



# *Village of* **Sleepy Hollow** *New York*

## CONTACT INFORMATION & RESIDENCY

Provide name, address telephone number and e-mail of person principally responsible for this application:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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## PREFERENCES

(Select all that apply)

- Village of Sleepy Hollow Emergency Service Volunteer**  
(Must have accrued 50 Length of Service Award Program ("LOSAP") points for the current or prior year)
- Village of Sleepy Hollow Employee**  
(Must be employed by Village for at least one year prior)
- Senior Citizen who currently resides in Sleepy Hollow**  
(Persons who are 62 years or older must reside in Sleepy Hollow for at least a year prior to application)
- Individual who works in Sleepy Hollow**  
(Must be employed for at least one year prior)
- Senior Citizen parent(s) of Sleepy Hollow Resident**  
(Must be a person 62 years or older with a child residing in Sleepy Hollow for at least a year prior to application)



**OTHER OCCUPANTS OF THE UNIT**

(Print extras as needed)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Salary/Wages: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_  
(Alimony, Child Support, Social Security, Pension, etc. You must submit documentation of Other Income).

Student:  Yes  No

Enrollment Status:  Full-Time  Less than full-time

Retired:  Yes  No

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**OTHER OCCUPANTS OF THE UNIT**

(Print extras as needed)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Salary/Wages: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_  
(Alimony, Child Support, Social Security, Pension, etc. You must submit documentation of Other Income).

Student:  Yes  No

Enrollment Status:  Full-Time  Less than full-time

Retired:  Yes  No



*Village of*  
**Sleepy Hollow**  
*New York*

**SENIOR CITIZEN PARENT(S)**  
**OF SLEEPY HOLLOW RESIDENT**  
**VERIFICATION FORM**

(Fill out if needed- This page MUST be Notarized below)

\_\_\_\_\_, being duly sworn, affirms the following is true:  
(First Name) (Last Name)

Child's Name: \_\_\_\_\_  
(First Name) (Last Name)

Child's Address: \_\_\_\_\_  
(Must be Sleepy Hollow Address)

Applicant's Name: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF WESTCHESTER ) ss.:

On the \_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, a notary public in and for said state, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public Sign



*Village of*  
**Sleepy Hollow**  
*New York*

**EMPLOYMENT VERIFICATION FORM**

(This page **MUST** be Notarized below)

\_\_\_\_\_, being duly sworn, affirms the following is true:  
(First Name) (Last Name)

Employer's Name: \_\_\_\_\_  
\_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(Must be Sleepy Hollow Address)

Applicant's Name: \_\_\_\_\_

Applicant's Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

STATE OF NEW YORK )  
COUNTY OF WESTCHESTER ) ss.:

On the \_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the undersigned, a notary public in and for said state, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public Sign

## SUPPORTING DOCUMENTATION

The following documentation to be submitted for each person 18 years and older who will reside in the dwelling unit:

1. Federal and State Income Tax Returns
2. Copy of forms reporting unearned income (child support, alimony, SSI, SSD, investment income, dividends, etc.)
3. Copy of most recent bank statement
4. Copies of last four (4) pay check stubs
5. Copy of Pension Award statement, if applicable
6. Copy of Social Security Statement, if applicable
7. Employment Verification Form (see attachment)
8. Enrollment verification from an accredited college or university for all full time students (a student is full time when 12 or more credits are taken in a single semester)
9. Birth certificate for seniors
10. **Verification regarding applicable standards (e.g. L.O.S.A.P. points, employment dates, residency dates, employment dates).**

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## CERTIFICATION

I/We certify that this information is complete and accurate. I/We agree to provide, upon request, documentation on all income sources to the affordable housing unit program.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**All statements are subject to verification. Misrepresentations or false statements may constitute cause for disqualification or eviction from the affordable housing unit program. Pursuant to NY Penal Law Section 210.45, it is a crime punishable as a class "a" misdemeanor to knowingly make a false statement herein.**

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## SUBMISSION

Applications may be submitted by any of the following means: (Questions? Call: (914) 366-5106)

**Mail or Drop off at:**

Village of Sleepy Hollow  
Village Hall – Clerk’s Office  
28 Beekman Avenue, Sleepy Hollow NY 10591

