

TOWN OF EAST HAMPTON
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT

APARTMENTS OVER STORES
Request for Tenancy Approval
APPLICATION

PLEASE READ THESE DIRECTIONS CAREFULLY BEFORE FILLING OUT THIS APPLICATION. INCOMPLETE AND/OR UNCLEAR INFORMATION WILL DELAY THE REVIEW OF YOUR APPLICATION. PRINT CLEARLY, IN INK, AND FILL IN ALL LINES AND/OR BOXES THAT APPLY TO YOU.

THIS APPLICATION MUST BE HAND DELIVERED IN PERSON TO OUR OFFICE AT
267 BLUFF ROAD AMAGANSETT.

COPIES OR FAXES OF THIS APPLICATION WILL NOT BE ACCEPTED. THE APPLICANT
BEARER MUST BRING A VALID GOVERNMENT ISSUED PHOTO I.D. WHEN DROPPING OFF AN
APPLICATION

Please note the following:

- 1) Applications will be reviewed upon receipt, in the order received. Applications take 2-3 weeks to review and process. You will receive written notification after that date whether you are eligible, ineligible, or your application is incomplete.
- 2) You must live or work full-time, year-round in the Town of East Hampton or be an employee of the business occupying the building where the apartment is located in order to be eligible.
- 3) All information you put on the application may be verified through a third party at the time of your interview.
- 4) To qualify, your income must be at or below the income levels stated below for your family size:

Family Size	Maximum Income
1	\$54,400
2	\$62,150
3	\$69,900
4	\$77,700
5	\$83,900
6	\$90,100
7	\$96,300
8	\$102,550

To the Applicant :

Please read the entire application carefully before you begin to fill in the blanks. Please fill out this application completely. Leaving blanks will cause a delay in processing your application. Please print all information. List only the people who will be living with you. All statements will be verified to determine eligibility. Remember to sign and date the application and return it to the Office of Housing and Community Development, located at 267 Bluff Road in Amagansett. Do not mail or fax applications, do not submit multiple applications.

Application for Apartment

Primary Lessee / Head of Household Address: (Where you reside) **Mailing Address:** (Where you receive mail)

Phone: _ (____) _____

Cell Phone: _ (____) _____

Part 1: Household Information

Include all people who will live in the unit with you. List head of household first, then all other adults, then children under the age of 18. Write each person's date of birth, (D.O.B.), numerically: MM/DD/YY. Circle "F" or "M" to indicate sex. Indicate relationship of each person listed to the head of household.

Last Name	First Name	Social Security #	D.O.B	Sex (circle)	Relationship to Head of Household
				M / F	Self / Primary Lessee
				M / F	
				M / F	
				M / F	
				M / F	
				M / F	
				M / F	
				M / F	

Part 2: Family Income and Assets

List **GROSS ANNUAL INCOME** (per year), from each income source for each adult member of your household before any deductions: Income includes salary, wages, tips, income "off the books", pensions, social security, child support and alimony. Income also includes cash gifts or payments. You must list income of **any kind from any source** for everyone in your household listed above. Include all people who will live in the unit with you. Do not include income for full time students or children under the age of 18.

NAME OF HOUSEHOLD MEMBER (ADULTS ONLY)	GROSS INCOME ANNUAL FIGURES ONLY	SOURCE OF THE INCOME (NAME OF EMPLOYER OR OTHER SOURCE)
	\$ / yr.	
	\$ / yr.	
	\$ / yr.	
	\$ / yr.	
	\$ / yr.	
	\$ / yr.	
	\$ / yr.	
	\$ / yr.	
	\$ / yr.	
TOTAL ANNUAL HOUSEHOLD INCOME:	\$ / yr.	(Calculate total annual household income.)

Part 3: U.S. Citizenship or Permanent Resident Certification

All members of the household must be citizens of the United States, have permanent resident status or legal immigration status in the U.S.

I certify that all the members of my household are either citizens of the United States or have permanent resident status and can document their eligibility

*****Do not sign the application until you are in front of a notary who is ready to notarize your signature:**

Affidavit:

I (please print your full name) _____ hereby certify all of the information supplied in this application to be true and complete. I hereby certify that I do not own real property in East Hampton or elsewhere, including in other countries, and that the subject property is intended as my sole residence for the duration of the lease. I agree to notify the Town of East Hampton Office of Housing and Community Development of any changes in household composition, and that I will not sublet or otherwise rent any portion of the subject premises.

Lessee's Signature

Date

State of New York, County of Suffolk} ss.

Sworn to me this _____ day of _____, 200__.

Notary Public

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Lessee's Signature

Date

State of New York, County of Suffolk} ss.

Sworn to me this _____ day of _____, 200__.

Notary Public

Comments *(Attach additional documentation if necessary.)*

Be sure to:

- Submit your application in person to 267 Bluff Road in Amagansett
- Bring a government issued, valid photo I.D. for each person over 18 in the household (driver's license, passport, Permanent Resident card, government employee I.D., etc.)
- completely fill out and notarize signatures of all adult lessees

Warning! Making false or fraudulent statements on this application is a felony.

*****We have notaries in the Office of Housing and Community Development. Bring your original application and photo I.D. We will copy them in our office*****