



505 White Plains Road  
Eastchester, NY 10709

Phone (914) 961-8875  
Fax (914) 961-8939

## APARTMENT APPLICATION PACKAGE Requirements for senior housing screening:

Application **MUST** include the following items:

- Completed and signed application
- Clear copy of Driver's License or other government-issued photo ID.
- Credit Check – within last 60 days for each applicant
- Letter from Employer and most recent pay stub, or proof of financials if retired (latest tax return)

Required at lease signing in certified funds or cash:

- First month's rent
- Security deposit

*We do not discriminate against individuals because of their relationship or association with members of a protected class including race, color, national origin, religion, sex, familial status, disability, or other Federal Fair Housing Laws.*

\*\*\*Please complete the attached application thoroughly\*\*

**FOR OFFICE USE ONLY**

Apt # \_\_\_\_\_ Location \_\_\_\_\_ Rent \$ \_\_\_\_\_

Lease Period \_\_\_\_\_ to \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Cash \_\_\_\_\_ Money Order \_\_\_\_\_ Check # \_\_\_\_\_

Parking Space # \_\_\_\_\_ Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Plate # \_\_\_\_\_ Color \_\_\_\_\_





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### Senior Housing Rental Application

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_ Pets: \_\_\_\_\_  
 Current Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Owner/Rental Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Prior Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Owner/Rental Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Bank: \_\_\_\_\_ Acct # \_\_\_\_\_  
 Employer: \_\_\_\_\_ Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Length of employment: \_\_\_\_\_ Wage: \_\_\_\_\_ per \_\_\_\_\_ Position: \_\_\_\_\_  
 Additional Income: \_\_\_\_\_ Lic # \_\_\_\_\_

Check box if seeking to qualify for affordable housing

If seeking to qualify for affordable housing, please see income eligibility and checklist of additional required documents at the end of this application. By checking this box, the Applicant is certifying that s/he is providing complete and accurate responses to the information and document requests necessary to verify income eligibility.

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 Co-applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_ Pets: \_\_\_\_\_  
 Current Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Owner/Rental Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Prior Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Owner/Rental Agent: \_\_\_\_\_ Telephone: \_\_\_\_\_ How Long: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Social Security#: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Bank: \_\_\_\_\_ Acct # \_\_\_\_\_  
 Employer: \_\_\_\_\_ Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
 Length of employment: \_\_\_\_\_ Wage: \_\_\_\_\_ per \_\_\_\_\_ Position: \_\_\_\_\_  
 Additional Income: \_\_\_\_\_ Lic # \_\_\_\_\_

.....  
List names of any additional occupants to live in the above named property.

Name	Relationship	Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

(If caregiver must provide certification from licensed NYS physician.)



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Prior Housing References:

1. \_\_\_\_\_ Location: \_\_\_\_\_ Telephone: \_\_\_\_\_
  2. \_\_\_\_\_ Location: \_\_\_\_\_ Telephone: \_\_\_\_\_
  3. \_\_\_\_\_ Location: \_\_\_\_\_ Telephone: \_\_\_\_\_
- .....

Prior Employment References:

1. \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
  2. \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
  3. \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
- .....

Automobiles to be parked at Building:

- Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License. Plate \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ License. Plate \_\_\_\_\_
- .....

In Case of Emergency

Family Reference

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Relation \_\_\_\_\_

Non-Family Reference

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Relation \_\_\_\_\_

.....

Please answer the following YES or NO:

1. Do you have any cats, dogs, or other pets? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Is your cat, dog, or other pet a service pet? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you ever had bedbugs in your current residence? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE INITIAL to acknowledge the following:

- \_\_\_\_\_ I understand that non-service pets are **NOT** permitted in the building.  
 \_\_\_\_\_ I give my authorization for credit and criminal checks.  
 \_\_\_\_\_ I give my authorization for verification of employment salary history and current tenancy including my present address, timeliness of rent payments, and condition of apartment.  
 \_\_\_\_\_ I understand smoking is **NOT** permitted in apartments or common areas in and around building.



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Have you ever:

Filed for bankruptcy:  Yes  No

Been evicted from a tenancy:  Yes  No

Willfully or intentionally refused to pay rent when due:  Yes  No

Been convicted of the illegal manufacture or distribution of a controlled substance:  Yes  No

Been delinquent in payment of rent or any other financial obligation:  Yes  No

Been a defendant in an unlawful detainer (eviction) lawsuit:  Yes  No

Used another name or alias name(s)  Yes  No

Been convicted of a crime?  Yes  No If yes, type of offense, county & state? \_\_\_\_\_

If you answered yes to any of the above, please explain:

\_\_\_\_\_

.....  
The above information is true and correct to the best of my knowledge and by my signature I attest to its accuracy.

I/ we, the undersigned, authorize the Landlord and its agents to obtain an investigative consumer credit report including but not limited to credit history, landlord/tenant court research, criminal record search and registered sex offender search. I/we authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential. This report contains information compiled from sources believed to be reliable, but accuracy of which cannot be guaranteed. I/we hereby hold the Landlord and its agents free and harmless of any liability for any damages arising out of any improper use of this information. I/we hereby acknowledge that the neither super nor management in any way asked questions or treated me in a way that may be construed or interpreted to be discriminatory against me, the co-applicant and/or family members regarding race, gender, disability, sexual orientation, religion, age or other Federal Fair Housing Laws. I/we hereby acknowledge that if we submit false information with this application and should receive the apartment and Landlord later learns that said information provided by applicant is false, the applicant understands that the applicant's lease may be terminated by the Landlord as a result of providing said false information.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_



Any false statements will constitute grounds for immediate eviction and invalidation of any lease or rental agreement.

## AFFORDABLE UNIT ELIGIBILITY CRITERIA & DOCUMENT CHECKLIST

### TABLE 1: 2019 HUD INCOME ELIGIBILITY

	1 Person	2 People	3 People
<b>80% AMI*</b>	<b>\$67,350</b>	<b>\$77,000</b>	<b>\$86,600</b>

### TABLE 2: 2019 HUD RENT LIMITS

	Studio	1 Bedroom	2 Bedrooms
<b>80%AMI*</b>	<b>\$1,684</b>	<b>\$1,925</b>	<b>\$2,165</b>

The above rents correspond to the household incomes listed in Table 1. The rents are set annually by the Federal government. The rent shall include the cost of water, sewer, heat, and domestic hot water.

\* AMI - Area Median Income

IF APPLYING FOR AN AFFORDABLE UNIT, PLEASE SUBMIT COPIES OF ALL REQUESTED DOCUMENTS FOR ALL ADULTS WHO WILL RESIDE IN THE UNIT

- \_\_\_ Most recent prior year's Federal and NYS Income Tax Returns
- \_\_\_ Most recent prior year's W2's for any working occupants
- \_\_\_ Last six (6) paystubs from your current employer(s) from any working occupants
- \_\_\_ Most recent bank statements for all checking and savings accounts
- \_\_\_ Current Pension and/or Social Security Statement, if applicable. Also current statements of any retirements accounts (IRAs, 401 (k)s, etc.).
- \_\_\_ Documentation of any other sources of income and the value of assets (Disability, Alimony, Income from rental properties, personal property held as an investment, real property (non-rental properties), stocks, bonds, CDs, etc. .Documents must reflect the current cash value of the asset.





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**For Office Use Only: Step-by-Step Methodology for Projecting Annual Income**

**Steps Instructions**

**Step 1:** Collect appropriate income documentation. Appropriate documentation includes tax returns, W2s, pay stubs, bank statements, Social Security/pension statements, documentation of other sources of income.

**Step 2:** Calculate the applicant household's projected income based upon documentation. Complete chart below to compute annual income

**Step 3:** Compare the amount of projected income against current income limits. Once the household's income has been calculated, it must be compared to the annual income limits, which are adjusted according to household size. Households whose projected annual income is less than the current income limits are eligible for affordable units.

Chart for Computing Annual Income

1. Name:		2. Identification No.:			
<b>ASSETS</b>					
Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets		
3. Net Cash Value of Assets.....		3.			
4. Total Actual Income from Assets.....			4.		
5. If line 3 is greater than \$5,000, multiply line by .06% (Passbook Rate) and enter results here; otherwise, leave blank.			5.		
<b>ANTICIPATED ANNUAL INCOME</b>					
Family Members	a. Wages/Salaries	b. Benefits/Pensions	c. Public Assistance	d. Other Income	e. Asset Income
					Enter the greater of lines 4 or 5 from above in e.
6. Totals	a.	b.	c.	d.	e.
7. Enter total of items from 6a. through 6e. This is <i>Annual Income</i> .....					7.



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*Office Use Only:*

1. APT# \_\_\_\_\_ UNIT TYPE: \_\_\_\_\_
2. Person Accepting Application: \_\_\_\_\_
3. Person Processing Application: \_\_\_\_\_
4. Date the applicant(s) was notified by phone, letter, or in person of acceptance or non-acceptance: \_\_\_\_\_
5. Name of applicant who was notified: \_\_\_\_\_
6. Name of owner's representative who notified applicant above

