

The Lofts On Main 922 Main Street Peekskill, NY 10566

Send application by mail only to:
921 Diven Street
Peekskill NY 10566

Phone: 914-930-8786



1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN: _____ DOB: _____ Gross Income: _____

Email: _____

2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN: _____ DOB: _____ Gross Income: _____

Email: _____

Is one or more applicant involved in "Artistic or Literary activities" ie, Are you an individual who practices one of the fine, design, graphic, musical, literary, computer or performing arts, culinary arts; or an individual whose profession relies on the application of the above mentioned skills to produce creative product; i.e. an architect, craftsperson, photographer, etc. All these creative products are defined as "art".

Yes ☐

No ☐



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3. LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF:

FULL NAME	RELATIONSHIP	D.O.B.	Full Time Student?	Employed Y or N
a. _____	Head of Household	/ /	Y or N	_____
b. _____	_____	/ /	Y or N	_____
c. _____	_____	/ /	Y or N	_____
d. _____	_____	/ /	Y or N	_____

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

If YES, EXPLAIN: _____

4. RENT:

What is your Current Monthly Rent \$ _____

Check Utilities paid by you now:

☐ Heat \$ _____ per month
 ☐ Gas \$ _____ per month
 ☐ Other \$ _____ per month
☐ Electricity \$ _____ per month
 ☐ Water \$ _____ per month

5. 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
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	

6. OTHER SOURCES OF INCOME:



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(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-giving, alimony, annuities, dividends, income from rental property and/or Armed Forces Reserves.)

HOUSEHOLD MEMBER	SOURCE	AMOUNT
_____	_____	\$ _____ Weekly/ biweekly/ monthly (circle one)
_____	_____	\$ _____ Weekly/ biweekly/ monthly (circle one)
_____	_____	\$ _____ Weekly/ biweekly/ monthly (circle one)

Do you file Income Tax Returns? ☐ Yes ☐ No

Please list total household income from the previous year: \$ _____

If this differs from the current year, please explain:

7. **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.: _____

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, trust, mutual funds, whole life insurance etc.)* \$ _____

Does the applicant or co-applicant **NOW** own real estate: _____ YES _____ NO

If "yes", what is the value: _____

Has the applicant or co-applicant **EVER** owned real estate? _____ YES _____ NO

If "yes", when? _____



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Disposal of Assets

8.

Have you disposed of any assets in the last 2 years (Example: Given away money to relatives, set up trust accounts)? ☐ Yes ☐ No

If yes, describe the asset

Date of disposition

Amount Disposed of \$

Do you have any other assets not listed above (excluding personal property)? ☐ Yes ☐ No

If yes, please list:

Student Status

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 education institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full time students(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was a student previously a foster child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. 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): _____



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10. DOCUMENTATION

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

- _____ 2016 & 2017 **W2's** and **Federal Tax Returns with all Schedules**
- _____ Six Weeks of Most Recent Pay Stubs & documentation on any other source of income, e.g. social security, pension, disability, annuity payments
- _____ 6 Months of all Bank, Credit Union, and Investment Statements (**all pages**)
- _____ Most Recent Retirement Fund Account Statements (e.g. 403b, 401k)
- _____ Birth Certificate, Driver's License or Passport

11. 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).

- | | |
|---|--|
| _____ White | _____ American Indian or Alaska Native & White |
| _____ Black or African American | _____ Asian & White |
| _____ Asian | _____ Black or African American & White |
| _____ American Indian or Alaska Native | _____ American Indian or Alaska Native & Black or African American |
| _____ Native Hawaiian or Other Pacific Islander | _____ Other |

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

- A. Have you been certified as an Artist as defined by the City of Peekskill's "Artist Certification Committee?" ☐ Yes ☐ No

- B. Are you in need a handicapped accessible apartment? ☐ Yes ☐ No



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CONSUMER CREDIT INFORMATION

I/ We hereby authorize Housing Action Council and Kearney Realty & Development 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 organizations 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

Date

Co-Applicant Signature

Date

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

Please do not write below this line. For Management purposes only

Date application received _____

Time application received _____

Artist Certification verified _____

Need for accessible Unit verified _____

AMI % _____

Income Limit _____ **Household Income** _____ **Rent** _____



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