

# COMMUNITY HOUSING BOARD

Town of Yorktown  
363 Underhill Avenue  
Yorktown Heights, N Y 10598



## APPLICATION FOR FAIR AND AFFORDABLE HOUSING PROGRAM

### HEAD OF HOUSEHOLD:

NAME: \_\_\_\_\_ SENIOR CITIZEN: (Y/N) \_\_\_\_\_  
STREET: \_\_\_\_\_ UNIT # \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE #: WORK ( ) - \_\_\_\_\_ HOME: ( ) - \_\_\_\_\_ Cell: ( ) - \_\_\_\_\_

If I am offered the opportunity to purchase or lease a unit, the individuals listed below will reside with me as members of my household. Please note that a name may appear on only one application. **PLEASE LIST ALL PERSONS IN YOUR HOUSEHOLD; LIST THE HEAD OF YOUR HOUSEHOLD FIRST; FILL IN THE RELATIONSHIP OF MEMBERS OF YOUR HOUSEHOLD. INCLUDE ALL GROSS INCOME RECEIVED BY EACH HOUSEHOLD MEMBER. GROSS INCOME INCLUDES: WAGES, SALARIES, SOCIAL SECURITY, SSI, PENSIONS, PUBLIC ASSISTANCE, INTEREST ON BANK ACCOUNTS, STOCK AND BOND DIVIDENDS, RENTAL INCOME FROM PROPERTY, AND ANY OTHER INCOME YOU MAY HAVE.**

| NAME  | RELATIONSHIP TO HEAD OF HOUSEHOLD | YEARLY GROSS INCOME |
|-------|-----------------------------------|---------------------|
| _____ | HEAD OF HOUSEHOLD                 | _____               |
| _____ | _____                             | _____               |
| _____ | _____                             | _____               |
| _____ | _____                             | _____               |
| _____ | _____                             | _____               |
| _____ | _____                             | _____               |

HOUSEHOLD TOTAL YEARLY GROSS INCOME: \$ \_\_\_\_\_

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### FOR TOWN USE ONLY

DATE/TIME STAMP: \_\_\_\_\_ APPLICATION #: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Priority of this application shall be determined by the Community Housing Board, and may be based upon a lottery and/or the date and time that the application was received by the Town of Yorktown. This application is for fair and affordable homeownership or rental housing units that fall under Section 300-39 of the Yorktown Town Code. To qualify for an available unit, a household must be income eligible and have a household size that falls within the occupancy standards for the size (number of bedrooms) of the affordable unit.

**The Town of Yorktown affordable housing program is committed to equal housing opportunity, and does not discriminate on the basis of race, color, national origin, religion, creed, disability, familial status, sex, marital status, age, military status, sexual orientation, citizenship or alienage status, or status as a victim of domestic violence, sexual abuse or stalking.**

**In submitting this application, I understand that:**

- This application simply places me on a list to participate in the program and does not establish my eligibility for a unit.
- A determination of my eligibility to rent or to purchase and finance an affordable unit will be made based on the information provided in this application, as well as additional information to be provided to the Community Housing Board concerning all household members listed on this application who will occupy the unit, including their income and assets. In connection with this, I (we) authorize the Yorktown Community Housing Board to undertake such income, employment, or other investigations as may be needed to verify this information.
- All persons used to obtain mortgage financing for a unit must be listed on this application.
- My eligibility as an applicant must continue from the date the application is filed to the time a lease for the unit is signed or title to the housing unit passes to me.
- The housing unit rented or purchased will continue to be used as my principal residence.
- There are limits set by law to my rights to sub-lease or sell and profit from the housing offered under this program.
- Knowingly false statements made in this application or in subsequent submissions of financial data or other information will be subject to appropriate action by the Community Housing Board.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Other Adult in Household

**APPLICATION MAY BE RETURNED BY MAIL OR BY HAND DELIVERY TO:**

**BY MAIL:**

**TOWN OF YORKTOWN  
ATTN. TOWN CLERK  
363 UNDERHILL AVENUE  
YORKTOWN HEIGHTS, NEW YORK 10598**

**BY HAND (Drop Box in front of bldg):**

**TOWN OF YORKTOWN  
ATTN. TOWN CLERK  
363 UNDERHILL AVENUE  
YORKTOWN HEIGHTS, NEW YORK 10598**