



IFCA Housing Network



VILLAGE SET-ASIDES

Info

IFCA Housing Network Contracts with the Village of Ossining to manage affordable units. To qualify for these units applicants must meet certain income levels. IFCA manages these units for participating landlords. Much care is taken to ensure everyone who walks through our door is treated with respect. Housing is a human right and we are thankful for these partnerships so that people have a safe, decent place to call home. Available apartment sizes are one-bedroom, two-bedroom, and three-bedroom apartments, four-bedroom.

Properties

Village set-aside properties are located in Ossining, NY

5 Brandeth St. (Studio)

14 Church St. (3 BDRM)

47 Spring St. (1 BDRM)

97 Main St. (1 BDRM)

105 - 107 Croton (1&2 BDRM)

147 - 155 Main Street(1&2 BDRM)

Harbor Square (Studio,1,2)

To Apply

Applications are accepted on a rolling basis

IFCA Housing Network

138 Spring Street

Ossining, NY 10562,

Office: 914-941-5252

Completed applications may be hand-delivered or dropped in our drop box at the IFCA office, emailed, mailed or faxed

Fax: 914-941-7392

Online at www.ifcany.org

Digital applications can be emailed info@ifcany.org

What You'll Need

- > Last 3 months' paystubs for all in household
- If self-employment provide your full tax return profit/loss statement
- > Most recent tax return & W2 for ALL household members
- > 3 months' most recent bank and investment statements for ALL household members
 - > Award letters for any other form of income such as SSI Disability, Social Security, Alimony/ Child Support, unemployment, Workers Comp, Welfare
- > If you receive a rent subsidy, bring a copy of your voucher

***Please contact IFCA annually to ensure your application is up to date. Applications are only valid for two years.**

Village of Ossining
Affordable Housing
Program:

14 Church Street

APPLICATION FOR RESIDENCY IFCA Housing Network

Application Deadline:

**FIRST COME
FIRST SERVED**



Date: _____

Personal Information:

Primary Applicant

First Name _____ Middle Initial _____ Last Name _____

Last Name Suffix (Jr., Sr., etc.) _____ Former Last Name (maiden, married) _____

Social Security Number (SSN) _____ Date of Birth _____

No SSN, are you in the U.S. on a Visa? _____ Yes _____ No

Driver's License No. _____ State _____

Driver's License/Visa Exp. Date _____

Phone (____) _____ Email Address _____

Household Status (circle one): Single
Married/Partner
Married/Partner w/Children
Single w/Children
Roommates

Co-Applicant (Any adult household member (18 years +))

First Name _____ Middle Initial _____ Last Name _____

Last Name Suffix (Jr., Sr., etc.) _____ Former Last Name (maiden, married) _____

Social Security Number (SSN) _____ Date of Birth _____

No SSN, are you in the U.S. on a Visa? _____ Yes _____ No

Driver's License No. _____ State _____

Driver's License/Visa Exp. Date _____

Phone Number _____

Household Information:

[] Only Primary Applicant

Please list additional household members

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

Current Residence Information:

[] Same for all members of household

Street Address _____ Suite or Apt. _____

City _____ State _____ Zip Code _____

Country _____

Current Landlord Info

Name of Apartment Community or Mortgage Co. _____

Type (circle one) Rent Own Other _____

Dates of Residency: From _____ To _____

Management Office Contact Name: _____

Management Office Contact Phone: _____

Monthly Payment _____

Do you have a rent subsidy? () Yes () No

If yes, please indicate type: () Section 8 Voucher () CVR () Other: _____

Reason For Moving:

Emergency Information:

First Name (not an occupant) _____ Middle Initial _____

Last Name _____ Relationship _____

Current Street Address _____ Suite or Apt. _____

City _____ State _____ Zip Code _____

Phone (____) _____ Type (circle one) Cell Home Work

Vehicle Information:

Your Vehicle Make/Model _____ Color _____

License Plate No. _____ State _____

Second Vehicle Make/Model _____ Color _____

License Plate No. _____ State _____

Other Vehicles: _____

Pet Information:

Do You Own Any Pets? _____ Yes _____ No

Do You Have Any Service Animals? _____ Yes _____ No

If Yes, How Many? _____ Type _____ Breed _____ Weight _____

Name _____

Eviction/Conviction Information:

Have you ever been evicted or asked to move out? _____ Yes _____ No

If Yes, Explain

Have You Ever Been Convicted of, or Pleaded Guilty or "No Contest" to, a Misdemeanor or Felony?

_____ Yes _____ No

If yes, When _____ What State _____ Explain:

Bankruptcy:

Have you ever filed for bankruptcy?

Applicant _____ Yes _____ No Date _____

Co- Applicant _____ Yes _____ No Date _____

Additional Income:

INCOME taxable and tax-exempt-monthly	Primary Applicant	Co-Applicant
Secondary source of Wages and Tips		
Investment Interest (include tax-exempt)		
Dividends		
Social Security/Pension		
SSI Disability		
Unemployment Insurance		
Veterans Benefits		
Trust Funds		
Insurance proceeds		
Alimony/Child support		
All other Income		
TOTAL INCOME	\$	\$

Total Household Assets:

ALL ASSETS	Primary Applicant	Co-Applicant
Savings Accounts		
Checking Accounts		
Mutual Funds, IRA, 401(k)s, trusts, and/or Annuities, Life Insurance		
Stocks & Bonds		
Real Estate		
All Other Assets		
TOTAL ASSETS	\$	\$

Note: After the application is processed, this entire page will be securely shredded except when prohibited by law. Additional Documentation will be requested to confirm household income.

CERTIFICATION:

I/We certify that all information contained herein is true. Material Falsification of information provided may result in the rejection of this application or in the termination of the lease agreement.

By submission of this application, I/We hereby authorize IFCA Housing Network or its agents to make such investigations into my credit, employment, rental and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing of this information.

CONSUMER CREDIT INFORMATION:

I/We hereby authorize IFCA Housing Network 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 the 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, with a reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Signature of Primary Applicant

_____/_____/_____
Date

Signature of Co-Applicant

_____/_____/_____
Date

Please note: This housing service is provided free of charge. Absolutely no payment, gratuity or favors will be accepted in return for the services rendered. Incomplete applications will not be processed. Applications will be kept on file for 6 months. It is your responsibility to renew your application if you choose.

FOR OFFICE USE ONLY:

Approved/Declined By _____ Approval/Declined Date _____