

AFFORDABLE HOMEOWNERSHIP IN MOUNT VERNON, NEW YORK
APPLICATION FOR A TWO FAMILY HOME

25 Monroe St., City of Mount Vernon, Westchester County, New York 10550

Submission Deadline: June 19, | Lottery: June 22, 2023

Lottery sets order in which applications are reviewed

Mail or Hand Deliver Completed Application to:

Housing Action Council at 55 South Broadway, Tarrytown, NY 10591

Maximum Income Limits as of May, 2023

(Income limits are subject to change)

1 Person	2 Persons	3 Persons
\$82,250	\$94,000	\$105,750

AFFORDABLE SALE PRICE - \$330,000

1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

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

SSN (last 4 digits): _____ DOB: _____ Gross Income: _____

Email: _____ Do you use your email regularly? _____

2. CO-APPLICANT INFORMATION:

Name: _____
 Address: _____ Apt#: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 SSN (last 4 digits): _____ DOB: _____ Gross Income: _____
 Email: _____ Do you use your email regularly? _____

3. HOUSEHOLD COMPOSITION:

	NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SS# (Last 4 Digits)	OCCUPATION	STUDENT Y/N
Applicant						
Co-App						

Have there been any changes in household composition in the last twelve months? Yes No
If yes, explain:

 Do you anticipate any changes in household composition in the next twelve months? Yes No
If yes, explain:

 Is there someone not listed above who would normally be living in the household? Yes No
If yes, explain:

 Are you living with anyone now who will not be moving into this apartment with you? Yes No
If yes, explain:

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).



Single Race

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

Multi-Race

- _____ American Indian or Alaska Native & White
- _____ Asian & White
- _____ Black or African American & White
- _____ American Indian or Alaska Native & Black or African American
- _____ Other Multi Racial

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

5. CURRENT RESIDENCE:

What is your Current Monthly Rent or Mortgage Payment \$ _____

How long have you lived at your current residence? _____

Is any portion of your rent subsidized? Yes No Agency Name: _____

Check Utilities paid monthly by you now:

- \$ _____ Heat
- \$ _____ Electricity
- \$ _____ Gas
- \$ _____ Water
- \$ _____ Other

6. EMPLOYMENT:

HOUSEHOLD MEMBER NAME:	
EMPLOYER:	
POSITION HELD:	
HOW LONG EMPLOYED:	MONTHLY GROSS INCOME:

EMPLOYMENT (cont'd):

HOUSEHOLD MEMBER NAME:	
EMPLOYER:	
POSITION HELD:	
HOW LONG EMPLOYED:	MONTHLY GROSS INCOME:

PREVIOUS EMPLOYMENT (within last 60 days)

HOUSEHOLD MEMBER NAME:	
EMPLOYER:	
POSITION HELD:	
HOW LONG EMPLOYED:	MONTHLY GROSS INCOME:

7. OTHER SOURCES OF INCOME:

List ALL sources of income as requested below. If a section doesn't apply, write "NA" for not applicable.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Child Support Payments	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Other Financial Aid (excluding loans)	\$
	Regular payouts from Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments (e.g. 403(b) & 401(k), interest dividends (specify source)	\$

Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the amount the amount you are entitled to receive:	
Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list the amount you receive	

ADDITIONAL INCOME: (If Any)

(Baby-sitting, care-giving, income from rental property)

Source:		Monthly Amount:	\$
Source:		Monthly Amount:	\$

8. ASSETS

If a section doesn't apply, cross out or write NA.			
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Direct Deposit Cards for SS, SSI, SSP, TANF, Child Support and Work	#	Bank	Balance \$
	#	Bank	Balance \$
ASSETS (cont'd)			
Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
Money Market Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bond	#	Maturity Date	Value \$
	#	Maturity Date	Value \$

Life Insurance Policy	#		Cash Value \$
	#		Cash Value \$
Mutual Funds/ Name	# of Shares	Interest or Dividend \$	Value \$
Stocks/ Bonds	# of Shares	Interest or Dividend \$	Value \$

9. REAL ESTATE PROPERTY AND OTHER ASSETS

Do you own any property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Type of property	
Address of property	
Estimated Market Value	\$
Mortgage or outstanding loan balance	\$
Amount of annual insurance premium	\$
Amount of Real estate taxes	\$
Is the property subject to foreclosure, bankruptcy or eviction?	\$
If yes, describe	
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of your household? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:	
Do they have access to the asset(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you sold/ disposed of any property in the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, type of property:	
Market Value when sold/disposed	\$
Amount sold/ disposed for	\$
Date of transaction	\$
Have you disposed of any other assets in the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (Example: Given away money to relatives, set up Irrevocable Trust Accounts)	

If yes, describe the asset:	
Date of disposition	
Amount of disposition	\$
Do you have any other assets not listed above (excluding personal property?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list:	

CERTIFICATION

If qualified and selected, I/We certify that this will be my/our permanent residence. I/We understand that my/our eligibility for housing will be based on applicable income limits and by underwriting criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application.

I/We agree to authorize Allied Community Enterprises or its agents to use this copy of my/our signature(s) as approval to verify my/our, employment, any other source of income, and assets in connection with my/our application. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.

SIGNATURE (S):

Applicant _____ Date: _____

Co-Applicant _____ Date: _____

**APPLICANTS ARE ENCOURAGED TO SUBMIT MORTGAGE LOAN
PRE-APPROVALS WITH THEIR APPLICATION**



**THE FOLLOWING DOCUMENTATION WILL BE REQUESTED AFTER THE LOTTERY
PRIOR TO QUALIFICATION**

- 2022 + 2021 **W2's or 1099's** and **Federal Tax Returns** with all Schedules
- **If self-employed**, 2022 + 2021 Federal Tax Returns **AND** Profit & Loss Statement (1/1/23 – 3/31/23)
- One Month's Most Recent Pay Stubs & documentation on any other source of income, e.g. social security, pension, disability, annuity payments
- 3 Months of all Bank, Credit Union, and Investment Statements (**all pages**)
- Most Recent Retirement Fund Account Statements (e.g. 403b, 401k)
- Valid Government issued Photo ID (e.g. Driver's License or Passport)
- \$40 Credit Report Fee (Non-refundable)

For Information & Application

alliedcommunity.org | info@alliedcommunity.org | 914 295-0107