

Murphy Manor Apartments

c/o Rockland Housing Action Coalition, Inc.

120-126 North Main Street

Annex – First Floor

New City, NY 10956

Tel. (845) 708 5799

Fax (845) 708 5798

Dear Prospective Tenant:

The Rockland Housing Action Coalition, Inc. (RHAC) proudly presents Murphy Manor Apartments, a family rental community, located at 45 South Route 9W in the Village of Haverstraw in Rockland County.

This spacious 26 unit rental complex was specifically designed for families who meet certain income eligibility requirements. Each apartment has a modern kitchen, featuring a frost free refrigerator, dishwasher, oven, an attractive full bathroom, numerous closets and wall to wall carpeting.

Murphy Manor Apartments is a modern four story building, which includes a community room and a kitchen that is available for residents use for various social activities and holiday parties. All of the apartments are handicapped accessible with onsite parking. In addition, a play area will be next to the building. Murphy Manor Apartments, situated in a central location, is convenient to shopping, parks, schools, places of worship and transportation.

We currently do not have any vacancies. We would be happy to add you to our waitlist, and contact you when an apartment becomes available. Enclosed you will find an application for residency at Murphy Manor Apartments. When you have completed the application, please return it to us at the following address:

Rockland Housing Action Coalition, Inc.
120-126 North Main Street
Annex – First Floor
New City, NY 10956

For more details about Murphy Manor Apartments, please call our office at (845) 708 5799.

Sincerely,

Michelle Torello

Property Manager



Equal Housing Opportunity

APPLICATION FOR MURPHY MANOR APARTMENTS
c/o Rockland Housing Action Coalition, Inc.
120-126 North Main Street
Annex- First Floor
New City, NY 10956
Telephone (845) 708 5799
Fax (845) 708 5798

1. HOUSEHOLD INFORMATION

List the number of household members that will be living in the apartment: _____

#1 HOUSEHOLD HEAD

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

#3 OTHER HOUSEHOLD MEMBER

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

#5 OTHER HOUSEHOLD MEMBERS

Name: _____

Name: _____

#2 SPOUSE OR OTHER APPLICANT

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

#4 OTHER HOUSEHOLD MEMBER

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

2. EMPLOYMENT HISTORY

HOUSEHOLD HEAD

Name of Current Employer:

Address: _____

Telephone Number: _____

Gross paycheck amount (before deductions)

\$ _____

____ Weekly Paycheck ____ Biweekly Paycheck

SPOUSE OR OTHER APPLICANT

Name of Current Employer:

Address: _____

Telephone Number: _____

Gross paycheck amount (before deductions)

\$ _____

____ Weekly Paycheck ____ Biweekly Paycheck

2. EMPLOYMENT HISTORY (continued)

If less than two years at present place of employment, please list previous employment history

Name and Address of Previous Employer: _____

Name and Address of Previous Employer _____

HOUSEHOLD HEAD

SPOUSE OR OTHER APPLICANT

Number of years employed: _____

Number of years employed: _____

3. OTHER INCOME (List monthly amount for each person)

Self Employment Income \$ _____

Social Security \$ _____

Pension \$ _____

Other Income \$ _____

4. ASSETS

List all sources of income for each household member that will be living in this apartment. Please indicate overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child support, pension, social security benefits, etc.

Checking Account Number	Bank Name	Average Balance	Account Holder
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Savings Account Number	Bank Name	Average Balance	Account Holder
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Certificate of Deposit Balance \$ _____ Bank Name _____

Stocks and Bonds \$ _____ Bank Name _____

401K \$ _____

Other Assets \$ _____

5. HOUSING INFORMATION

Do you own or rent at your current address _____ Own _____ Rent

Have you ever owned real estate? If yes, when? _____

If you are renting, are you presently receiving a Section 8 subsidy? _____ Yes _____ No

If you have rented an apartment during the past TWO years, please complete the following section:

5. HOUSING INFORMATION (continued)

Current Landlord's Name/Address/Phone #	Your address	Dates From: To:
Name: _____	_____	_____
Address: _____	_____	Amount Paid: _____
_____	_____	

Phone #: _____		

Previous Landlord's Name/Address/Phone #	Your address	Dates From: To:
Name: _____	_____	_____
Address: _____	_____	Amount Paid: _____
_____	_____	
_____	*	
Phone #: _____		

Do you have a car? _____ Yes _____ No If yes, how many? _____

Do you have any pets? _____ Yes _____ No _____ If yes, please list all pets _____

How did you hear about this development? _____

6. LETTER OF UNDERSTANDING

I (we) understand that the monthly rental amounts are subject to change, although every effort will be made to keep the actual rent amount as close as possible to the figures listed on the cover letter.

I (we) grant permission for the development/marketing/management team for Murphy Manor Apartments to exchange credit and financial information about me (us) with others. You may request a credit report on me (us) and, if asked, you will tell me (us) the name and address of the consumer reporting agency that furnished it.

I (we) understand and certify that all information contained in this application is true and correct to the best of my (our) knowledge.

I (we) understand that all information provided on this form will be kept confidential, and only persons involved in administering this program will have access to this information.

Household head signature

Date

Spouse or other application signature

Date

**Income Limits per Unit Size:
As published by HUD for the year 2010
Rockland County Area Median: \$101,600**

40% of the Area Median Income Only: (one studio apartment)

<u>UNIT SIZE RENT</u>	<u>MINIMUM INCOME</u>	<u>MAXIMUM INCOME*</u>	<u>MONTHLY</u>
Studio 1 Person:	\$ 16,000	\$ 28,480	\$ 500
Studio 2 Persons	16,000	32,520	500

40% of the Area Median Income Only: (11 two bedroom units)

<u>UNIT SIZE RENT</u>	<u>MINIMUM INCOME</u>	<u>MAXIMUM INCOME*</u>	<u>MONTHLY</u>
2 Bedroom 2 Persons:	22,000	32,520	640
2 Bedroom 3 Persons:	22,000	36,600	640
2 Bedroom 4 Persons:	22,000	40,640	640

50% of the Area Median Income Only: (10 two bedroom units)

2 Bedroom 2 Persons:	24,500	40,650	715
2 Bedroom 3 Persons	24,500	45,750	715
2 Bedroom 4 Persons:	24,500	50,800	715

50% of the Area Median Income Only: (4 two bedroom units)

2 Bedroom 2 Persons:	30,000	40,650	875
2 Bedroom 3 Persons	30,000	45,750	875
2 Bedroom 4 Persons:	30,000	50,800	875

*The maximum incomes are subject to change annually and are based upon the area median income as determined by the Department of Housing and Urban Development (HUD)

YOU MUST SEND THE FOLLOWING:

ASSET SOURCES

- | | |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| IF YOU HAVE A CHECKING ACCOUNT | * Six months of most recent checking statements |
| IF YOU HAVE A SAVINGS ACCOUNT | * Passbook or account statement |
| IF YOU HAVE A MONEY MARKET ACCOUNT | * Latest statement of account |
| IF YOU HAVE ANY STOCKS, BONDS | * Statements showing value of stocks or bonds and earnings credited to you |
| IF YOU RECEIVE INCOME FROM A TRUST | * Documentation verifying income received from trust |
| IF YOU RECEIVE A PENSION | * Documentation verifying income received from pension |
| IF YOU HAVE A 401K PROGRAM | * Documentation verifying contributions and present amount in 401K program |

INCOME SOURCES

- | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| IF EMPLOYED YOU MUST SEND | * Paycheck stubs for 1 month
Most Recent Federal Income Tax return |
| IF RECEIVING SOCIAL SECURITY OR SUPPLEMENTAL SECURITY INCOME | * Most Recent Award or benefit notification letter |
| IF RECEIVING WELFARE (AFDC) | * Most Recent Award/Budget Letter |
| IF RECEIVING ALIMONY OR CHILD SUPPORT | * Copy of Separation or Settlement agreement stating the amount and type of support and payment schedules |
| IF RECEIVING DISABILITY INSURANCE, COMPENSATION OR SEVERANCE PAY | * Most Recent Payment stub or WORKMAN'S verification letter |
| IF RECEIVING PENSION PAYMENTS | * Most Recent Award letter/payment stub |
| IF RECEIVING VETERAN'S BENEFITS | * Most Recent Award letter |
| IF RECEIVING ANY OTHER FORM OF PERIODIC INCOME | * Verification of type of income |