



Re: 2 East Cross Street, Croton Falls

Dear Applicant:

In response to your request to be considered for a unit of moderate income housing ("MIH"), an application is enclosed for you to complete. Westhab and the Town of North Salem Housing Board will maintain the confidentiality of the information you provide.

The apartment available is a spacious one-bedroom apartment. The maximum rent for the apartment will start at \$1,182 per month. Heat and hot water is included in the rent. Tenants will pay for their own electricity. The maximum income for eligibility is based on household size. Please note the chart below.

Household Size	Maximum Income for Eligibility
1 Person	\$45,300
2 Person	\$51,780

Westhab, working with the Housing Board, will be ranking eligible applications based on a numerical system established by the Town Board of North Salem. This system applies specific points for characteristics such as residency, being a senior citizen, employment and volunteer services for the Town.

Please circle every eligibility priority category (section 9 of the application form) that applies to you from the list on page three of the application. Please be prepared to submit the documentation listed on page four of the application to prove your eligibility for each of the priority categories you circle. Your priority on the eligibility list will be calculated based on the sum of the numerical value of your points in each of the nine categories. For those who share equal value, the priority will be determined by a lottery. Applicants at the top of the list will then be asked to submit documentation of both their priority and their income. All other applicants will be held on a waiting list.

Failure to respond and submit documentation within ten (10) days of the request may result in your being passed over on the waiting list. Once applications are complete, they will be reviewed, and background checks including reference and credit checks may be done. Please note that the rules governing review and acceptance of your application are contained in Chapter 250, Article XXII of the Zoning Code of the Town of North Salem.

Please mail or hand-deliver your application and any supporting documents by May 5, 2017 to: Westhab, Inc., 8 Bashford Street, Yonkers, NY 10701, Attention: Helen Pepe.

Sincerely,

Helen Pepe  
Property Manager

**APPLICATION FOR MODERATE INCOME HOUSING UNIT**

2 East Cross Street  
Croton Falls, NY 10519

**Instructions:**

Instructions for filling out this application and the supporting documents are listed in the cover letter. Please read them carefully! When you have completed the application, please return it by regular mail (not registered or certified). The completed application must be postmarked no later than May 5, 2017. Applications postmarked after that date will be set aside for possible future consideration.

Mail completed application to: **Westhab, Inc.**  
**8 Bashford Street**  
**Yonkers, NY 10701**  
**Attn: Croton Falls / Helen Pepe**

**Be sure to enclose COPIES (no originals) of supporting documentation.**

1. Name of Principal Applicant: \_\_\_\_\_
2. Present residential address and ZIP: \_\_\_\_\_
3. Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_
4. A. Length of time at this address: Years \_\_\_\_\_ Months \_\_\_\_\_ 4B. Do you own your home? \_\_\_ Rent? \_\_\_
5. Members of the Applicant's Household who will live in the unit for which you are applying. Start with yourself:

<u>Name</u>	<u>Relationship to Applicant</u>	<u>Age</u>	<u>Occupation</u>	<u>Soc.Sec.#</u>
_____	<u>SELF</u>	_____	_____	_____
_____	<u>OTHER ADULT</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. Income from Employment and Other Sources. List all full and/or part-time employment for yourself and everyone who lives with you. Include self-employed earnings, welfare payments, Social Security, SSI, pension, disability or unemployment compensation, interest income, alimony, income from property or investments, etc. **Attach additional sheets if necessary.**

<u>Name of Household Member</u>	<u>Type of Income</u>	<u>Gross Amount</u>
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

**TOTAL ANNUAL HOUSEHOLD INCOME** \$ \_\_\_\_\_ per year

7. Employment and Residential References of proposed household members:

<u>Name/Household Member</u>	<u>Employer Name/Address</u>	<u>Employer Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Landlord Name: \_\_\_\_\_ Your Current Address: \_\_\_\_\_  
 Landlord Phone: ( ) \_\_\_\_\_ Dates of Residency: \_\_\_\_\_  
 Prev. Landlord Name: \_\_\_\_\_ Your Prior Address: \_\_\_\_\_  
 Landlord Phone: ( ) \_\_\_\_\_ Dates of Residency: \_\_\_\_\_

8. Assets and Liabilities. List below assets and liabilities valued at over \$1,000. Assets may include bank accounts, stocks and bonds, money that people owe you, and real estate. Liabilities include credit card debt, mortgages, car or school loans, and money you owe others. For each, provide a description, the name and location of the asset or liability (i.e. bank branch, credit card issuer or mortgage holder), the account number and the estimated market or current value. Please note that 10% of non-income producing assets will be counted as income to determine eligibility. Selected liabilities may reduce income for purposes of determining eligibility.

<u>ASSET</u> <u>Description</u>	<u>Name and Location</u>	<u>Account Number</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>LIABILITY</u> <u>Description</u>	<u>Name and Location</u>	<u>Account Number</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Attach additional pages if needed to list all assets over \$1,000 dollars.**

9. Eligibility Priority List authorized by North Salem Code. Please circle the **highest** eligibility priority code in each category that applies to you. See cover letter for instructions and supporting documentation.

<u>Category</u>	<u>Point Value</u>
1. North Salem town resident	5
North Salem resident/head of family 62 years of age or older	10
Non-resident relative (62 years of age or older) of a qualified town resident	3
All others	1
2. North Salem municipal employee, full-time, minimum of 24 months	5
North Salem Police, part-time	3
Other persons employed in North Salem	2
Other persons employed in Westchester County	1
3. North Salem School District employee, full-time, minimum 24 months	5
4. North Salem Volunteer Ambulance Corps member, minimum 24 consecutive months of active service	8
North Salem Volunteer Fire Department member, minimum 24 consecutive months of active service	8
5. Veteran of United States Armed Services	2
6. Physically handicapped resident of North Salem, certified by a physician	4
Physically handicapped relative of a North Salem resident, certified by a physician	3
7. Former resident of North Salem, minimum of 10 years	3
8. "Growing family" already in a North Salem MIH unit	5
9. Resident of Westchester County, minimum of 2 years	2

10. **AFFIDAVIT**  
**STATE OF NEW YORK**  
**COUNTY OF WESTCHESTER**

The undersigned hereby certifies that all of the above information, including all attachments, is true and complete, and permission is given to the Town Housing Board and *Westhab* to verify the accuracy of the Information given. I further understand that *Westhab* may request a background check and credit history from a reputable firm and use that information in determining my eligibility for the housing.

\_\_\_\_\_  
 Applicant (print)

\_\_\_\_\_  
 Applicant (signature)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_  
 Notary Public

<u>Category</u>	<u>Proof Required</u>
North Salem town resident (minimum 2 years)	Bills or driver's license dated prior to 5/20/13 plus proof of current address
North Salem resident (minimum 2 years) and head of family, 62 years of age or older	Birth certificate or driver's license and proof of current address
Nonresident relative (62 years of age or older) of a qualified Town resident	Birth certificate. Must be father, mother, son, daughter, brother or sister of resident who has resided in North Salem longer than 2 years and proof of relative's current address
All others	None required
North Salem municipal employee, full-time, minimum of 24 months	Letter on letterhead from highest ranking supervisor verifying dates of employment
North Salem Police – part-time	Same as North Salem municipal employee
Other persons employed in North Salem	Same as North Salem municipal employee
Other persons employed in Westchester County	Same as North Salem municipal employee
North Salem School District employee, full-time, minimum 24 months	Same as North Salem municipal employee
North Salem Volunteer Ambulance Corps member, minimum 24 consecutive months' active service	Letter on letterhead from highest ranking supervisor verifying length of service
North Salem Volunteer Fire Department member, minimum 24 consecutive months' active service	Same as Ambulance Corps member
Veteran of United States Armed Services	Discharge certificate
Physically handicapped North Salem resident	Medical statement, signed by physician, concerning evidence of physical handicap affecting applicant's ability to work, and proof of current address
Physically handicapped relative of a North Salem	Same as physically handicapped resident, plus birth certificate showing relation and proof of relative's current address
Former resident of North Salem, minimum of 10 years	Rent, mortgage or utility bills or tax returns showing residency longer than 10 years
Resident of Westchester County, minimum of 2 years	Rent, mortgage or utility bills or tax returns dated prior to 5/20/13 plus proof of current address