



EAST HAMPTON HOUSING AUTHORITY

Gansett Meadow APPLICATION

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|-----------------------|
| MANAGEMENT NOTES |
| Application No. _____ |
| No. of BR's _____ |
| AMI % _____ |

7/2020

Project Description

Gansett Meadow is a 37 unit, mixed-income, multi-family rental housing property for individuals and families consisting of 12 one, 12 two, 12 three, and 1 four bedroom rental apartments for income levels from below 30% to 90% *Area Median Income*. Eight (8) units will be subsidized under the Community Development Corporation of Long Island's Project Based Voucher Program. Some units are mobility accessible.

Please complete all items listed on this application.
Original applications only - no faxes or emails.
If you need assistance in completing this application
call our office at 631-329-7427.

Mail to:
 East Hampton Housing Authority
 P. O. Box 2106
 East Hampton, NY 11937

Deliver in person to:
 East Hampton Housing Authority
 316 Accabonac Road
 East Hampton, NY 11937

PLEASE PRINT OR TYPE ALL INFORMATION

| | | |
|---|--------|--|
| Name: | | Date: |
| Physical Address: | | Telephone: |
| Town: | State: | Zip: |
| Email: | | |
| Mailing Address (if different than physical address) or check: <input type="radio"/> Same | | Special Needs (developmental, physical, frail elderly) <input type="radio"/> Yes <input type="radio"/> No |

FAMILY COMPOSITON: List all persons who would live in the apartment.
 YOU MUST INCLUDE SOCIAL SECURITY or EMPLOYMENT ID NUMBERS FOR EACH HOUSEHOLD MEMBER.

| First Name | Last Name(s) | Relationship | Gender Identification | Date of Birth mm/dd/yyyy | Gross Annual Income **all sources** | Social Security # |
|------------|--------------|------------------------|-----------------------|--------------------------|-------------------------------------|-------------------|
| 1. | | SELF/HEAD of HOUSEHOLD | | | \$ | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |



****NOTE:** Include ALL INCOME for ALL HOUSEHOLD MEMBERS including minor children. Sources of income include employment wages and self-employment earnings, salary, stipends, grants, family support, SSI, SSD, and SSA, public assistance, pensions, Unemployment Insurance, Child Support, Maintenance/Alimony, disability payments, interest, dividends, commissions, income from assets, regular gifts, annuities, and all other income received.

PREFERENCES:

Check all that apply

| | |
|-----------------------|---|
| <input type="radio"/> | I am currently living, working, or hired to work in Suffolk County |
| <input type="radio"/> | I am currently homeless |
| <input type="radio"/> | I am an active duty or honorably discharged veteran, or a surviving partner of a deceased veteran |
| <input type="radio"/> | I am a victim of domestic violence |
| <input type="radio"/> | I have special developmental or mobility needs, or am frail elderly |

INCOME GUIDELINES: As of 2020 – Income limits are adjusted annually therefore income eligibility is subject to change

| Household Size  | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|---|---|----------|-----------|-----------|-----------|-----------|-----------|-----------|
|  Household Income | AMI = Area Median Income For a 4 person Household 100% AMI = \$126,600/YR | | | | | | | |
| 30% or less of AMI | \$26,610 | \$30,390 | \$34,200 | \$37,980 | \$41,040 | \$44,070 | \$47,100 | \$50,160 |
| 50% or less of AMI | \$44,350 | \$50,650 | \$57,000 | \$63,300 | \$68,400 | \$73,450 | \$78,500 | \$83,600 |
| 60% or less of AMI | \$53,220 | \$60,780 | \$68,400 | \$75,960 | \$82,080 | \$88,140 | \$94,200 | \$100,320 |
| 90% or less of AMI | \$79,830 | \$91,170 | \$102,600 | \$113,940 | \$123,120 | \$132,210 | \$141,300 | \$150,480 |

Are all members of the Household U.S. Citizens or legal residents of the U.S.: YES NO

Are you currently receiving a rent subsidy? YES NO Agency: _____

Have you ever received a rent subsidy? YES NO Agency: _____

If yes, has your subsidy ever been terminated? YES NO Reason: _____

Year terminated: _____ Subsidy Provider / Agency: _____

Do you own real property in the US or elsewhere? YES NO Location: _____

Have you or any adult household member ever been convicted of a crime? Yes † NO

*Criminal checks will be conducted on all household members 18 years and older.

I declare that the statements contained in this application are true and correct and that I have not knowingly nor willfully made false statements, given false information, or omitted information in connection with this application. I also understand that I will be required to submit verification and/or proof to support any or all of the claims I made above.

I hereby consent to credit and criminal checks, and also to third party verification of income and benefits by the East Hampton Housing Authority acting as Agent for Gansett Meadow Managing Member.

| | | |
|--|---------------|---|
| _____ Signature of Head of Household | _____ Date | State of New York } ONLY 1 NOTARIZED SIGNATURE REQUIRED County of Suffolk } Before me this ___ day of ___, 20___ came _____ _____ NOTARY PUBLIC |
| _____ Signature of Other Adult Applicant (optional) | _____ Date | |

NO ONE MAY CHARGE AN APPLICATION FEE FOR GANSETT MEADOW OR AS A CONDITION FOR RECEIVING ASSISTANCE OR IF YOU ARE DETERMINED ELIGIBLE. IF ANYONE ATTEMPTS TO DO SO, PLEASE CALL THE NEW YORK STATE INSPECTOR GENERAL'S OFFICE AT 1-800-367-4448.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

OPTIONAL INFORMATION: YOU ARE NOT REQUIRED TO PROVIDE THE FOLLOWING INFORMATION. We are required by law (Executive Order 12892 Civil Rights Act of 1968, Amended 1988) to request demographic information. You may opt out which will **not affect eligibility in any way**. If you wish to provide this information check as many as apply:

| | | |
|---|---|--|
| <input type="checkbox"/> Choose to not answer | <input type="checkbox"/> Central Asian | <input type="checkbox"/> Non-Hispanic |
| <input type="checkbox"/> African | <input type="checkbox"/> Combination | <input type="checkbox"/> Pacific Islander / Polynesian |
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> Australasian | <input type="checkbox"/> Native Alaskan | <input type="checkbox"/> Western European |
| <input type="checkbox"/> East Asian | <input type="checkbox"/> Native American | <input type="checkbox"/> White |
| <input type="checkbox"/> Eastern European | <input type="checkbox"/> Native Hawai'ian | <input type="checkbox"/> Other: |