



## Nyack Point Apartments

c/o Rockland Housing Action Coalition, Inc.

475 Route 304 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 Nyack Point Apartments, a brand new family rental community, located at 263 Main Street in the Village of Nyack in Rockland County.

This spacious 33 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, oven, an attractive full bathroom, numerous closets and wall to wall carpeting.

Nyack Point Apartments consists of a modern three 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 adaptable with onsite parking. Nyack Point Family Apartments, situated in a central location, is convenient to shopping, parks, schools, places of worship and public transportation.

Because we think it's very important to provide high quality rentals that are affordable, the rent for a one bedroom apartment range \$442 to \$720. The rents for a 2 bedroom apartment will range from \$520 to \$895. We are able to provide high quality affordable rental housing, because we've obtained tax credits from the New York State Division of Housing and Community Renewal and other financing through the New York State Housing Trust Fund Corporation and the Federal Home Loan Bank of New York.

Enclosed you will find an application for residency at Nyack Point Apartments 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.

Please mail the completed application to the following address:

Rockland Housing Action Coalition, Inc.  
475 Route 304, 1st Floor  
New City, NY 10956

For more details about Nyack Point Apartments, please call our office at 845-659-4303.

Sincerely,

*Jason Jennings*

Jason Jennings, Property Manager  
Nyack Point Apartments

**RENTAL APPLICATION FOR NYACK POINT APARTMENTS**

**c/o Rockland Housing Action Coalition, Inc.**

**475 Route 304, First Floor**

**New City, NY 10956**

**Telephone (845) 659 4303**

**Fax (845) 708 5798**



Date of Application: \_\_\_\_\_

Date Desired: \_\_\_\_\_

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

Number of bedrooms requested: \_\_\_\_\_ 1 bedroom. \_\_\_\_\_ 2 bedroom

**1. HOUSEHOLD INFORMATION**

**#1 HOUSEHOLD HEAD**

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student: \_\_\_\_\_ Yes \_\_\_\_\_ No

**#2 SPOUSE OR OTHER APPLICANT**

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

**#4 OTHER HOUSEHOLD MEMBER**

Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student: \_\_\_\_\_ Yes \_\_\_\_\_ No

**#5 OTHER HOUSEHOLD MEMBERS**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**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

**NYACK POINT APARTMENTS RENTAL APPLICATION**

**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/Disability \$ \_\_\_\_\_

Pension/Stocks and Bonds \$ \_\_\_\_\_

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

# NYACK POINT APARTMENTS RENTAL APPLICATION

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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### DEMOGRAPHIC INFORMATION:

All information we are requesting below is strictly voluntary. This information will be provided to the United States Census Bureau to help them track various migration patterns.

Borrower: Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Disabled? \_\_\_\_\_

Co-Borrower: Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Disabled? \_\_\_\_\_

Family Size: \_\_\_\_\_ Preferred Language \_\_\_\_\_

### Your Ethnicity:

- Hispanic
- Non-Hispanic

### Your Race: (Check one only)

- American Indian / Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- American Indian or Alaska Native **and** White
- Asian **and** White
- Black or African American **and** White
- American Indian or Alaska Native **and** Black or African American
- Other Multiple Race

**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 Nyack Point 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) grant permission for the development/marketing/management team to request a criminal background check.

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

\_\_\_\_\_  
Spouse or other application signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE NOTE: THERE WILL BE NO PETS ALLOWED IN THE BUILDING**  
**NYACK POINT APARTMENTS IS A NO SMOKING BUILDING**

**Income Limits per Unit Size:  
As published by HUD for the year 2016  
Rockland County Area Median: \$100,600**

**40% of the Area Median Income Only: (2 one bedroom apartments)**

<b><u>UNIT SIZE RENT</u></b>	<b><u>MINIMUM INCOME</u></b>	<b><u>MAXIMUM INCOME*</u></b>	<b><u>MONTHLY RENT</u></b>
<b>1 Bedroom</b> 1 Person:	\$ 16,000	\$ 28,200	\$ 442
<b>1 Bedroom</b> 2 Persons	16,000	32,200	442

**50% of the Area Median Income Only: (6 one bedroom units)**

<b><u>UNIT SIZE RENT</u></b>	<b><u>MINIMUM INCOME</u></b>	<b><u>MAXIMUM INCOME*</u></b>	<b><u>MONTHLY RENT</u></b>
<b>1 Bedroom</b> 1 Persons:	26,000	35,250	720
<b>1 Bedroom</b> 2 Persons:	26,000	40,250	720

**40% of the Area Median Income Only: (2 two bedroom units)**

<b>2 Bedroom</b> 2 Persons:	20,500	32,200	520
<b>2 Bedroom</b> 3 Persons	20,500	36,240	520
<b>2 Bedroom</b> 4 Persons:	20,500	40,240	520

**50% of the Area Median Income Only: (6 two bedroom units)**

<b>2 Bedroom</b> 2 Persons:	34,000	40,250	895
<b>2 Bedroom</b> 3 Persons	34,000	45,300	895
<b>2 Bedroom</b> 4 Persons:	34,000	50,300	895

\*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 DOCUMENTS:**

### **INCOME SOURCES**

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

### **ASSET SOURCES**

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

## NYACK POINT APARTMENTS

### NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMAN ACT

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the National Housing Trust Fund (HTF) or Low Income Housing Tax Credit (LIHTC) programs are in compliance with VAWA.

#### Protections for Applicants

If you other qualify for assistance HTF or LIHTC, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

#### Protections for Tenants

If you re receiving assistance under HTF or LIHTC, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or staking by a member of your household or any guest, you may not be denied occupancy rights under HTF or LIHTC solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

For applicants/tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may call the 24 hour hotline at (845) 634 3344, at the Center for Safety and Change located at 9 Johnsons Lane, New City, New York 10956.

#### CRIMINAL APPEAL PROCESS FOR A PREVIOUS CONVICTION

An applicant may be rejected if he/she is found to have an ineligible level of income, a credit report showing history of late payments on rent or default on other debt obligations, bankruptcy within the last 3 years, adverse reference information from a current or previous landlord and/or criminal history information evidencing convictions of theft, arson or violent crimes.

If an applicant does not appear to qualify, he/she will be sent a dated, written letter with an explanation describing the reason he/she does not qualify. The applicant will have seven (7) business days, beginning from the date which appears on the letter, to appeal the decision. Within that 7 day period, the applicant must provide evidence that the reason for the Nyack Point Apartment's rejection was incorrect. The management staff will review all new information provided by the applicant within a 7 day period and make a determination. Management will send a letter to each applicant describing the outcome of the review.

**I have read the Nyack Point Apartment Notice of Occupancy Rights under the Violence Against Woman Act and the Criminal Appeal Process.**

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Initial Here