



Town of East Fishkill Moderately Priced Housing Program Dutchess County, New York

On behalf of the Town of East Fishkill, Housing Action Council is accepting application for a **wait list** for its Moderately-Priced Housing Program (“MPHP”). Households with annual incomes up to ____% of the median income of Dutchess County as published by the U.S. Department of Housing & Urban Development and adjusted by Household size may be eligible. Applicants must be first time homebuyers, i.e., a household who has not owned a home within the past five years. As of April, 2022, applicant’s income must be at or below the following:

| Household Size | Maximum Household Income |
|-----------------------|---------------------------------|
| 1 Person | \$62,000.00 |
| 2 Person | \$71,500.00 |
| 3 Person | \$80,500.00 |
| 4 Person | \$89,400.00 |
| 5 Person | \$96,600.00 |

The Town has a limited number of single-family homes at the Four Corners and Hopewell Glen developments. These homes are currently occupied by eligible homebuyers. However, when an owner decides to sell or new units are developed there or elsewhere, waitlist applicants will be contacted by date of application and by priority order to determine their continued interest and qualification. Applicants must be first time homebuyers, i.e., a household who has not owned a home within the past five years, and have an appropriate household size based on the unit size available.

The Town has established the following priority order for applications:

1. Employees of the Town of East Fishkill
2. Members of the East Fishkill’s Volunteer Fire Department
3. Elderly (65 or older) or disabled residents of the Town
4. Honorably discharged US veterans who are residents of the Town
5. All other Town residents
6. People who work at businesses within the Town
7. All others

Within each category, applicants will be considered by date of application.

If you are interested in being on the waitlist, complete the attached application and submit to Housing Action Council at 55 South Broadway, Tarrytown, NY 10591 or email to hac@affordablehomes.org with subject heading “East Fishkill”.

Town of East Fishkill

Moderately Priced Housing Program

1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

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

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

Email: _____

2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

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

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

Email: _____

3. CHECK WHICH CRITERIA APPLIES:

- Employee of the Town of East Fishkill
- Member of the East Fishkill's Volunteer Fire Department
- Elderly (65 or older) or disabled resident of the Town
- Honorably discharged US Veteran who is resident of the Town
- Other Town resident
- Person who works at a business within the Town
- Other

4. 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 home with you? Yes No

If yes, explain:

5. STATISTICAL INFORMATION

a. The following information is requested for statistical purposes so that the Town and the Housing Action Council may determine the degree to which the MIH Program is 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

6. CURRENT RESIDENCE:

What is your Current Monthly Rent \$ _____

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

7. EMPLOYMENT:

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

| | |
|------------------------|-----------------------|
| 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: |

8. 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: | \$ |

9. 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 \$ |
| | | | |
| 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 \$ |
| | | | |
| | | | |

10. 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 Housing Action Council Inc. or their 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) (Application must be complete and signed):

Applicant _____ Date: _____

Co-Applicant _____ Date: _____

Mail, Hand Deliver or Email Completed Application to:

Housing Action Council,
55 South Broadway
Tarrytown, NY 10591
(914) 332-4144

hac@affordablehomes.org (with subject heading "East Fishkill")