

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: _____ Home Phone: _____ Email address: **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) П 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) П 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)

OCCUPANCY, EMPLOYMENT AND INCOME

- 1. List the name, relationship, and date of birth for all persons who will reside in the affordable housing unit.
- 2. Provide employment information for each person 18 years or older.
- 3. Provide the gross annual income for all persons 18 years or older who will reside in the unit, including students. NOTE: Student income for full time students will not be considered for purposes of determining income eligibility.
- 4. List annual salary/wages separately from other income such as alimony, child support, SSI, SSD, pension, investment income, dividends, etc.
- 5. Provide enrollment status for any students living in the affordable housing unit. (A student is considered full time if 12 or more credits are taken in a single semester).

APPLICANT INFORMATION

Name:			DOB:
Employer:			
Employer Address	s:		
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:	\Box_{Ves}		\prod_{N_0}

OTHER OCCUPANTS OF THE UNIT (Print extras as needed)

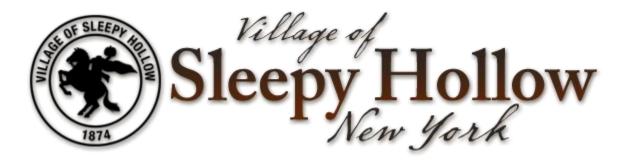
Name:			DOB:	Relationship:	
Employer:					
City:		State: _		Zip Code:	
Salary/Wages: \$_		-	(Alimony, Ch	: \$ild Support, Social Security, You must submit documentation of ae).	
Student:	Yes		□ No		
Enrollment Status:	☐ Full-Time		☐ Less than full-time		
Retired:	□Yes		□No		
Name:		(Prin	t extras as ne	OF THE UNIT eeded) Relationship:	
				Kelationship.	
City:					
Salary/Wages: \$_		_		ild Support, Social Security, You must submit documentation of	
Student:	☐ Yes		□ No		
Enrollment Status:	☐ Full-Time		Less than t	full-time	
Retired:	□Yes		\square No		



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

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

		sworn, affirms the following is true:
(First Name) (Last 1	Name)	
Child's Name:		
Child's Name: (First Name)	(Last Name)	· · · · · · · · · · · · · · · · · · ·
Child's Address: (Must be Sleepy F	X 11	
(Must be Sleepy F	Iollow Address)	
Applicant's Name:		_
Applicant's Telephone Number:		
	a.	
	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 known to me or proved		
		thin instrument and acknowledged to pacity(ies), and that by his/her/their
signature(s) on the instrument, the		
individual(s) acted, executed the in		ason upon conun or winon one
		Notary Public Sign



EMPLOYMENT VERIFICATION FORM

(This page MUST be Notarized below)

	, being duly sv	vorn, affirms the following is true:
(Last Name)		
Must be Sleepy Hollow	Address)	
ımher		
S	Signature:	
17		
K) HESTER) ss.:		
,		
of in the	e year	_before me, the undersigned, a
• •		otory avidance to be the
-	s), or the person	upon behalf of which the
cuted the instrument.		
	Mataux Da	hlia Cian
	(Last Name) Must be Sleepy Hollow mber: K) HESTER) ss.: of in the said state, personally cor proved to me on the ne(s) is (are) subscribe cuted the same in his/lease.	(Last Name) Must be Sleepy Hollow Address) Imber: Signature: Signature: of in the year said state, personally appeared e or proved to me on the basis of satisfane(s) is (are) subscribed to the within in cuted the same in his/her/their capacity ument, the individual(s), or the person

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).

CERTIFICATION

I/We certify that this information is com	plete and accurate.	. I/We agree to prov	vide, upon request,
documentation on all income sources to	the affordable hou	sing 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.

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