

VILLAGE OF NYACK HOUSING AUTHORITY

15 Highview Court, Nyack, New York 10960

845-358-2476

WALDRON TERRACE AND DEPEW MANOR GUIDELINES

PURPOSE: This program is designed to help those who earn less than the income limits below for a family of these sizes:

<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Persons</u>	<u>5 Persons</u>	<u>6 Persons</u>	<u>7 Persons</u>	<u>8 Persons</u>
48,100	55,000	61,850	68,700	74,200	79,700	85,200	90,700

RESPONSIBILITIES OF THE APPLICANT:

- 1) Complete, date, sign and return the original pre-application form attached to these guidelines
- 2) Keep office informed of change in address, family size, or income amount and source of income, and respond to annual update letter. All changes must be made in writing.
- 3) Respond within 20 days to all office communications
- 4) When called in to be interviewed for eligibility, supply proof of identity, age, residency at time of application and contact, citizenship status, family composition, income and assets, and signed authorizations permitting office verification of all information.
- 5) Applicant must provide proof of address at the time they applied and when contacted for an apartment
- 6) Provide all information required completely and honestly, and without omissions or commission of fraud.

THE PROCESS:

- 1) Applications are entered into a bound log by date and time, processed in chronological order to determine eligibility, and updated annually.
- 2) Applicants are contacted by letter mailed to application address and marked "do not forward". If the letter is returned, it is determined that the applicant has moved and is ineligible and will be removed from the waiting list.
- 3) Applicant attends interview and provides required verifications
- 4) Office verifies all information.
- 5) Manager inspects current home.
- 6) Tenant must pay both security and one month rent **BEFORE** moving in.
- 7) Participant rent payments will reflect ability to pay and will be subject to review and verification.

BASE RENTS: Depew Manor Studio - \$245 1BR - \$291

(Senior Citizens)

Waldron Terrace 1BR - \$330 2BR - \$360 3BR - \$388 4BR - \$417

(Singles/Families)



NYACK HOUSING AUTHORITY APPLICATION

15 Highview Court, Nyack NY 10960

FOR OFFICE USE ONLY

INCOME GUIDELINES ARE AS FOLLOWS:

Household Size	1	2	3	4	5	6	7	8
Maximum Income	48,100	55,000	61,850	68,700	74,200	79,700	85,200	90,700

1. HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Physical Address (where you are currently living, a PO Box will NOT be accepted):

Telephone number _____ Alternate Telephone number _____

2. LIST ALL THE PEOPLE THAT CURRENTLY LIVE WITH YOU AND WILL BE MOVING INTO WALDRON TERRACE/DEPEW MANOR APARTMENT WITH YOU? (Please include yourself)

Name	Relationship	Age	US Citizen (Y/N)	Sex (M/F)	Date of Birth	Social Security Number
	Self					

3. PLEASE INDICATE WHICH HOUSING COMPLEX YOU ARE APPLYING FOR

Waldron Terrace (Single persons or Families)

Depew Manor :Eligibility requirements for Senior Citizen Site

a.) For apartments for one person occupancy, applicant must be:

-60 years of age or older,or

-57 years old with some disability or chronic ailment as certified by a physician

b) For apartments for two person occupancy, applicants must be:

- Both 60 years of age or older, or

- Of ages averaging not less than 60 years, or

- Both over 57 years old with one having some disability or chronic ailment as certified by a physician

4. IF OFFERED AN APARTMENT, IS THE ENTIRE HOUSEHOLD LISTED ABOVE TO OCCUPY THE UNIT? Yes No

If No, Please Explain: _____

5. ARE YOU ON ANY OTHER HOUSING LIST?..... Yes No

If yes, please indicate which ones: Section 8 Leonard Cooke Pine Street Homes

6. FOR STATISTICAL PURPOSES ONLY

Race of Head of Household: (Check one - used for statistical purposes only)

White Black American Indian/Alaskan Native Asian Native Hawaiian Other

Ethnicity of Head of Household (Check one)

Hispanic or Latino Not-Hispanic or Latino

7. SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY, IDENTIFY GROSS AMOUNT AND FREQUENCY:

- Wages _____ PER _____ Wages _____ PER _____
- Social Security _____ PER _____ SSI _____ PER _____
- TANF/Welfare _____ PER _____ Child support _____ PER _____
- Other _____ NO INCOME IN HOUSEHOLD

8. LIST ALL ASSETS FOR ANYONE LISTED ON PREVIOUS PAGE NO ASSETS

(Checking accounts, savings accounts, stocks, bonds, CDs, Money Markets, real estate, trusts, etc)

<i>Type of Asset</i>	<i>Owner</i>	<i>Amount</i>	<i>Interest %</i>

9. Are you currently living in a hotel, furnished room, shared apartment with or without relatives, or your own apartment?

Please specify: _____

10. Have you ever been evicted from public housing or terminated from Section 8 Assistance? Yes No

11. I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE.

The undersigned hereby understand that the above information is required to determine eligibility for residency. I/We certify that the answers to the above questions are true and completed to the best of our knowledge. I/ We understand that making false statements on this form is ground for rejection, or termination of their lease.

We hereby authorize the Village of Nyack Housing Authority and Nyack Housing Assistance Corporation to verify the above information, and I/We consent to the release of the necessary information to determine our eligibility. I/We authorize the Village of Nyack Housing Authority and Nyack Housing Assistance Corporation to complete a national criminal background check as well as authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Village of Nyack Housing Authority. In addition I/We authorize Village of Nyack Housing Authority to do credit checks.

ALL APPLICANT'S AND ALL OTHER HOUSEHOLD MEMBERS WHO ARE 18 YEARS OF AGE OR OLDER MUST SIGN BELOW.

Signature of Applicant

Date

Signature

Date

Signature

Date

NOTICE OF NONDISCRIMINATION ON THE BASIS OF DISABILITY STATUS: Village of Nyack Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs or activities. Marilyn Troy, at the above address, has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).