

APPLICATION FOR HOUSING

The Green at Gardiner's Point (Three Mile Harbor, East Hampton, NY)
Low-Income Housing Tax Credit Property

PLEASE PRINT CLEARLY

IMPORTANT:

- **Completed applications must be mailed to: East Hampton Housing Authority, PO Box 2106, East Hampton, NY 11937 or delivered in person at 316 Accabonac Road, East Hampton, NY 11937.**
- **Do NOT send more than one application.**
- **Applications mailed to any address other than that listed below will be discarded.**

This is an application for housing at:	Project: The Green at Gardiner's Point
	Address: 290 Three Mile Harbor Road East Hampton, NY 11937
Please complete this application and return to:	Name: East Hampton Housing Authority
	By Mail: PO Box 2106, East Hampton, NY 11937
	In Person: 316 Accabonac Road, East Hampton, NY 11937

Application deadline:	Application must be postmarked by July 20th, 2024
Lottery Date & Time:	August 2, 2024 at 11:00 am
Lottery location:	<u>https://www.youtube.com/c/LTVEastHampton</u> & <u>https://www.ltveh.org/channel22</u>









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:

Unit Size	60% AREA MEDIAN INCOME (AMI) UNITS	# Units	Monthly Rent*	Household Size	Household Income**
1 BR		10	\$ 1,500		\$60,000- \$65,640
					\$60,000- \$75,000
2 BRs		25	\$1,784		\$71,360- \$75,000
					\$71,360- \$84,360
					\$71,360- \$93,720
3 BRs		6	\$2,045		\$81,800- \$84,360
					\$81,800- \$93,720
					\$81,800- \$101,220

A. GENERAL INFORMATION

Name of Applicant: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

What is your preferred method of contact? Telephone Email Mail

Will you or any ADULT household member require a live-in care attendant to live independently?

If yes, please describe: _____

Do you or any member of your household require specific unit designs such as wheelchair accessibility, visual aids or apparatus for hearing assistance? Yes No

If Yes, please describe: _____

Do you have a Housing Choice Voucher or other rental subsidy? Yes No

If Yes, please specify _____

This information is not used as a basis for eligibility. New York State Human Rights Law prohibits the discrimination in housing based on lawful source of income like whether you have a Section 8 background.

Are you currently on the East Hampton Housing Authority Waitlist? Yes No

Please specify what bedroom size you are interested in applying for?

Please note, you can list multiple bedroom sizes One-Bedroom Two-Bedroom Three-Bedroom

Do you have a pet? Yes No

If Yes, please specify breed/species _____

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS #, ITIN, or other alternative	Full-Time Student Y/N
Head							
2.							
3.							
4.							
5.							

Optional:

Ethnicity: Hispanic Non-Hispanic

Race: American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White Other Prefer not to answer

Will any 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 educational institution with regular faculty and students?

Yes No

Do you anticipate any additions to the household in the next twelve months? YES NO

If yes, explain: _____

Incomplete applications may not be considered

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, **cross out** or write **N/A**.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$

	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	TANF	\$
	TANF	\$
	Regular payments from a severance package?	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Regular gifts from anyone outside the household?	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount (gross income)	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount (gross income)	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount (gross income)	\$
	Employer:	
	Position Held	
	How long employed:	
	Self-Employment amount	\$
	Description:	
	How long has applicant been self-employed doing this work?	
	Alimony and/or Spousal Maintenance	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list amount you receive.	\$
	Child Support	

	Are you <i>entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income (lottery winnings, etc.)	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$

Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		

D. ASSETS			
If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.			
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Accounts	#	Bank	Balance \$
IRA Accounts	#	Where?	Balance \$
Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
401(k)/403 (b) Retirement Accounts	#	Where?	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$

	#	Maturity Date	Value \$
	#	Maturity Date	Value \$

Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property			Appraised Value \$	

Real Estate (home, land, camp, mobile home, etc.): <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction	

Has anyone in the household disposed of any other assets in the last 2 years (Example: Given away money, sold property to a relative for less than fair market value, set up Irrevocable Trust Accounts, etc.)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes</i> , describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above or are you holding jewelry, coins, stamps,	<input type="checkbox"/> Yes <input type="checkbox"/> No
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etc. as an investment (excluding personal property)?	
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION		
Have you or any member of your family been convicted of a felony within the last 5 years and were at least 18 years old at the time of conviction? <i>Please see HCR's credit and justice involvement policies and the right to an individualized assessment. Know Your Rights materials are enclosed with this application</i> Marketing Plans & Policies Homes and Community Renewal (ny.gov)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		

Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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F. REFERENCE INFORMATION	
Personal Reference #1:	
Address:	
Relationship:	Phone #:

CERTIFICATION

I/We hereby certify that I do/we will not maintain a separate residence in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that eligibility for housing will be based on applicable income limits and other eligibility requirements by management's selection 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 punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further consent to have the Owner verify all of the information contained in this Rental Application as well as my/our credit, history and no individual named in this application has submitted a separate application.

All adult applicants, 18 or older, must sign application.

SIGNATURE (S):









(Signature of Tenant)	_____	Date	_____
(Signature of Co-Tenant)	_____	Date	_____
(Signature of Co-Tenant)	_____	Date	_____
(Signature of Co-Tenant)	_____	Date	_____



Preliminary RENTAL Application Instructions for Three Mile Harbor.
Please read this notice in full before completing your application

Eligibility Criteria

1. Applicants must be at least 18 years of age and must be able to execute a lease.
2. Must meet income guidelines as per household size:

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		\$81,800-\$101,220				

3. INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.

4. 1, 2, and 3-bedroom units available for individuals, couples and small families.
5. Your total household income and assets must be within the required limits.

Include as Income: For ALL household members age 18 and older: gross income from employment including overtime; bonuses and commissions; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans’ benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.

Include as Assets: The current value of all savings, checking and investment accounts (including retirement and educational accounts), real estate, investment property etc. (Do not include the value of automobile(s) and other personal property.)

6. Your household size and composition must be appropriate for the unit size.
7. You have not committed any fraud in connection with any federal or state housing assistance program.
8. You intend to reside in the development as your primary residence.

Application Process

1. You must fill out the application completely and it must be returned to the address indicated on the application. Applications mailed to addresses other than the indicated address will be disqualified. If **unsigned or incomplete**, your application may not be considered.
2. Information provide on this Preliminary Application will be treated as confidential. All information provided will be verified. If you have intentionally falsified information, your application will be rejected.
3. CGMR Compliance Partners will conduct a background check for all applicants. You have the right to review and contest the results of the background check and/or present evidence of rehabilitation if your application is denied due to criminal history.
4. Your household can file only one application, and no household member can appear on more than one application. If you file multiple applications, your application will not be considered.
5. Priority for the accessible units will be for individuals and families which require physical accommodations.
6. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include verification by a qualified third party explaining such special requirements.
7. If your application number has been chosen, you will be required to attend an interview and complete a full application packet in order to complete your application.

It is unlawful to discriminate against any person because of race, color, religion, familial status, age, sex, sexual orientation, handicap, veteran’s status, national origin or ancestry

WHAT TO BRING TO YOUR INTERVIEW

Records of Employment Income

- 6 most recent consecutive pay stubs and information on current rate of pay and overtime pay.
- Information about any changes you expect in your pay or hours during the next 12 months.
- Information on other types of income you expect to receive in the next 12 months from tips, commissions, or other employment sources.
- Most recent Federal & State Tax Returns and supporting schedules and supporting documents

Records of Other Income

- Pensions and annuities (latest check stub from the issuing institution)
- Social Security (current award letter)
- Unemployment compensation (determination letter or latest check stub)
- SSI (award letter)
- TANF (award letter, recent check stub)
- Worker's Compensation (Form DOL 203, recent check stub)
- Alimony and/or Child Support (copy of court order)
- Education scholarships, grants and/or stipends (award letter)
- Trade union benefits (recent check stub)
- Other public assistance (award letter)
- Income from assets (credit union, bank statements, etc.)
- Regular support from family members or friends
- Veterans benefits
- Most recent Federal & State Tax Returns and supporting schedules and documents

Asset Information

- Last 6-months bank statements for all bank accounts (savings, checking, CDs, Christmas Club, IRAs, and other accounts).
- Name, address, account numbers, and statements on value of any stocks, bonds, trusts, life insurance, 401(k) plans, or other investments.
- Information about any assets you have sold or given away within the past two years.

Records of Family Circumstances/Family Composition/Allowances

- Birth Certificate
- Social Security Card, documentation of ITIN, or other alternative
- Driver's license or state issued photo I.D.

