

Town of Bedford Housing Agency Application for Affordable Housing - Part Two

Applications will be reviewed to determine eligibility based on information provided by the applicant and ranked according to the application eligibility requirements priorities listed (Town Zoning Ordinance 125-56E and 125-29.6).

1. Full-time Bedford Municipal Employee, active member of Town of Bedford Fire Department or Bedford Ambulance Corp Volunteer
2. Employee of a school within the Town of Bedford (Grades K through 12)
3. Resident of Town of Bedford
4. Employed in the Town of Bedford
5. Parent or Child of Bedford Resident
6. Resident of Westchester County
7. Employed in Westchester County
8. All Others

INCOME ELIGIBILITY is based on the median income of Town of Bedford employees under the Middle Income Law **or** on the median income for Westchester County under the Affordable Income Law. Income requirements are calculated/updated each year. Current income maximums are available at the Town Supervisor's office at the Town House at 321 Bedford Road, Bedford Hills or the Town's website at: (http://www.bedfordny.info/html/boards_blue_mountain.html)

Application Part Two must be completed, notarized and returned to: Bedford Town Housing Agency
321 Bedford Road
Bedford Hills, NY 10507

Last Name: _____ **First Name:** _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ **Social Security Number:** _____

of Years at Address: _____ Home Phone: _____ Cell: _____

Employer: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

List Name/Relationship of Family Members to Reside in Home:

Name	Relationship

Is any member of the household disabled? _____ If yes, state features needed to make a unit functional: such as no steps, wheelchair access, widened doorways, larger equipped bathroom:

Do you currently own your own home or rent: _____ Renter: Lease Expiration Date: _____

Current full-time The Town of Bedford employee: _____ Department: _____

Active member of a Town of Bedford Fire Dept: _____ Fire House: _____

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Active member of a Town of Bedford Volunteer Ambulance Corp.: _____

Currently employed by or retired from a school in The Town of Bedford (K through 12): _____

If yes, which school _____ from: _____ to: _____

Currently a resident of The Town of Bedford? _____ How long? _____

Relative of a resident of The Town of Bedford? _____ Relationship? _____

Name of Relative: _____

Employed in the Town of Bedford? _____ Where? _____

INCOME: List all sources of income for ALL household members. Use prior year's income.

Care must be taken to include the **entire income** from **all** sources and **all** household members. For income verification, include copies of each household member's most recent Federal Income Tax Return, Schedules, Attachments and W-2 Forms. The Agency reserves the right to request further verification of income if necessary. In addition verification of residency, employment and volunteer affiliation will be required. All information provided will be kept confidential.

All income information must be re-submitted and re-certified annually to the Housing Agency.

Income Source	Applicant	Other Household Member
Wages, Salaries		
Social Security		
Pensions, Annuities		
Interest, Dividends		
Alimony		
Business, Rents		
Dept. of Social Services		
Contributions from Others		
All Other Income		
TOTAL INCOME		
TOTAL Combined Income		

I/we hereby certify all information provided is true and complete and inquiries may be made of other sources for verification. I understand the rules and process of the selection of buyers and renters under the Zoning Ordinance of the Town of Bedford and agree to abide by all applicable ordinances and the determinations of the Town Board or the Town Housing Agency as to priority, determination of qualification and eligibility. I understand that completion of this application does not mean that a home will be offered. **A false statement on the application will be cause for immediate rejection.**

Applicant Signature: **Date:**

Co-Applicant Signature: **Date:**

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Sworn to before me this _____ day of _____ 20_____

Notary