



APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

PLEASE PRINT CLEARLY

IMPORTANT:

- **Completed applications must be mailed to before 5/29/2025 :**
Concern Housing
C/O Estella Apartments
PO BOX 335
Hempstead NY 11551
- **Do NOT send more than one application.** Applicants who submit more than one application will be penalized.
- **Applications mailed to any address other than that listed below will be discarded.**

This is an application for housing at:	Concern Housing C/O Estella Apartments
Please complete and return to:	Concern Housing C/O Estella Apartments PO Box 335 Hempstead, NY 11551











An applicant may be interviewed only after the receipt of this tenant application which must be completed and signed by all adult members.



For Concern Staff Only

Date/Time Received: _____

Staff Signature: _____

Unit Size	50% AREA MEDIAN INCOME (AMI) UNITS	# Unit s	Monthly Rent*	House- hold Size	House-hold Income**	60% AREA MEDIAN INCOME (AMI) UNITS	# Un its	Monthly Rent*	House- hold Size	House-hold Income**
1 BR		11	\$1,256		\$50,240 - \$53,900		31	\$1,549		\$61,960 - \$65,640
					\$50,240 - \$61,600					\$62,960 - \$75,000
2 BRs		02	\$1,490		\$59,600 - \$69,300		09	\$1,842		\$73,680 - \$75,000
					\$59,600 - \$69,300					\$73,680 - \$84,360
					\$59,600 - \$76,950					\$73,680 - \$93,720

Eligible Applicants must meet income criteria:

LIHTC English Application for Estella

A. Name & Address

Current Living Address:

(If you are living in a homeless shelter, please list your current shelter address)

First Name Middle Initial Last Name

Street Address Apartment #

City State Zip

Phone Numbers:

Cell Phone Home Phone Work Phone

Email: _____

Bedroom size requested: ☐ One BR ☐ Two BR



You may check off more than one bedroom size if you are eligible or need a reasonable accommodation for another bedroom size.

☐ Check if mailing address is **different** than Current Living Address, above

Mailing Address (if different):

Building (House) #	Street	Apartment #
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P.O. Box

City	State	Zip
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Language Contact Preference: In what language would you prefer to receive written communications about your application? Check one. (If you do not check a language, written communication will be in English.)

- | | | |
|--|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Español (Spanish) | <input type="checkbox"/> 简体中文 (Chinese) |
| <input type="checkbox"/> العربية (Arabic) | <input type="checkbox"/> Français (French) | <input type="checkbox"/> Русский (Russian) |
| <input type="checkbox"/> 한국어 (Korean) | <input type="checkbox"/> اردو (Urdu) | <input type="checkbox"/> বাংলা (Bangla) |
| <input type="checkbox"/> Kreyòl Ayisyen (Haitian Creole) | | |

B. Household Information

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used.

1. How many persons (including yourself) will live in the unit for which you are applying?



2. List **ALL** the people who will live in the unit for which you are applying, starting with yourself (Self), and provide the following information.
- Gender Identification:** In this section, list how you identify (optional). Examples: Female; Male; Non-binary; etc.
- Disability:** If a household member has an ongoing mobility (M), hearing (H), or visual (V) disability and requires an accessible/adaptable unit, **please check the relevant box.** If selected for further processing, verification may be qualified by any qualified third party, not limited to medical professional. This form is to verify that your household requires an accessible or adaptable apartment. The form can be used for any other future applications for a period of up to 12 months.

First, Middle Initial & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date MM/DD/YY	Gender Identification (Optional)	Disability?		
					M	V	H
		Self					

If you checked either mobility, visual, or hearing disability, do you or a member of your household require a special accommodation?

☐ Yes – please specify the accommodation required:

☐ No

3. Is anyone in the table above a full-time student?

☐ Yes – please circle their names above and write their names here:



☐ No full-time students in the household

C. Income and Assets

1. Income from Employment

Note: A “household member” is a person who will be living in the affordable unit.

For any job that is not self-employed, list the amount you make before taxes (Gross Income). For self-employed individuals, use the amount you make after deductions (Net Income). If your application is selected for further processing, you will be contacted with a list of documentation that you will need to provide.

List all full and/or part time employment income for ALL Household Members, including yourself. Include self-employment earnings:						
Household Member	Employer Name & Address	Length of Employment		Amount Paid (\$)	How Often? (Ex: weekly, bi-weekly, monthly, annually)	Annual Income
		Yrs.	Mos.			
Self						



1A. TOTAL ANNUAL INCOME FROM EMPLOYMENT AND SELF-EMPLOYMENT add all amounts from “Annual Income” column in this table):						



2. Income from Other Sources

List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.

Household Member	Type of Income	Amount Paid (\$)	How Often? (Ex: weekly, bi-weekly, monthly, annually)	Annual Income
Self				

2A. TOTAL ANNUAL INCOME FROM OTHER SOURCES (add all amounts from "Annual Income" column in this table):

3. TOTAL ANNUAL HOUSEHOLD INCOME

Add together the total annual income amounts from **1A** and **2A**, above:

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4. Assets

Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please indicate assets for each household member:		
Household Member	Type of Asset or Account	Bank/Institution
Self		

D. Rental Subsidy

<p>Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? Please check the appropriate box at right.</p> <p>Examples of other rental subsidies/certificates include CITYFHEPS, NHTD (Medicaid Waiver), Individual Services and Supports (ISS), and VASH.</p> <p>This information will not affect the processing of the application. Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies. This information is not used as a basis for eligibility. New York State Human Rights Law prohibits the discrimination in housing based on lawful source of income like whether you have a Section 8 voucher.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes – Other Rental Subsidy/Certificate: <hr/>
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E. Ethnicity

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Choose not to answer	



F. Race

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:			
<input type="checkbox"/>	White	<input type="checkbox"/>	Black or African-American
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	American Indian or Native Alaskan	<input type="checkbox"/>	Choose not to answer
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

G. Signatures (Required for All Household Members 18 and over)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (We) have not withheld, falsified, or otherwise misrepresented any information I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

