



Harbor Square, Ossining, New York

Apartment Features: 1 and 2 bedroom units, many with separate studies. Euro-style kitchen cabinetry with Whirlpool stainless steel appliances, quartz countertops, and island breakfast bar. Wood laminate floors in living area. Premium carpet in bedrooms. Walk-in closets. Washer & Dryer in unit. One outdoor parking space per unit. The building complies with ANSI 117.1 and the New York State Building Code, the Americans with Disabilities Act, the Federal Fair Housing Act, and the County of Westchester's Universal Design requirements and standards.

Amenities: Fee provides access to all amenities, including rooftop club lounge, roof top pool, spa and fitness center. Harbor Square is located in the historic Village of Ossining, the units are near Bee-Line Bus routes to White Plains and next to Metro North trains to New York City. Shopping, post office, library, waterfront parks and recreation nearby.

How to Apply: Print and fill out the application below. Completed applications may be mailed, emailed (to info@ifcany.org), faxed (914-941-7392), or hand delivered to IFCA. Address: IFCA, 138 Spring St. Ossining, NY 10562.

Applications will be time and date stamped at IFCA, and **qualified** applicants will be considered on the **FIRST COME, FIRST SERVE BASIS**. **Incomplete applications will not be considered**. These apartments are made available through the **Village of Ossining's Affordable Housing Program**.

Questions? Please call IFCA at (914) 488-5654.



Work Force Housing Program Application For Rental

**Applicant Information:**

Applicant Name: _____ Phone Number: _____
 Address: _____ Email: _____

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

Landlord Information:

Name of Landlord: _____ Phone Number: _____
 Address: _____ Dates of Residency: From: _____ To: _____
 _____ Circle One: Rent Own Other _____

Monthly Rent: _____ Do you have a Rent Subsidy: Yes or No
 Type of Rent Subsidy: _____
 Reason for Moving: _____

Do you own any pets? Yes _____ No _____ Do you have any service animals? Yes _____ No _____
 If Yes, How many? _____ Type _____ Breed _____ Weight _____ Name _____

Vehicle Make/Model _____ Color _____ License Plate No. _____
 State _____

List all persons, including yourself, to occupy the premises:

FULL NAME	DATE OF BIRTH	Social Security Number	Relationship To Applicant
			SELF

Check what bedroom size you would like to be considered for:

STUDIO 1 BEDROOM 2 BEDROOM

Please indicate if you are requesting a unit with special accommodations for any member of your household due to a:

MOBILITY VISUAL HEARING DISABILITY

Income Questionnaire:

Monthly Gross

Co Applicant

Sources of Income

Income

	Income			
I/We am/are self employed	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$
I/We have a job and receive wages, overtime, commissions, tips or bonuses	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$
I/We receive cash contributions	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$
I/We receive unemployment benefits	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$
I/We receive social security payments	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$
I/We receive disability or death benefits other than social security	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$
I/We receive public assistance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$
I/We are currently receiving child support payments	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$
I/We receive alimony payments	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$
I/We receive student financial assistance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$
I/We receive periodic payments from trusts, inheritance, retirement funds, pensions or lottery winnings	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$
I/We receive income from real or personal property	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$	\$

Income Questionnaire:

Sources of Assets

Cash Value

I/We have a checking account	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
I/We have a savings account	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
I/We have a revocable trust	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
I/We own real estate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
I/We own stocks, bonds or treasury bills	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
I/We have certificate of deposits or money market accounts	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
I/We have IRA, 401K, 403b or other retirement accounts	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
I/We have a whole life insurance policy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$

I/We receive benefit payments added directly to a debit card	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
I/We have cash on hand	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
I/We have donated, sold, or given away cash or assets in the past 2 years	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
I/We have income from assets or sources not listed above	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$

Student Status Information

I/ We are students	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are all members of your household full time students?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Were all members of your household full time students in the previous 5 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will all members of your household be full time students in the next 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Additional Income Question:

Do you receive bonuses? Yes/No If Yes how much?

When is your next bonus expected?

PLEASE READ CAREFULLY AND SIGN BELOW

You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain verification of the information disclosed. You and all occupants hereby release from all liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of the application, termination of right of occupancy and or forfeiting of all fees or deposits. **I have read and agreed to the provisions as stated.**

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____