

# Washingtonville Housing Alliance Will Accept Applications Starting August 21, 2019

## for Below Market Rate Apartments

At  
The Mason MVS in Mamaroneck, NY



### 5 affordable apartments available for occupancy after 9/1/2019.

Studio, One and Two bedroom loft style residences with enviable amenities, a sustainable-based lifestyle, and an ideal location near the train station and shopping. Indoor/outdoor amenity deck, fitness center, dog run and on-site parking are some of the benefits of living at The Mason. Contemporary spacious designs, stainless steel appliances, washer/dryer/dishwasher, Nest thermostats and LATCH entry system are in each unit. Rents are \$1,684/month for the Studio, \$1,804/month for the one bedroom, and \$2,165/month for the two bedroom. There are additional monthly fees for utilities, amenities, parking, and pets. Applicants for the below market rate apartments must be income eligible and must recertify their income annually. Maximum income for initial eligibility (no more than 80% of area median income) is based on household size: 1 person - \$67,350; 2 persons - \$77,000; 3 persons - \$86,600; and 4 persons - \$96,250. A lottery will be conducted to select among eligible applicants.

**To request an application contact:** Washingtonville Housing Alliance, Inc.  
136 Library Lane, Mamaroneck, NY 10543  
**Telephone ( M-F 9am-5pm) :** 914-698-4299, extension 15  
**E-mail:** Rachel.spadaro@westhab.org  
**Web Site to Download Application:** [www.washingtonville.org/Mason](http://www.washingtonville.org/Mason)

**All completed applications must be received no earlier than 8/21/19 and no later than 9/4/19**

Completed applications may be returned by mail, by email, or in person. Applications received after **9/4/19** will not be in the initial lottery, but will be placed on the waiting list. Do not submit more than one application per household. If more than one application is received, applicant will be dropped to the bottom of the list.





**THE MASON MVS**  
**MAMARONECK, NY**

**HOUSING APPLICATION**

Agency Use Only

Date Received \_\_\_\_\_

Application # \_\_\_\_\_

Approved YES \_\_\_\_\_ NO \_\_\_\_\_

**MAIL ONLY ONE (1) APPLICATION PER HOUSEHOLD BY REGULAR MAIL OR DELIVER BY HAND. IF MORE THAN ONE APPLICATION PER HOUSEHOLD IS RECEIVED, ALL APPLICATIONS WILL BE DROPPED TO THE BOTTOM OF THE WAITING LIST.**

**MAIL TO: WASHINGTONVILLE HOUSING ALLIANCE**  
**136 LIBRARY LANE**  
**MAMARONECK, NY 10543**



1) <u><b>LAST NAME</b></u> of Applicant		<u>FIRST NAME</u> of Applicant		<u>Name of Spouse</u>	
2) <u><b>HOME ADDRESS</b></u>		<u>Apt. or Rm.#</u>	<u>City, State</u>	<u>Zip Code</u>	
<u>Home Tel #</u> (    )	<u>Work Tel#</u> (    )	<u>Mailing name &amp; address, if different from above:</u>			
3) <u><b>FAMILY INFORMATION</b></u> : List <u>ALL</u> information for <u>ALL</u> persons who will live with you in order of age (oldest to youngest).					
FULL NAME		RELATION	M/F	<u>EMPLOYED</u> Y/N	<u>SCHOOL</u> Y/N
1.		SELF			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

4) Do you have any pets? \_\_\_\_ Yes \_\_\_\_ No If yes, how many? \_\_\_\_  
Specify: Dogs \_\_\_\_ Cats \_\_\_\_ Other \_\_\_\_\_

5) Total Number of people who will live in apartment: \_\_\_\_  
Is a child expected? \_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_

5a) Number of Bedrooms needed? \_\_\_\_\_

6) Are there any persons who will live with you who are not living with you now?  
\_\_\_\_ Yes \_\_\_\_ No If yes, fill in details below:  
Full Name Relationship Date of Birth Where Now Living (address)

7) **Race of Head of Household:** (check one) Note: this section is voluntary and for statistical purposes only

White [ ] Black [ ] American Indian/Alaskan Native [ ] Asian [ ] Pacific Islander [ ]

**Ethnicity of Head of Household:** (check one)

Hispanic [ ] Non-Hispanic [ ]

8) **CURRENT LIVING CONDITION:**

Where are you living (check box)?

Have own apt. in building with:

6 or more apartments [ ]

3 to 5 apartments [ ]

1 or 2 family house [ ]

Live in:

Furnished room [ ]

Hotel/Shelter [ ]

Emergency Housing [ ]

Someone Else's Apt [ ]

Describe:

Total # rms. \_\_\_\_\_

# of bedrooms \_\_\_\_\_

# of people \_\_\_\_\_

Monthly rent \_\_\_\_\_

Your rent includes:

Gas: Yes [ ] No [ ]

Heat: Yes [ ] No [ ]

Electricity: Yes [ ] No [ ]

Hot Water: Yes [ ] No [ ]

9) **Present Housing Conditions:**

Do you live in a Housing Authority, rent-subsidized, or Section 8 apartment at present?

Yes [ ] No [ ]

10) Do you currently have a Section 8 Voucher or Certificate? Yes [ ] No [ ]

10a) If yes, bedroom size and rent amount approved: BR Size \_\_\_\_\_ \$ \_\_\_\_\_

11) Does anyone on this application have any Special Needs or require special accommodations due to disability? Yes [ ] No [ ]

If YES, please describe:

\_\_\_\_\_

11a) Do you or any other members of your household require the use of:

Wheelchair [ ] permanent crutches/walker [ ] handicapped access [ ]

11b) Does any member of your household have a heart condition or any other special medical problem or needs? Please describe:

\_\_\_\_\_

12a) **WHY DO YOU NEED OTHER HOUSING?**

\_\_\_\_\_

\_\_\_\_\_

12 b) Are You a Veteran? Yes\_\_\_\_\_ No\_\_\_\_\_

13) <b>PRIOR HOUSING:</b> List in order all your address for the last three years:								
Address	City	Dates To/From	Monthly Rent	Hotel/ Shelter	Own Apt.	Emergency Housing	Share Apt.	Rooming House
1.			\$					
2.			\$					
3.			\$					

For addresses listed in 1-3 above, supply the following information:

<b>LANDLORD INFORMATION</b>		
Name	Address	Telephone #
1.		
2.		
3.		

**NOTE: If you leave the area below blank, your application will be rejected as INCOMPLETE.**

14) <b>EMPLOYMENT INFORMATION:</b>
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List all jobs held by you or any member of the household over the past two years.

Person Working	Employer	Employer Address	Employer Tel. #	Dates Employed (From/To)	Yearly income ( <b>before taxes</b> )	Rate of Pay & # Hours worked
					\$	\$_____ per hour #_____ hours/week
					\$	\$_____ per hour #_____ hours/week
					\$	\$_____ per hour #_____ hours/week
					\$	\$_____ per hour #_____ hours/week
					\$	\$_____ per hour #_____ hours/week

15) **INCOME FROM OTHER SOURCES:**

Examples: Welfare, Social Security, SSI, Veteran's benefits, family contributions, Child Support, Unemployment, Disability, Pension or any other income *other than* employment.

Name of Person Receiving Income	Source of Income	District Office Address	Caseworker Name & Phone	Amount received (per day/month or year)
			Mr./Ms. _____ ( ) ____ - ____	\$
			Mr./Ms. _____ ( ) ____ - ____	\$
				\$

15) **ASSETS**

**Bank Accounts:** Checking, Savings, Credit Union, 401k, CD, Money Market etc.

Name of Person (with account)	Type of Account	Bank Name	Address	Current Balance
				\$
				\$
				\$

**Credit Cards:** Visa, MasterCard, American Express, other etc.

Name of Cardholder	Type of Card	Current Available Credit
		\$
		\$
		\$

16) Does anyone on application have a **DRIVER'S LICENSE**? If yes, fill in information below.

Full Name	License Number	State Issued By:

17) Does anyone in the household have a **MOTOR VEHICLE**? If yes, fill in information below:

Full Name	Make	Model	Year	Plate #	Color	State Issued By

18) <b>REFERENCES</b>			
Full Name	Telephone #	Address	Relationship

19) <b>EMERGENCY CONTACTS</b> (Next of Kin, friends)			
Full Name	Telephone #	Address	Relationship

**APPLICANT'S DECLARATION**

I declare that all statements contained in this application are true and correct and that I have not knowingly or willfully made a false statement, given false information or omitted information in connection with this application. I understand that willful false statements or misrepresentation are a basis for rejection of this application.

I hereby authorize **Washingtonville Housing Alliance**, it's representatives and any consumer or credit reporting agency/bureau to conduct an investigation of character, mode of living, general reputation, credit and financial responsibility, and accuracy of the contents of this application. I also authorize credit or consumer bureaus to make a consumer or credit report in connection therewith. I understand that such an investigation may include contacting my personal, financial or housing references as well as a visit to my current residence.

**SIGNATURES (Application not valid without all signatures):**

Signing below indicates that you have read, understand and agree with the above declaration.

Date: \_\_\_\_\_ Applicant \_\_\_\_\_

Co-Applicant/Spouse \_\_\_\_\_

Other applicant age 18 and older \_\_\_\_\_

Other applicant age 18 and older \_\_\_\_\_

**\*\*\*DOCUMENTS REQUIRED\*\*\***

- Current **proof of ALL sources of income sources** (four most current pay stubs, job letter, DSS budget sheet, SS/SSI award letter, child support stubs, pension, unemployment etc.)
- **Birth Certificates and SS Cards** will be required if your application is reached for screening.
- Copy of Section 8 Certificate/Voucher – if applicable

**ADDITIONAL INFORMATION**

You may provide any additional information or explanations in the space below that you think is relevant to your application for housing:

**HOW DID YOU HEAR ABOUT US?**

☐ **Local Newspaper** (Journal News)

Please list: \_\_\_\_\_

☐ **Washingtonville Housing Alliance Web site**

Please list: \_\_\_\_\_

☐ **Word of Mouth**

Please list: \_\_\_\_\_

☐ **Church/Agency/Organization:**

Please list: \_\_\_\_\_

☐ **Washingtonville Housing Alliance Referral**

Please list: \_\_\_\_\_

☐ **Other:** \_\_\_\_\_

Please list: \_\_\_\_\_

