

**AFFORDABLE
HOUSING FOR
RENT**

WFHA WESTCHESTER RESTORATION LP

**NOW ACCEPTING APPLICATIONS FOR 44 NEWLY RENOVATED APARTMENTS LOCATED IN
YONKERS, NY & IRVINGTON, NY**

No application fee • No broker's fee

These buildings are being rehabilitated through the Low Income Housing Tax Credit (LIHTC) program of the New York State Homes and Community Renewal (HCR). Use and occupancy restrictions apply.

| Locations & Amenities | |
|--|--|
| <p>55, 57, and 61 Ravine Avenue, Yonkers, NY</p> <ul style="list-style-type: none"> • Studios, 1BRs & 2BRs available • New kitchens and bathrooms • On-site resident super • Security cameras • 2 blocks to Beeline Bus Service • Near daycare and charter school | <p>2-8 Hudson Street, Yonkers, NY</p> <ul style="list-style-type: none"> • Studios 638-700 sq. ft. available • New kitchens and bathrooms • Elevator & laundry rooms* • Walking distance to the Metro North train service, Bee Line bus service, downtown Yonkers & waterfront and shopping areas <i>(*additional fees apply)</i> |
| <p>62, 68, and 74 Warburton Avenue, Yonkers, NY</p> <ul style="list-style-type: none"> • Studios, 1BRs, 2BRs & 3BRs available • New kitchens and bathrooms • Walking distance to the Metro North train service, Bee Line bus service, downtown Yonkers & waterfront and shopping areas • Security cameras | <p>2 Main Street, Irvington, NY</p> <ul style="list-style-type: none"> • Studio, 1BR & 2BRs approx. 600-800 sq. ft. • New kitchens and bathrooms • Elevator • On-site parking, laundry* and storage* • Adjacent to Metro North and Irvington Public Library <i>(*additional fees apply)</i> |

| Maximum Income Per Household Size | | |
|-----------------------------------|------------------------------|------------------------------|
| Household Size | 50% Area Median Income Limit | 60% Area Median Income Limit |
| 1 | \$41,000 | \$49,200 |
| 2 | \$46,850 | \$56,520 |
| 3 | \$52,700 | \$63,240 |
| 4 | \$58,550 | \$70,260 |
| 5 | \$63,250 | \$75,900 |
| 6 | \$67,950 | \$81,540 |

| Maximum Monthly Rents per Bedroom Size | | | | |
|--|---------|---------|---------|---------|
| | Studio | 1 BR | 2BR | 3BR |
| 50% Area Median Income Limit | \$1025 | \$1,098 | \$1,317 | \$1,522 |
| 60% Area Median Income Limit | \$1,230 | \$1,317 | \$1,581 | \$1,827 |

WAIT LIST WILL OPEN FOR APPLICATION DISTRIBUTION AND SUBMISSION AT 9:00AM ON OCTOBER 1, 2018

How do you apply?

Apply through mail. To download an application online, please go to www.mhrrgmt.com. To request an application by mail, you must send a self-addressed envelope to: WFHA Westchester Restoration LP, c/o MHR Management Inc., 74 Warburton Avenue, Yonkers, NY 10701. Only send one application (you can select multiple buildings on the same application). Applicants who submit more than one application may be disqualified.

When is the deadline?

Applications are accepted on a rolling basis.

What Happens After You Submit an Application?

Applications are reviewed in the order it they are received. If you appear to qualify, you will be invited to interview to continue the process of determining your eligibility. You will be asked to bring documents that verify your household size, identity of members of your household, and your household income

This advertisement has been posted on NYHousingSearch.gov.



**Homes and
Community Renewal**

**APPLICATION FOR APARTMENT
WFHA WESTCHESTER RESTORATION, L.P.**

INSTRUCTIONS:

1. **SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD.** Applications will be reviewed on a first come first serve basis.
2. **Completed applications will be accepted beginning October 1, 2018. Applications will not be accepted before this date. Applications will be accepted on a rolling basis and reviewed on a first-come, first-serve basis. Applicants are encouraged to apply early.**
3. **The advertisement for this project has been posted on NYHousingSearch.gov.**
4. **You must complete the first three sections (Sections A, B, and C) as well as sign and date the application in order for your application to be reviewed if it is selected for further processing. The application should be completed very carefully. Incomplete information for the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, do not use white-out or liquid paper anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.**
5. Only the application should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.
6. Mail completed application to:

**WFHA WESTCHESTER RESTORATION, L.P.
74 WARBURTON AVENUE
YONKERS, NY 10701**

7. **No payment should be given to anyone in connection with the preparation or filing of this application.** No broker or application fees may be charged. If your application is selected for further processing, a non-refundable credit check fee will be collected by the management company at that time.
8. **Income Eligibility:** Please review the chart in the project advertisement which breaks down the mandatory income levels for the housing program of the building you are applying to, based on family size. All income sources for all household members should be listed on the application. In general, gross income is calculated for most applicants, except that net income is analyzed for self-employed applicants. Net business income from current and prior years is considered for self-employed applicants, and such applicants must have at least two (2) to three (3) complete years in the same self-employed field. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for further processing you will be contacted, via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.
9. **Other Eligibility Factors:** In addition to the income requirements, other eligibility factors will be applied. These include, but are not limited to:
 - a. Credit History
 - b. Rent Payment History

- c. Criminal Background Checks
- d. Qualification as a Household – the Agency’s housing programs are designated for individuals, families and households who can document financial interdependence as a household unit. These affordable programs are not intended for “roommate situations” and so such applicants will not be eligible under this household criterion.

10. Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. Therefore any approved tenant will need to surrender any other primary residences prior to signing a lease for this program. While this is true of all other apartments, maintaining more than one unit which participates in any governmental housing program is a particularly egregious violation of this requirement.

11. Submission of False or Incomplete Information: Prospective applicants should be aware that this is a governmentally assisted housing program. The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will not only result in an applicant’s disqualification, but will be forwarded to the appropriate authorities for further action – including the possibility of criminal prosecution.

A. Name & Address (Required)

| | |
|--|--|
| First, Middle Initial, & Last Name, Suffix: | |
| Current Address Line 1: | |
| Current Address Line 2: | |
| City: | |
| State: | |
| Zip Code: | |
| Cell Phone: | |
| Home Phone: | |
| Work Phone: | |
| Email: | |
| How long have you lived at this address? _____ Years, _____ Months | |

Please select **one** of the following, email or paper mail as your preferred method of communication for ALL future correspondence regarding this application. If your preferred mailing address is different than the one listed above, please indicate the preferred mailing address in the space provided:

Email: _____

Paper Mail (specify if mailing address is different than above): _____

B. Locations You Are Applying For (Required. You may check multiple locations):

- 2-8 Hudson Street, Yonkers, NY 10701
- 55 Ravine Avenue, Yonkers, NY 10701
- 57 Ravine Avenue, Yonkers, NY 10701
- 61 Ravine Avenue, Yonkers, NY 10701
- 62 Warburton Avenue, Yonkers, NY 10701
- 68 Warburton Avenue, Yonkers, NY 10701
- 74 Warburton Avenue, Yonkers, NY 10701
- 2 Main Street, Irvington, NY 10533

C. Household Information (Required)

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used. Providing Social Security Numbers and/or Taxpayer Identification Numbers on this application is voluntary. Social Security Numbers and Taxpayer Identification Numbers which are voluntarily disclosed on this application will be used only to establish an organized and specific method of identifying applicants who are seeking affordable housing within the City of New York, will be kept in a secure location, and will not be used or disclosed for any other purpose. Failure to provide a Social Security Number or Taxpayer Identification Number on this application will not result in an applicant's disqualification at this time. If your application is selected for further processing, the building's landlord will have the right to require this information at that time in order to perform a credit check.

How many persons, including yourself, will live in the unit for which you are applying? _____

| List ALL OF THE PEOPLE who will live in the unit for which you are applying, starting with yourself (Head of Household), and provide the following information. Please indicate if the household member has a disability. If yes, would you describe the disability as a mobility impairment (MI), visual impairment (VI), or hearing impairment (HI): | | | | | | | | |
|--|--------------------|---------------------------|-------------------------|-----|------------|-----------|----|----|
| First, Mid. Initial, & Last Name, Suffix | SSN/TIN (Optional) | Relationship to Applicant | Birth Date (MM/DD/YYYY) | Sex | Occupation | Disabled? | | |
| | | | | | | MI | VI | HI |
| | | Head of Household | | | | | | |
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Are you or a member of your household a Veteran of the U.S. Armed Forces? Yes No
 *Please see Definition of Eligibility below.

If you checked either mobility, visual, or hearing impairment, do you or a member of your household require a special accommodation?
 Yes – please specify the accommodation required: _____
 No

*Definition of veteran from 38 U.S.C. 101(2):
The term “veteran” means a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.

D. Income (Required)

| Question 1 | |
|---|---|
| Are you or a member of your household an employee of the City of New York, the New York City Housing Development Corporation, the New York City Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If “yes,” please specify the agency or entity at which you or a member of your household is employed. | |
| Question 2 | |
| If you answered “yes” to Question 1 above, have you personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Note: If you answered “yes” to Question 1 above, you may be required to submit a statement from your employer that your application does not create a conflict of interest. If you answered “yes” to Question 2 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement would not be required until later in the application process, after you have been selected through the lottery, when you will also be required to provide other documents to verify income and eligibility.

HPD EMPLOYEES ONLY: If you are an HPD employee, please read the Commissioner's Order regarding conflicts of interest and consult with the agency's Office of Legal Affairs before you submit your application.

1. Income from Employment

| List all full and/or part time employment income for ALL HOUSEHOLD MEMBERS including yourself, WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employment earnings: | | | | | | |
|---|-------------------------|----------------------|--------|----------|---|---------------------|
| Household Member | Employer Name & Address | Length of Employment | | Earnings | Period (weekly, every other week, twice a month, monthly, annually) | Annual Gross Income |
| | | Years | Months | | | |
| Head of Household | | | | | | |
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2. Income from Other Sources

List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.

| Household Member | Type of Income | Dollar Amount | Period (weekly, every other week, twice a month, monthly, annually) | Annual Gross Income |
|--------------------------|-----------------------|----------------------|--|----------------------------|
| Head of Household | | | | |
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3. TOTAL ANNUAL HOUSEHOLD INCOME

Add ALL Annual Gross Income (Sections 1 & 2 above) and list the TOTAL ANNUAL HOUSEHOLD INCOME:

4. Assets

| | | |
|--|------------------------------|---|
| Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "yes," please indicate assets for each household member: | | |
| Household Member | Type of Asset/Account | Branch |
| Head of Household | | |
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E. Rental Subsidy

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|--|--|
| Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? Please check the appropriate box at right. This information will not affect the processing of the application. Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies. | <input type="checkbox"/> Yes – Section 8 <input type="checkbox"/> Yes – Other (Specify): _____ <input type="checkbox"/> No |
|--|--|

F. Current Landlord

| | | |
|---|-------------------------|-------------------------|
| Landlord Name <small>(If you live in public housing project, enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD.")</small> | Landlord Address | Landlord Phone # |
| | | |
| What is the total rent on the apartment where you currently live or are temporarily staying? | _____ monthly | |
| How much do you contribute to the total rent of the apartment? If nothing, write "0." | _____ monthly | |

