

# City of White Plains Affordable Rental Housing Program Annual Recertification Form



## CONTACT INFORMATION & RESIDENCY

Provide name, address, telephone numbers and e-mail of person principally responsible for this application:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

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## DEMOGRAPHIC PROFILE

*Notice: Providing demographic information is optional and is not a required component of the application process. Responses to the demographic profile will not be used in any way to determine eligibility for an affordable housing rental apartment. The demographic profile is used to help the City of White Plains ensure that the Affordable Rental Housing Program is providing fair housing and equal opportunity to all.*

**Directions:** Answer **both** Part A and Part B for the principal applicant of this application. For Part A, please provide only one response for ethnicity and for Part B, please provide response(s) for all racial categories that pertain to you:

### Part A

Ethnic  
Categories:            Hispanic or Latino  
                              Not-Hispanic or  
                              Latino

### Part B

Racial  
Categories:            American Indian or Alaska Native  
                              American Indian/Alaskan Native  
                              and Black/African American  
                              American Indian/Alaska Native  
                              and White  
                              Asian  
                              Asian and White  
                              Black or African American  
                              Black or African American and  
                              White  
                              Native Hawaiian or Other Pacific  
                              Islander  
                              White  
                              Other Multi-Racial

Directions: Please check all categories that pertain to the principal applicant of this application:

Are You:                      Female Head of Household  
                                      Person with Disabilities  
                                      Homeless  
                                      62 years or older

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## OCCUPANCY, EMPLOYMENT AND INCOME

1. List the name(s) for all persons who will reside in the affordable housing rental unit.
2. Provide employment information for *each* person(s) 18 years or older (if retired, please enter former employment information).
3. Provide the gross annual income for **all** person(s) 18 years or older who will reside in the apartment.
4. List annual salary/wages separately from other income such as alimony, child support, SSI, SSD, pension, investment income, dividends, etc.
5. List income information from part-time employment of children attending school full-time. It will not be calculated in the gross annual income for purposes of determining eligibility under the White Plains Affordable Rental Housing Program.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
DOB:  Employer: \_\_\_\_\_  
Employer  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Retired:            Yes                      Salary/Wages: \_\_\_\_\_ Other Income: \_\_\_\_\_  
                          No

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
DOB:  Employer: \_\_\_\_\_  
Employer  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Retired:            Yes                      Salary/Wages: \_\_\_\_\_ Other Income: \_\_\_\_\_  
                          No

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
DOB:  Employer: \_\_\_\_\_

Employer  
Address:

City: State: ZIP Code:

Retired: Yes Salary/Wages: Other Income:  
No

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Name: Relationship:

DOB:  Employer:

Employer  
Address:

City: State: ZIP Code:

Retired: Yes Salary/Wages: Other Income:  
No

Add a separate sheet to report additional names, annual incomes, and employment information, if needed.

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## ADDITIONAL QUESTIONS

How did you hear about the White Plains Affordable Rental Housing Program? Please check all that apply

Do you have any pets?

Do you receive a pension(s)?

City of White Plains Website

Yes

Yes

Internet Search

No

No

Friend or Family Member

Housing Counseling Agency

Apartment Management Company

Real Estate Agency

Other

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## SUPPORTING DOCUMENTATION

For *each* person 18 years and older who will reside in the apartment:

1. Federal and State Income Tax Returns
2. Copy of forms reporting unearned income (child support, alimony, SSI, SSD, investment income, dividends, etc.)
3. Copy of most recent bank statement
4. Copies of last four (4) pay check stubs

5. Copy of Pension Award statement, if applicable
6. Copy of Social Security Statement, if applicable
7. Proof of Residency: Driver's License, or Passport, or Utility Bill, etc.
8. Employment Verification Form (see attachment)

**APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE REQUIRED SUPPORTING DOCUMENTS.**

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## CERTIFICATION

I/WE CERTIFY THAT THIS INFORMATION IS COMPLETE AND ACCURATE. I/WE AGREE TO PROVIDE, UPON REQUEST, DOCUMENTATION ON ALL INCOME SOURCES TO THE AFFORDABLE RENTAL HOUSING PROGRAM.

SIGNED:

DATE:

SIGNED:

DATE:

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS OR FALSE STATEMENTS MAY CONSTITUTE CAUSSE FOR DISQUALIFICATION OR EVICTION FROM THE AFFORDABLE HOUSING PROGRAM. PURSUANT TO NY PENAL LAW SECTION 210.45, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.**

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## SUBMISSION

E-mail: [planning@whiteplainsny.gov](mailto:planning@whiteplainsny.gov)  
Fax: (914) 422-1301

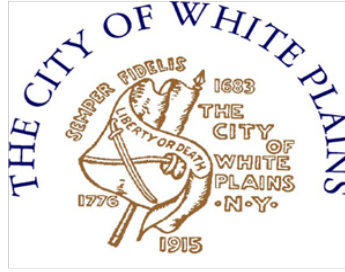
-OR-

Mail: City of White Plains  
Department of Planning  
70 Church Street  
White Plains, NY 10601

## INFORMATION

City of White Plains  
Department of Planning  
(914) 422-1300

THOMAS M. ROACH  
MAYOR



CHRISTOPHER N. GOMEZ, AICP  
COMMISSIONER

JUDITH MEZEY  
DEPUTY COMMISSIONER

## PLANNING DEPARTMENT

70 Church Street, White Plains, NY 10601  
(914) 422-1300 F: (914) 422-1301  
planning@whiteplainsny.gov

### Employment Verification Form

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

Employee's Name: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Job Title \_\_\_\_\_

Base Pay: \$\_\_\_\_\_ per hour / week / month (circle one)

Average Hours Worked per Week at Base Pay Rate: \$\_\_\_\_\_

Overtime Pay Rate: \$\_\_\_\_\_

Total Base Pay Earnings (past 12 months): \$\_\_\_\_\_

Total Overtime Earnings (past 12 months): \$\_\_\_\_\_

Projected Pay (next 12 months): \$\_\_\_\_\_ With Overtime: \$\_\_\_\_\_

#### ***Manager/Supervisor/ Human Resource - Supplying Information***

\_\_\_\_\_  
Name

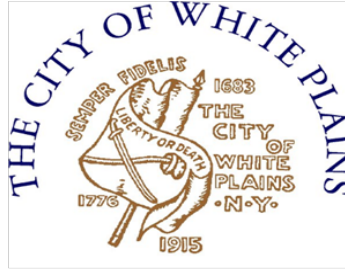
\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

THOMAS M. ROACH  
MAYOR



CHRISTOPHER N. GOMEZ, AICP  
COMMISSIONER

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### Employment Verification Form

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

Employee's Name: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Job Title \_\_\_\_\_

Base Pay: \$\_\_\_\_\_ per hour / week / month (circle one)

Average Hours Worked per Week at Base Pay Rate: \$\_\_\_\_\_

Overtime Pay Rate: \$\_\_\_\_\_

Total Base Pay Earnings (past 12 months): \$\_\_\_\_\_

Total Overtime Earnings (past 12 months): \$\_\_\_\_\_

Projected Pay (next 12 months): \$\_\_\_\_\_ With Overtime: \$\_\_\_\_\_

#### ***Manager/Supervisor/ Human Resource - Supplying Information***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

## Table 1: 2020 HUD Income Eligibility

**AMI: Area Median Income**

Household Income	1 Person	2 People	3 People	4 People	5 People	6 People
<b>30% AMI</b>	\$26,450	\$30,200	\$34,000	\$37,750	\$40,800	\$43,800
<b>50% AMI</b>	\$44,050	\$50,350	\$56,650	\$62,900	\$67,950	\$73,000
<b>60% AMI</b>	\$52,900	\$60,400	\$69,200	\$75,500	\$81,600	\$87,600
<b>80% AMI</b>	\$70,480	\$80,560	\$90,640	\$100,640	\$108,720	\$116,800
<b>100% AMI</b>	\$88,100	\$100,700	\$113,300	\$125,800	\$135,900	\$146,000
		<b>Eligible Income Range:</b> Household income may be up to 99% AMI level, but tenant will likely be over-income at the annual recertification				

## Table 2: 2020 HUD Rent Limits

	Studio	1 Bedroom	2 Bedroom	3 Bedroom
<b>100% AMI</b>	\$2,203	\$2,518	\$2,833	\$3,145
<b>80% AMI</b>	\$1,762	\$2,014	\$2,266	\$2,516
<b>60% AMI</b>	\$1,323	\$1,510	\$1,730	\$1,888

The above rents correspond to the household incomes listed in Table 1. The rents are set annually by the Federal government.

If utilities are not included in the rent, there is a reduction in the rent based on a utility allowance that is determined by the Federal government.

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# CHECKLIST

## CHECKLIST - PLEASE SUBMIT ALL REQUESTED DOCUMENTS FOR ALL ADULTS WHO WILL RESIDE IN THE HOUSEHOLD

- 2019 Federal and State Income Tax Returns (Please do not submit the W2 form)
- Copy of Form reporting unearned income (Investment Income, Dividends, Child Support payments, Alimony, SSI, SSD, etc.)
- Copy of the most recent Bank Statement
- Copies of the last four (4) Paycheck Stubs
- Copies of Pension or Social Security Statement, if applicable
- Proof of Residency: Drivers License or Cellphone/Telephone Bill or Utility Invoice
- Employer Verification Form for each adult residing in the household
- Enrollment verification from an accredited college or university for all full time students (a student is full time when 12 or more credits are taken in a single semester)

**APPLICATIONS WILL NOT BE PROCESSED WITHOUT ALL OF THE ABOVE DOCUMENTS**