

City of White Plains Affordable Rental Housing Program Application



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:

Email address:

DEMOGRAPHIC PROFILE (optional)

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 Category: Hispanic Non-Hispanic

Part B

- Racial Categories:
- American Indian or Alaska Native
 - American Indian/Alaska Native and Black/African American
 - American Indian/Alaskan 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

Do you have any pets? Yes

Person with Disabilities

No

Homeless

Do you receive a pension(s)? Yes

62 years or older

No

OCCUPANCY, EMPLOYMENT AND INCOME

1. List the name, relationship, and date of birth for all persons who will reside in the affordable rental unit.
2. Provide employment information for each person 18 years or older.
3. Provide the gross annual income for all persons 18 years or older who will reside in the unit, including students. NOTE: student income for full time students will not be considered for purposes of determining income eligibility.
4. List annual salary/wages separately from other income such as alimony, child support, SSI, SSD, pension, investment income, dividends, etc.
5. Provide enrollment status for any students living in the affordable housing rental unit. (A student is considered full time if 12 or more credits are taken in a single semester.)

Applicant

Name: DOB:

Employer:

Employer Address:

City: State: ZIP Code:

Salary/Wages: \$

Other Income: \$

(Alimony, Child Support, Social Security, Pension, etc.
You must submit documentation of Other Income.)

Student: Yes No

Enrollment Status: Full-time Less than full-time

Retired: Yes No

Other Occupants of the Apartment

Name: DOB: Relationship:

Employer:

Employer Address:

City: State: ZIP Code:

Salary/Wages: \$ Other Income: \$

(Alimony, Child Support, Social Security, Pension, etc.)

You must submit documentation of Other Income.)

Student: Yes No

Enrollment Status: Full-time Less than full-time

Retired: Yes No

Name: DOB: Relationship:

Employer:

Employer Address:

City: State: ZIP Code:

Salary/Wages: \$ Other Income: \$

(Alimony, Child Support, Social Security, Pension, etc.)

You must submit documentation of Other Income.)

Student: Yes No

Enrollment Status: Full-time Less than full-time

Retired: Yes No

Other Occupants of the Apartment

Name: DOB: Relationship:

Employer:

Employer Address:

City: State: ZIP Code:

Salary/Wages: \$ Other Income: \$

(Alimony, Child Support, Social Security, Pension, etc.)

You must submit documentation of Other Income.)

Student: Yes No

Enrollment Status: Full-time Less than full-time

Retired: Yes No

Name: DOB: Relationship:

Employer:

Employer Address:

City: State: ZIP Code:

Salary/Wages: \$ Other Income: \$

(Alimony, Child Support, Social Security, Pension, etc.)

You must submit documentation of Other Income.)

Student: Yes No

Enrollment Status: Full-time Less than full-time

Retired: Yes No

SUPPORTING DOCUMENTATION

The following documentation must be submitted 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. Employment Verification Form (see attachment)
8. 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 THE REQUIRED SUPPORTING DOCUMENTS.

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 cause 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.

SUBMISSION

Applications may be submitted by any of the following means:

E-mail: planning@whiteplainsny.gov.

Fax: (914) 422-1301

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

QUESTIONS? Call:

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

TABLE 1: 2021 HUD INCOME ELIGIBILITY

	1 Person	2 People	3 People	4 People	5 People	6 People
110% AMI	\$98,175	\$112,200	\$126,225	\$140,250	\$151,470	\$162,690
100% AMI	\$89,250	\$102,000	\$114,750	\$127,500	\$137,700	\$147,900
80% AMI	\$71,400	\$81,600	\$91,800	\$102,000	\$110,150	\$118,300
60% AMI	\$53,550	\$61,200	\$68,850	\$76,500	\$82,600	\$88,750
50% AMI	\$44,650	\$51,000	\$57,400	\$63,750	\$68,850	\$73,950


 ELIGIBLE INCOME RANGE: Household income may be up to 100% AMI level, but tenant will likely be over-income at the annual recertification.

TABLE 2: 2021 HUD RENT LIMITS

	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms
100% AMI	\$2,231	\$2,550	\$2,869	\$3,118
80% AMI	\$1,785	\$2,040	\$2,295	\$2,550
60% AMI	\$1,339	\$1,530	\$1,721	\$1,913
50% AMI	\$1,116	\$1,275	\$1,435	\$1,594

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.

*AMI — Area Median Income



PLANNING DEPARTMENT

70 Church Street, White Plains, New York 10601
(914) 422-1300 Fax: (914) 422-1301
E-Mail: Planning@whiteplainsny.gov

THOMAS M. ROACH
MAYOR

CHRISTOPHER N. GOMEZ, AICP
COMMISSIONER

JUDITH MEZEY
DEPUTY COMMISSIONER

Employment Verification Form

Date: _____

Employee's Name: _____

Employer Name: _____

Employer Address: _____

Employment start date: _____

Job Title: _____

Base Pay Rate: \$ per hour _____ Hours worked per week: _____

Annual Salary: \$ _____

Pay Period: Weekly / Bi-Weekly / 2x per Month / Monthly (choose one)

MANAGER / SUPERVISOR / HUMAN RESOURCE - SUPPLYING INFORMATION:

Name: _____ Title: _____

Signature: _____ Date: _____

Telephone Number: _____



PLANNING DEPARTMENT

70 Church Street, White Plains, New York 10601
(914) 422-1300 Fax: (914) 422-1301
E-Mail: Planning@whiteplainsny.gov

THOMAS M. ROACH
MAYOR

CHRISTOPHER N. GOMEZ, AICP
COMMISSIONER

JUDITH MEZEY
DEPUTY COMMISSIONER

Employment Verification Form

Date: _____

Employee's Name: _____

Employer Name: _____

Employer Address: _____

Employment start date: _____

Job Title: _____

Base Pay Rate: \$ per hour _____ Hours worked per week: _____

Annual Salary: \$ _____

Pay Period: Weekly / Bi-Weekly / 2x per Month / Monthly (choose one)

MANAGER / SUPERVISOR / HUMAN RESOURCE - SUPPLYING INFORMATION:

Name: _____ Title: _____

Signature: _____ Date: _____

Telephone Number: _____