City of White Plains
Affordable Rental Housing Program

Application

OFFICE USE ONLY

Date Completed Application Processed:

Local Preference: Yes / No

HH Size: _____

AMI: _____

1. CONTACT INFORMATION & RESIDENCY OF APPLICANT

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

2. DEMOGRAPHIC PROFILE

Notice: Demographic information is used to ensure that the Affordable Rental Housing Program (ARHP) complies with Fair Housing Laws. You are not required to provide it. It will not affect eligibility for the ARHP.

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

Racial Category:	◯ White	◯ Asian
	◯ Black or African American	◯ Other

Ethnic Category:	◯ Hispanic	◯ Non-Hispanic

3. OCCUPANCY, EMPLOYMENT, AND INCOME

1. Provide information below for all persons who will reside in the affordable rental unit.
2. Provide employment information for all persons 18 years or older, including students.

   NOTE: Income of full-time students will not be considered for purposes of determining income eligibility. Provide enrollment status for any students who will live in the affordable housing rental unit. (A student is considered full-time if 12 or more credits are taken in a single semester.)

3. **Other income includes alimony, child support, Social Security, SSI, SSD, pension, investment income, dividends, etc.** Documentation of other income must be submitted with this application, if applicable.

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3a. OCCUPANTS OF THE APARTMENT

Applicant Name: _____ Date of Birth: _____

Employer: Salary/Wages: $_____

Other Income: $_____ Full-time student: ☐ Retired: ☐

Applicant Name: _____ Date of Birth: _____

Employer: _____ Salary/Wages: $_____

Other Income: $_____ Full-time student: ☐ Retired: ☐

Applicant Name: _____ Date of Birth: _____

Employer: _____ Salary/Wages: $_____

Other Income: $_____ Full-time student: ☐ Retired: ☐

Applicant Name: _____ Date of Birth: _____

Employer: _____ Salary/Wages: $_____

Other Income: $_____ Full-time student: ☐ Retired: ☐

Add a page for any additional occupants.

3b. Do you have any pets? ☐ If yes, what type: _____

4. 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 **(NOT YOUR W2)**
2. Documentation of Other Income (child support, alimony, SSI, SSD, investment income, dividends, etc.)
3. Copy of most recent bank statement
4. Copies of last four (4) paycheck stubs
5. Copy of Pension Award statement, if applicable
6. Copy of Social Security Statement, if applicable
7. Employment Verification Form (see attachment or provide a letter from your employer)
8. Enrollment verification for full-time students (12 or more credits are taken in a single semester)
9. Copy of Section 8 Voucher or other housing subsidy, if applicable, stating unit size, subsidy amount, and contact information for caseworker/provider.

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

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5. LOCAL PREFERENCE

Preference will be given to residents of the City of White Plains and/or employees of the City of White Plains, White Plains Housing Authority, White Plains Urban Renewal Agency, and White Plains School District.

Residency Preference. To qualify for residency preference, applicants must provide documentation that proves they currently reside in the City of White Plains* and have so for a continuous period of not less than six months. Proof of residency can be verified by one of the following three options:

Option 1: Provide one document from Category A and one document from Category B; or
Option 2: Provide three documents from Category B; or
Option 3: Provide two documents from Category B and two documents from Category C.

Category A	Category B	Category C
• Apartment Lease • Property Deed or Cooperative Stock Certificate	• New York State ID • School Enrollment Form/Report Card showing address • Car Registration • Paycheck stub with address • Public Benefit Letter or Statement • Utility Bill (electric, gas, oil, cable)	• Bank or other Financial Institution Statement • Credit Card Statement • Cell Phone Bill

**In order to qualify for the White Plains Residency Preference, you must reside within the boundaries of the City of White Plains. Individuals or households living in other surrounding Towns or Villages with a White Plains P.O. are not eligible for the Residency Preference*.

Employee Preference. Proof of employment by the City of White Plains, White Plains Housing Authority, White Plains Urban Renewal Agency, or White Plains School District will be provided with the required paycheck stubs and employment verification letter.

6. CERTIFICATION

(To be signed by all household members 18 years old and over.)

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: _____

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.

7. SUBMISSION AND CONTACT INFORMATION

Applications may be submitted by any of the following means:

Email: arhp@whiteplainsny.gov

Fax: (914) 422-1301

Mail: City of White Plains Department of Planning
Affordable Rental Housing Program
70 Church Street
White Plains, NY 10601
Tel: (914) 422-6728

You may also bring the application, along with all supporting documentation, to the Department of Planning at the above address.

Questions? Contact the ARHP at: arhp@whiteplainsny.gov

Email is the preferred method of contact and will receive the fastest response.

INCOME ELIGIBILITY – Starting September 15, 2025

Eligible income range is shown in orange, and it is based on household size.

	PERSON(S) PER HOUSEHOLD SIZE					
	1 Person	2 People	3 People	4 People	5 People	6 People
110% AMI	$130,900	$149,600	$168,300	$187,000	$201,960	$216,920
100% AMI	$119,000	$136,000	$153,000	$170,000	$183,600	$197,200
80% AMI	$95,200	$108,800	$122,400	$136,000	$146,900	$157,750
60% AMI	$71,400	$81,600	$91,800	$102,000	$110,150	$118,300
50% AMI	$59,500	$68,000	$76,500	$85,000	$91,800	$98,600
40% AMI	$47,600	$54,400	$61,200	$68,000	$73,440	$78,880

2025 HUD RENT LIMITS

A utility allowance may reduce the rent lower than amounts shown below.

	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms
100% AMI	$2,975	$3,400	$3,825	$4,250
80% AMI	$2,380	$2,720	$3,060	$3,400
60% AMI	$1,785	$2,040	$2,295	$2,550
50% AMI	$1,488	$1,700	$1,913	$2,215
40% AMI	$1,190	$1,360	$1,530	$1,700

AMI – Area Median Income

City of White Plains
Affordable Rental Housing Program

Employment Verification Form

Employee 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 Resources – Supplying Information

Name: _____ Title: _____

Signature: _____ Date: _____

Telephone Number: _____; Email_____