



## The Homestead Senior Apartments (AKA Grand Street Senior Apartments)

**76 NEWLY CONSTRUCTED UNITS AT 252 Grand Street, Westbury New Cassel, NY 11590**

**Amenities: Community Room · In-Unit laundry · On-Site Parking**

Age 62 or Over · No Application Fee · No Broker's Fee · Smoke Free Community · No Pets · Fully Equipped Kitchens with Energy Star Appliances · Easy Access to Public Transportation · 24-hour Emergency Maintenance

**Who should apply? Individuals or households who meet the income and household size requirements listed in the table below may apply. Qualified applicants will be required to meet additional selection criteria.**

A percentage of units is set aside for applicants with disabilities: Mobility (6%) or 5 units and Vision/Hearing (2%) or 3 units

### AVAILABLE UNITS AND INCOME REQUIREMENTS

30% AREA MEDIAN INCOME (AMI) UNITS	Unit Size	Monthly Rent <sup>1</sup>	Units Available	Household Size <sup>2</sup>	Annual Household Income <sup>3</sup> (Minimum - Maximum) <sup>4</sup>
	1BR	\$696	21	1 person	\$20,920 - \$26,050
2 people				\$20,920 - \$29,800	
2BR	\$837	5	2 people	\$24,915 - \$29,800	
			3 people	\$24,915 - \$33,500	
			4 people	\$24,915 - \$37,200	
40% AREA MEDIAN INCOME (AMI) UNITS	Unit Size	Monthly Rent <sup>1</sup>	Units Available	Household Size <sup>2</sup>	Annual Household Income <sup>3</sup> (Minimum - Maximum) <sup>4</sup>
	1BR	\$929	2	1 person	\$29,305 - \$34,720
2 people				\$29,305 - \$39,680	
2BR	\$1,116	1	2 people	\$34,960 - \$39,680	
			3 people	\$34,960 - \$44,640	
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	1BR	\$1,161	27	1 person	\$37,660 - \$43,400
2 people				\$37,660 - \$49,600	
2BR	\$1,395	4	2 people	\$45,000 - \$49,600	
			3 people	\$45,000 - \$55,800	
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60% AREA MEDIAN INCOME (AMI) UNITS	Unit Size	Monthly Rent <sup>1</sup>	Units Available	Household Size <sup>2</sup>	Annual Household Income <sup>3</sup> (Minimum - Maximum) <sup>4</sup>
	1BR	\$1,394	10	1 person	\$46,045 - \$52,080
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2BR	\$1,674	6	2 people	\$55,045 - \$59,520	
			3 people	\$55,045 - \$66,960	
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<sup>1</sup>Rent includes water, sewer and refuse removal. Other utilities paid by tenant, however, a utility allowance will be deducted from the above monthly rent.

<sup>2</sup>Household size includes everyone who will live with you. Subject to occupancy criteria.

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<sup>4</sup>Minimum incomes listed may not apply to applicants with Section 8 or other qualifying rental subsidies.

**How do you apply?**

Request an application by mail, phone or email. To request an application **by mail, send a self-addressed stamped envelope to North Hempstead Housing Authority, c/o Karen Estrella, 899 Broadway, Suite 121, Westbury, NY 11590.** To request an application **by phone, call (631) 910-6200 and follow the instructions.** To **download an application, visit [www.cgmrcompliance.com](http://www.cgmrcompliance.com) or email [info@cgmrcompliance.com](mailto:info@cgmrcompliance.com).** Visit [www.NYHousingSearch.gov](http://www.NYHousingSearch.gov) or contact North Hempstead Housing Authority for additional information. Applicants who submit more than one application may be disqualified.

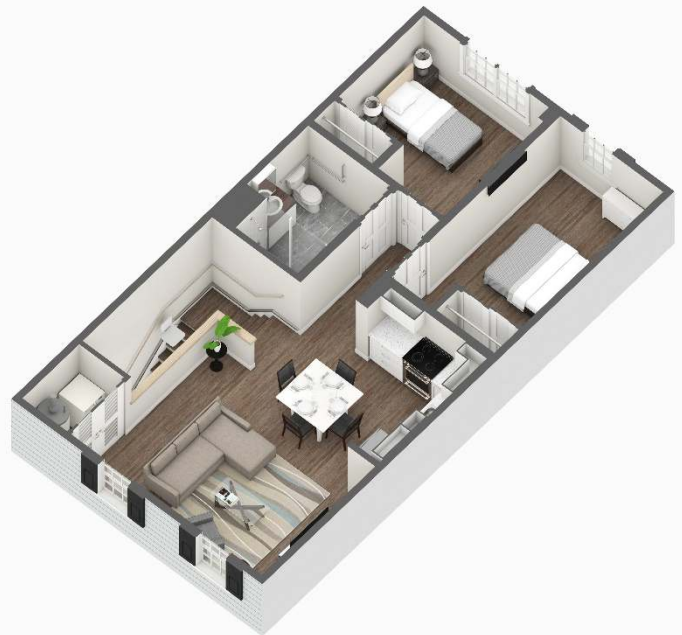
**When is the Deadline?** Applications must be postmarked no later than February 19, 2020. Late applications will not be considered.

A Public Lottery to be held at North Hempstead Housing Authority on February 25, 2020 starting at 11 am.





First Floor One-Bedroom Unit, 508 sq.ft



Second Floor Two-Bedroom Unit, 697 sq.ft.



# APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

PLEASE PRINT CLEARLY

## IMPORTANT:

- **Completed applications must be mailed to: CGMR Compliance Partners, LLC.  
PO Box 440 Wading River, NY 11792**
- **Do NOT send more than one application. Applicants who submit more than one application will be penalized.**
- **Applications mailed to any address other than that listed below will be discarded.**

This is an application for housing at:	<b>Project:</b> The Homestead AKA Grand Street Apartments
	<b>Address:</b> 252 Grand Street Westbury/New Cassel, NY 11590
Please complete this application and return to:	<b>Name:</b> CGMR Compliance Partners
	<b>Address:</b> PO Box 440 Wading River, NY 11792

**An applicant may be interviewed only after the receipt of this tenant application which must be fully completed and signed by all adult members. Please answer every question. Partially completed applications may be disqualified.**

For office use Only

**Date/Time Received:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Eligible Applicants must meet income criteria:**

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## A. GENERAL INFORMATION

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is your preferred method of contact?  Telephone  Email  Mail

Will you or any ADULT household member require a live-in care attendant to live independently?

Describe: \_\_\_\_\_

Do you or any member of your household require specific unit designs such as wheelchair accessibility, visual aids or apparatus for hearing assistance?  Yes  No

Have you or your household been displaced as a result of a storm?  Yes  No

Are you currently residing in property managed by North Hempstead Housing Authority?  Yes  No  
If yes, what is your current unit size? \_\_\_\_\_

Do you have a pet?  Yes  No

## B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS #	Full-Time Student Y/N
Head							
2.							
3.							
4.							

**Optional:**

**Ethnicity:**  Hispanic  Non-Hispanic

**Race:**  American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White  Other

Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution with regular faculty and students?

Yes  No

Do you anticipate any additions to the household in the next twelve months?  YES  NO

If yes, explain:

**Incomplete applications may not be considered**

<b>C. INCOME</b>		
List ALL sources of income as requested below. If a section doesn't apply, <b>cross out</b> or write <b>N/A</b> .		
Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	TANF	\$
	TANF	\$
	Regular payments from a severance package?	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Regular gifts from anyone outside the household?	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount (gross income)</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount (gross income)</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount (gross income)</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Self-Employment amount</b>	\$
	Description:	
	How long has applicant been self-employed doing this work?	
	<b>Alimony</b>	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income (lottery winnings, etc.)</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$

Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, explain:</b>		
.....		
.....		
.....		

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Accounts	#	Bank	Balance \$
IRA Accounts	#	Where?	Balance \$
Certificates of Deposit	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
401(k)/403 (b) Retirement Accounts	#	Where?	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$

Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$



Investment Property	Appraised Value \$
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Real Estate (home, land, camp, mobile home, etc.): <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes,</i></b> Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes,</i></b> Type of property	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Has anyone in the household disposed of any other assets in the last 2 years (Example: Given away money, sold property to a relative for less than fair market value, set up Irrevocable Trust Accounts, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes,</i></b> describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above or are you holding jewelry, coins, stamps, etc. as an investment (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes, please list:</i></b>	

<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		

Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION		
Current Landlord (If Applicable)	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Personal Reference #1:		
Address:		
Relationship:		Phone #:

**CERTIFICATION**

I/We hereby certify that I do/we will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further consent to have the Owner verify all of the information contained in this Rental Application as well as my/our credit, landlord and personal references.

**All adult applicants, 18 or older, must sign application.**

SIGNATURE (S):

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date



**Preliminary RENTAL Application Instructions for Grand Street Apartments.**  
**Please read this notice in full before completing your application**

**Eligibility Criteria**

1. Applicants must be at least 18 years of age and must be able to execute a lease.
2. All members of the household must be aged 62 or older.
3. No pets permitted.
4. Must meet income guidelines as per household size:

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**5. INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.**

6. 1 and 2 bedroom units available for individuals, couples and small families.
7. Your total household income and assets must be within the required limits.

**Include as Income:** For ALL household members age 18 and older: gross income from employment including overtime; bonuses and commissions; pensions; annuities; dividends; interest on assets; social security; social security supplement; alimony and child support; veterans' benefits; unemployment and disability compensation; welfare assistance; regular gifts; etc.

**Include as Assets:** The current value of all savings, checking and investment accounts (including retirement and educational accounts), real estate, investment property etc. (Do not include the value of automobile(s) and other personal property.)

8. Your household size and composition must be appropriate for the unit size.
9. You have not committed any fraud in connection with any federal or state housing assistance program.
10. You intend to reside in the development as your primary residence.

**Application Process**

1. You must fill out the application completely and it must be returned to the address indicated on the application. Applications mailed to addresses other than the indicated address will be disqualified. If **unsigned or incomplete**, your application may not be considered.
2. Information provide on this Preliminary Application will be treated as confidential. All information provided will be verified. If you have intentionally falsified information, your application will be rejected.
3. CGMR Compliance Partners will conduct a background and credit check for all applicants. You have the right to review and contest the results of the background check and/or present evidence of rehabilitation if your application is denied due to criminal history.
4. Your household can file only one application, and no household member can appear on more than one application. If you file multiple applications, your application will not be considered.
5. Priority for the accessible units will be for individuals and families which require physical accommodations.
6. If you are disabled and require an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing, or a reasonable accommodation of rules, policies, practices or services, please include a letter from your primary health care provider explaining such special requirements.
7. If your application number has been chosen, you will be required to attend an interview and complete a full application packet in order to complete your application.

*It is unlawful to discriminate against any person because of race, color, religion, familial status, age, sex, sexual orientation, handicap, veteran's status, national origin or ancestry.*



## WHAT TO BRING TO YOUR INTERVIEW

### Records of Employment Income

- Pay stubs and information on current rate of pay and overtime pay.
- Information about any changes you expect in your pay or hours during the next 12 months.
- Information on other types of income you expect to receive in the next 12 months from tips, commissions, or other employment sources.

### Records of Other Income

- Pensions and annuities (latest check stub from the issuing institution)
- Social Security (current award letter)
- Unemployment compensation (determination letter or latest check stub)
- SSI (award letter)
- TANF (award letter, recent check stub)
- Worker's Compensation (Form DOL 203, recent check stub)
- Alimony and/or Child Support (copy of court order)
- Education scholarships, grants and/or stipends (award letter)
- Trade union benefits (recent check stub)
- Other public assistance (award letter)
- Income from assets (credit union, bank statements, etc.)
- Regular support from family members or friends
- VA benefits

### Asset Information

- Last 6-months bank statements for all bank accounts (savings, checking, CDs, Christmas Club, IRAs, and other accounts).
- Name, address, account numbers, and statements on value of any stocks, bonds, trusts, life insurance, 401(k) plans, or other investments.
- Information about any assets you have sold or given away within the past two years.

### Records of Family Circumstances/Family Composition/Allowances

- Birth Certificate
- Social Security Card
- Driver's license or state issued photo I.D.

