

TOWN OF LEWISBORO
Housing Committee
Town of Lewisboro
Cross River Shopping Center at Orchard Square, Lower Level
20 North Salem Road
Cross River, New York 10518
(914)763-3060

MIDDLE INCOME HOUSING
OAKRIDGE CONDOMINIUMS

INSTRUCTIONS FOR COMPLETING THE ATTACHED APPLICATION

1. **Before completing this application, please read carefully the attached Table of Maximum Income to determine if your annual income will permit you to purchase a middle income-housing unit.**
2. **The application must be completed, notarized, and returned to the Housing Committee.**
3. **Great care must be taken to include the entire income of all members of your family who will be living in the unit you wish to purchase.**
4. **In order to verify your family income as reflected on your application, a photocopy of the family's most recent Federal Tax Return (Form 1040), including Schedules and Attachments (such as W-2's) must be submitted with the application.**

The Committee reserves the right to request further verification of your income, if necessary.

5. **All applications must be re-submitted annually.**
6. **Any questions regarding this application should be directed to the Housing Secretary at Telephone # (914) 763-3060**

ATTACHMENTS: Application
Table of Maximum Income and Sales Prices

APPLICATION FOR MIDDLE INCOME HOUSING UNITS
Town of Lewisboro, New York

This application is for: _____ Efficiency
 _____ 1 Bedroom (1-2 occupants)
 _____ 2 Bedroom (2-4 occupants)
 _____ 3 Bedroom (3-6 occupants)

Name of Applicant: _____ Date of Birth: _____

Present Resident Address _____

Time at Present Address: Years _____ Months _____ Phone # _____

Present Employer: _____

Address: _____

Length of Employment: FROM _____, _____ TO _____, _____

Other Occupants of Unit:

(1) Name: _____ Relationship: _____ DOB: _____

Employer: _____ Address: _____

(2) Name: _____ Relationship: _____ DOB: _____

Employer: _____ Address: _____

(3) Name: _____ Relationship: _____ DOB: _____

Employer: _____ Address: _____

(4) Name: _____ Relationship: _____ DOB: _____

Employer: _____ Address: _____

(5) Name: _____ Relationship: _____ DOB: _____

Employer: _____ Address: _____

Family Income: (For year preceding this application)

	<u>Applicant</u>	<u>Other Occupants:</u>		
Wages, Salaries	_____	_____	_____	_____
Interest Inc. (Taxable)	_____	_____	_____	_____
Interest Inc. (Non-taxable)	_____	_____	_____	_____
Dividends	_____	_____	_____	_____
Alimony	_____	_____	_____	_____
Capital Gains	_____	_____	_____	_____
Pensions	_____	_____	_____	_____
Rents	_____	_____	_____	_____
Social Security Benefits	_____	_____	_____	_____
Other	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____

Other Family Property & Investments:

- 1 a. Do you own your own home? _____
- b. If yes, what is the fair market value of your net investment? _____
- 2 a. Do you have other investments (real estate, IRA, Keogh, business, etc.) where dividends, rents or other income, if any, are not included in family income above? _____
- 2 b. If yes, what is the fair market value of your other investments? _____

Eligibility Priorities:

If you are now an employee of the Town of Lewisboro or a contract salaried employee of the Katonah-Lewisboro School District, state: Department _____ Supervisor _____

Prior town or School District employment:

If more that one period of prior employment, furnish information as to each such prior employment. If additional space is needed, use back of this page. _____

If you are seeking priority based upon prior residency of Town of Lewisboro or County of Westchester or State of New York, list all previous residences in Town of Lewisboro, County of Westchester, and State of New York for applicant or Spouse:

Address: _____ From: _____ To: _____

Address: _____ From: _____ To: _____

Address: _____ From: _____ To: _____

If you seek priority based upon displacement by government action, give details: _____

If you seek priority because head of household or spouse is handicapped, certified by physician, give details: _____

If you seek priority based upon a relative residing in the Town of Lewisboro (father, mother, son, daughter, brother, sister):

Name of Relative Resident: _____

Relationship of Relative Resident: _____

Address: _____

Length of Relative's residence in Town of Lewisboro: _____

The applicant hereby certifies that all the above information is true and complete and that inquiries may be made to verify it.

A photocopy of each occupant's most recent Federal Income Tax Return with Schedules and Attachments including W-2 must be submitted with this application.

A false statement in this application shall be cause for immediate rejection of application.

Applicant: _____ Spouse: _____

Date: _____

Additional information of interest to the Housing Committee:

STATE OF NEW YORK
COUNTY OF WESTCHESTER

I, _____, being duly sworn, do depose and say that all of the information contained in the foregoing application, including all attachments, is true and complete to the best of my knowledge and belief.

Applicant

Sworn before me this ___ day of _____, 20__

Notary Public

STATE OF NEW YORK
COUNTY OF WESTCHESTER

I, _____, being duly sworn, do depose and say that all of the information contained in the foregoing application, including all attachments, is true and complete to the best of my knowledge and belief .

Applicant

Sworn before me this ___ day of _____, 20__

Notary Public

TOWN OF LEWISBORO
Housing Committee
Town of Lewisboro
Cross River Shopping Center at Orchard Square, Lower Level
20 North Salem Road
Cross River, New York 10518
(914)763-3060

Dear Applicant:

Persons interested in the purchase of a middle-income condominium unit constructed under the provisions of the Town's Zoning Ordinance, must submit the attached application to the Housing Committee.

Applications will be reviewed to determine basic eligibility as per the information on the attached application, and ranked according to the eligibility priorities listed below and rules adopted by the Housing Committee:

- 1. Town of Lewisboro Municipal Employees**
- 2. Town of Lewisboro School District Employees**
- 3. Town of Lewisboro Volunteer fire fighters and/or Lewisboro Volunteer Ambulance Corps (LVAC) members.**
- 4. Residents of the Town of Lewisboro**
- 5. Other persons employed in the Town of Lewisboro**
- 6. Relatives of Residents of the Town of Lewisboro**
- 7. Other residents of Westchester County**
- 8. Other persons employed in Westchester County**
- 9. All others**

Within each of the above categories, a special priority will be given to:

- 1. Families displaced by governmental action**
- 2. Families of which the head or spouse is 62 years or older**
- 3. Families of which the head or spouse is handicapped (certified by a physician)**

The maximum income and sales prices will be updated by March of each year based on the previous calendar year's median annual town-paid wages of full time employees of the Town of Lewisboro.

All applications must be re-submitted annually and the list of eligible applicants will be revised as appropriate during the year.

**Sincerely,
Housing Committee**