company name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you pay for prescription medication? If yes, enter the pharmacy name and address: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any non-prescription (over the counter) medication that your doctor has asked you to use regularly? (such as aspirin, insulin, etc.) If yes, list the medication: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any outstanding medical bills on which you are paying?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you expect to have an extraordinary medical or dental expense in the next 12 months? If yes, enter the type of expense: _____	<input type="checkbox"/>	<input type="checkbox"/>	

**Automobiles and Other Vehicles:**

Family Member #	Make & Model#	Year	License tag #	State	Color of Vehicle

I/We certify that I/we have been asked the above statements and they are true and complete to the best of my/our knowledge. I/We understand that it is my/our responsibility to report to management changes in income, assets, expenses and/or family composition whenever they occur. Submittal of false statements is punishable under Federal law.

\_\_\_\_\_  
Head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-head of household

\_\_\_\_\_  
Date

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements continued in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988): (list contact info here).



This institution is an equal opportunity employer provider.

*It is unlawful to discriminate against any person because of race, color, religion, creed, familial status, age, sex, sexual orientation, gender identity or expression, marital status, lawful source of income, status as a victim of domestic violence, disability, veteran's status, national origin or ancestry.*