

City of White Plains Affordable Rental Housing Program Recertification



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: _____

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
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	Do you have any pets?	Do you receive a pension(s)?
	Person with Disabilities	Yes	Yes
	Homeless	No	No
	62 years or older		

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 (if retired, please enter former employment information)
 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.
3. 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)

Name: _____ Relationship: _____

DOB: Employer: _____

Employer Address: _____

City: _____ State: _____ ZIP Code: _____

Salary/Wages: _____ Other Income: _____

Student:	Yes	Enrollment Status:	Full Time	Retired:	Yes
	No		Part Time		No

Name: _____ Relationship: _____

DOB: Employer: _____

Employer Address: _____

City: _____ State: _____ ZIP Code: _____

Salary/Wages: _____ Other Income: _____

Student:	Yes	Enrollment Status:	Full Time	Retired:	Yes
	No		Part Time		No

Name: _____ Relationship:
DOB: Employer:
Employer
Address:
City: _____ State: _____ ZIP Code:
Salary/Wages: _____ Other Income:
Student: Yes Enrollment Full Time Retired: Yes
No Status: Part Time No

Name: _____ Relationship:
DOB: Employer:
Employer
Address:
City: _____ State: _____ ZIP Code:
Salary/Wages: _____ Other Income:
Student: Yes Enrollment Full Time Retired: Yes
No Status: Part Time No

Name: _____ Relationship:
DOB: Employer:
Employer
Address:
City: _____ State: _____ ZIP Code:
Salary/Wages: _____ Other Income:
Student: Yes Enrollment Full Time Retired: Yes
No Status: Part Time No

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

THOMAS M. ROACH
MAYOR



CHRISTOPHER N. GOMEZ, AICP
COMMISSIONER

JUDITH MEZEY
DEPUTY COMMISSIONER

PLANNING DEPARTMENT

70 Church Street, White Plains, New York 10601
(914) 422-1300 Fax: (914) 422-1301

E-Mail: Planning@whiteplainsny.gov

Employment Verification Form

Date: _____

Employee's Name: _____

Employer name and address: _____

Employment start date: _____

Job Title: _____

Base Pay Rate: \$ _____ per hour

Hours worked per week: _____

Annual Salary: \$ _____

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

MANAGER / SUPERVISOR / HUMAN RESOURCE - SUPPLYING INFORMATION:

Name

Title

Signature

Telephone

Date

THOMAS M. ROACH
MAYOR



CHRISTOPHER N. GOMEZ, AICP
COMMISSIONER

JUDITH MEZEY
DEPUTY COMMISSIONER

PLANNING DEPARTMENT

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Annual Salary: \$ _____

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

MANAGER / SUPERVISOR / HUMAN RESOURCE - SUPPLYING INFORMATION:

Name

Title

Signature

Telephone

Date

Table 1: 2020 HUD Income Eligibility

	1 Person	2 People	3 People	4 People
110% AMI	\$96,910	\$110,770	\$124,630	\$130,380
100% AMI	\$88,100	\$100,700	\$113,300	\$125,800
80% AMI	\$70,488	\$80,560	\$90,640	\$100,640
60% AMI	\$52,900	\$60,400	\$69,200	\$75,500
50% AMI	\$44,050	\$50,350	\$56,650	\$62,900
30% AMI	\$26,450	\$30,200	\$34,000	\$37,750
	<p>Eligible Income Range: Household income may be eligible up to 110% AMI; tenant will likely be over-income at recertification</p>			

Table 2: 2020 HUD Rent Limits

	Studio	1 BDM	2 BMD	3 BDM
100% AMI	\$2,203	\$2,518	\$2,833	\$3,145
80% AMI	\$1,762	\$2,014	\$2,266	\$2,516
60% AMI	\$1,323	\$1,510	\$1,730	\$1,888

The rents listed above correspond to the household incomes provided in Table 1. The U.S. Department of Housing and Urban Development (HUD) set these rents annually. If utilities are not included in the rent, there is a reduction in the rent based on utility allowances, determined by HUD.

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)
9. 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 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.

SUBMISSION

E-mail: 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