## \*\*\*LOTTERY APPLICATION DEADLINE IS NOVEMBER 16, 2023\*\*\* \*\*\*LOTTERY DATE: NOVEMBER 30, 2023, LOCATION: 57 RT. 6, SUITE 207 BALDWIN PLACE, NY 10505

A LINK TO VIEW THE LOTTERY WILL BE PROVIDED\*\*\*

MAILED APPLICATIONS MUST BE POSTMARKED BY THE APPLICATION DEADLINE DATE



# The Hamlet at Carmel 650 Stoneleigh Avenue Carmel, NY 12541

Send application by mail only to:

C/O Kearney Realty & Development Group
57 Route 6, Suite 207

Baldwin Place, NY 10505

Phone: 845-306-7705

#### 1. APPLICANT INFORMATION:

Name:			
City:		State:	Zip:
Home Phone:	Cell Phone:	Work Phone: _	
SSN/Taxpayer ID#:	DOB:	Gross Income:	
Email:			
2. CO-APPLICANT INFORMA	TION:		
Address:			Apt#:
City:		State:	Zip:
Home Phone:	Cell Phone:	Work Phone: _	
SSN/Taxpayer ID #:	DOB:	Gross Income:	
Email:			

### 3. <u>LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF:</u>

**FULL NAME** 

**RELATIONSHIP** 

D.O.B.

**Full Time Student?** 

Employed Y or N













		<u>Head of Household</u>	_//_ Y or N
b			_//_ Y or N
c			_//_ Y or N
			_//_ Y or N
If	YES, EXPLAIN:	ge (s) in your family size?  e Please note that ap	YESNO  plicants can go on more than one bedroom size waitlist if
they a	are eligible or need reason	nable accommodation for another	bedroom size.
 4.	RENT:		
		t Monthly Rent \$	
	Check Utilities paid by	· · · · · · · · · · · · · · · · · · ·	
		•	per month
	☐ Electricity \$	per month	per month
5.	INCOME:		
		e-time, seasonal and/or temporary commissions, fees, tips, bonuses a	employment for <b>ALL</b> household members. and/or self-employed earnings.
	HOUSEHOLD	EMPLOYER'S	GROSS EARNINGS (Pre-Tax)
	MEMBER	NAME/ADDRESS	CURRENT ANTICIPATED
	WEWBER	NAME/ADDRESS	-
	WEWBER	NAME/ADDRESS	\$\$ Weekly/ biweekly/ monthly (circle one)
	WEWBER	NAME/ADDRESS	-
	WEWBER	NAME/ADDRESS	\$\$ Weekly/ biweekly/ monthly (circle one)  \$\$ Weekly/ biweekly/ monthly (circle one)
			\$\$ Weekly/ biweekly/ monthly (circle one)
6.	OTHER SOURCE	S OF INCOME:	\$\$ Weekly/ biweekly/ monthly (circle one)  \$\$  Weekly/ biweekly/ monthly (circle one)  \$\$  Weekly/ biweekly/ monthly (circle one)
6.	OTHER SOURCES	S OF INCOME:	\$\$ Weekly/ biweekly/ monthly (circle one)  \$\$ Weekly/ biweekly/ monthly (circle one)
	OTHER SOURCES  (EXAMPLES: welfare interest, baby-sitting, of	S OF INCOME:	\$\$ Weekly/ biweekly/ monthly (circle one)  \$\$ \$ Weekly/ biweekly/ monthly (circle one)  \$\$ \$ Weekly/ biweekly/ monthly (circle one)  Sability compensation, unemployment compensation,
	OTHER SOURCE: (EXAMPLES: welfare interest, baby-sitting, of Forces Reserves.)	S OF INCOME:  e, social security, SSI, pensions, dicare-giving, alimony, annuities, div	\$\$ Weekly/ biweekly/ monthly (circle one)  \$\$ \$ Weekly/ biweekly/ monthly (circle one)  \$\$ \$ Weekly/ biweekly/ monthly (circle one)  \$\$ \$ Weekly/ biweekly/ monthly (circle one)  sability compensation, unemployment compensation, vidends, income from rental property and/or Armed

	\$ Weekly	y/ biweekly/ monthly (circle one)
	\$ Weekly	, , , , , ,
Do you file Income Tax Returns?		
If this differs from the current year,	•	
7. HOUSEHOLD ASSETS:		
Checking Accounts:		
Bank:	Acct. No.:	Amt.:
Bank:	Acct. No.:	Amt.:
Savings Accounts: (includes	Passbook/Statement and Christmas/Vacation	Clubs)
Bank:	Acct. No.:	Amt.:
Bank:	Acct. No.:	Amt.:
Certificates of Deposit (CD)	<u>s)</u> :	
Bank:	Acct. No.:	Amt.:
Bank:	Acct. No.:	Amt.:
Bank:	Acct. No.:	Amt.:
<b>Credit Union Shares</b> :		
Credit Union Name:	Amt.:	
Address		
Stocks/Bonds (value): \$	Savings Bonds (valu	ue):
Other Amt.: (includes IRA's,	trust, mutual funds, whole life insurance	<i>etc.</i> ) \$
Does the applicant or co-applicant NO	<b>M</b> own real estate:YES	NO
If "yes", what is the value:		
Has the applicant or co-applica	nt <b>EVER</b> owned real estate? YES	NO
If "yes", when?		
	<b>Disposal of Assets</b>	
8.		
Have you disposed of any assets in the Yes □ No If yes, describe the asset	e last 2 years (Example: Given away money to	relatives, set up trust accounts)? □
Date of disposition		
Date of disposition		
KEARNEY E		











Amount Disposed of \$				
Do you have any other assets not listed above (excluding personal property)? ☐ Yes ☐ No				
If yes, please list:				
Student Status				
VACIDADES A COMPANY OF THE COMPANY O	hiaa			
Will all of the persons in the household be or have been full time students during five calendar months of the to be in the next calendar year at an education institution with regular faculty and students?   — Yes —	No	эг ріап		
IF YES, ANSWER THE FOLLOWING QUESTIONS:				
Are any full-time students(s) married and filing a joint tax return?	□ Yes	□ No		
Are any student(s) enrolled in a job training program receiving assistance under the Job Training Partnership Act?	□ Yes	□ No		
Are any full-time student(s) a TANF or a title IV recipient?				
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on	Yes	No 🗆		
another's tax return? Was a student previously a foster child?	Yes	No 🗆		
That a stade in providedly a restor stima.	Yes	No		
9. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?				
☐ Friend				
☐ Employer				
☐ Sign Posted on Building				
☐ Website/ Internet	(list	site)		
☐ Newspaper (Identity): On-line Version?				
☐ Church/ Synagogue (Identify):				
☐ Community Organization (Identify):				
☐ Other (Identify):				
10. DOCUMENTATION				
All household members must submit <u>COPIES</u> of the following documents with their application:				
2021 & 2022 W2's and Federal Tax Returns with all Schedules				
6 Weeks of the Most Recent Pay Stubs & documentation on any other source of income,				
KEARNEY (1) (1) (1) (1)	•			

	e.g., social security, pension, disability, annuity payments		
	6 Months of all Bank, Credit Union, and Investment Statements (all pages)		
	Most Recent Retirement Fund Account Statements (e.g. 403b, 401k)		
	Birth Certificate, Driver's License or Pass	рогс -	
	DOCUMENTATION OF INC	OME AND ASSETS WILL BE	
REC	QUESTED AFTER THE LOTTERY F		
		•	
11.	STATISTICAL INFORMATION		
a.	The following information is required for statistic	al purposes so that the Department of Housing and	
	Urban Development (HUD) may determine the degree to which its programs are utilized by people of different racial & ethnic backgrounds. This information is optional.		
	RACIAL GROUP IDENTIFICATION: Used for statistic	cal purposes only. (Please check only one from this	
	group for the <u>head of household only</u> ). White	American Indian or Alaska Native & White	
	Black or African American	Asian & White	
	Asian	Black or African American & White	
	American Indian or Alaska Native	American Indian or Alaska Native & Black or	
	Native Hawaiian or Other Pacific Islander	Other	
		Prefer Not to Answer	
b.	ETHNICITY: (check only one from this group)	Hispanic Non-Hispanic Prefer Not to Answer	
12.	ACCESSIBLITY/ADAPTABILITY:		
A.	Would any household member benefit from special features of an accessible apartment?		
	Check all that apply:Wheelchair accessible?Hearing Impaired?Visually Impaired?		
	Check all that apply:wheelchair accessible?	nearing impaired?visually impaired?	
В.	Are any members of this household physicall or have traumatic brain injury?	y disabled	
C.	Do any members of this household have a ps	ychiatric disability? 🗌 Yes 🔲 No	
D.	Are you or any members of this household ve	terans? Yes No	
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#### **CONSUMER CREDIT INFORMATION**

I/ We hereby authorize Hudson River Housing and Kearney Realty & Development to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate references, or statements or other data obtained from me or from any person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the organizations listed above, to the owner, and to agencies that made or will make funding available in connection with this property listed above in support of this application. I have been advised that I have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within a reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Applicant Signature		Date	
Co-Applicant Signat	ure	Date	
	STATEMENTS CONTAINED IN THIS A F MY KNOWLEDGE. <u>WARNING</u> : WIL E A CRIMINAL OFFENSE.		
Applicant Signatur	e	Date	
Co-Applicant Signat	ure		
	s line. For Management purposes only		
Date application receive	d		
Time application receive	d		
Artist Certification verification	ed		
Need for accessible Unit	verified		
AMI %			
Income Limit	Household Income	Rent	













