

TOWN OF FISHKILL APPLICATION FOR MODERATE-COST HOUSING

Please read these instructions

The following application is for certification to purchase or rent moderately priced housing in the Town of Fishkill.

Applicants must submit an original, signed application and photocopies of all required documents.

- Required documents include Federal income tax returns, with all schedules, and “W-2 and Earnings Summary” from the most recent or current tax year. The “**Earnings Summary**” is included with W-2 forms. Electronic summary, e-File or TeleTax are not acceptable. If you are married and file separately, returns from most recent tax year, for both you and your spouse, must be provided.
- A divorced or separated applicant must provide federal tax returns filed for the most recent tax year. Legal documentation of divorce or separation must also be provided.
- Applicants who did not file returns for the most recent tax year must provide a letter, from the Internal Revenue Service, certifying the IRS has no record of your having filed a tax return. (The IRS can be contacted at: 1-800-829-0922.)
- All applicants also must submit the most recent pay stubs for all wage earners in your household.
- If a dependent in your household is age 18 or older, the applicant must verify whether the dependent is a student or is working. If they are working, copies of their two most recent pay stubs must be provided.
- If your dependent over age 18 is a student, a current school transcript or a class schedule must be provided.

The Town of Fishkill does not provide financing of any kind. Applicants must be able to qualify for a mortgage, must be able to make a down payment and must be capable of paying settlement and any other closing costs needed to purchase a home.

The Town of Fishkill is not in any way involved in contracting or leasing of moderately priced homes, apartments, condominiums, townhouses or any other type of residential unit. All purchasing and leasing agreements are between you and the private seller or lessor.

In order to ensure that residential units serve eligible households, certain restrictions are applied. The residential unit must be owner-occupied and must be the applicant’s primary residence.

Future resale price of the unit is governed by the Town of Fishkill Housing Legislation.

Please see next page

**TOWN OF FISHKILL SENIOR/ WORKFORCE HOUSING
APPLICATION**

Complete applications must be returned to:

**Town of Fishkill Housing Department
807 Route 52
Fishkill, New York 12524**

APPLICANT: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Employers' Name and Address: _____

COAPPLICANT: _____

Address of coapplicant: _____

(if different from applicant) _____

Home Phone _____ Work Phone: _____ Cell: _____

Employer's Name and Address: _____

List Household Members:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DOCUMENTATION TO BE SUBMITTED

All persons living in your household are required to provide:

1. Federal Tax Returns with all schedules from most recent tax year
2. W2 Forms for most recent tax year
3. One month's most recent pay stubs; and
4. Documentation of any other source of income (pension, Social Security, annuity, etc.)

Please see next page

ANNUAL INCOME INFORMATION

Total Salaries for all members of household: _____
Total Overtime Pay for all members of household: _____
Total Commissions/Fees/Bonuses/Tips for all members: _____
Total Income from Business/Rental for all members: _____
Total Social Security for all members: _____
Total Pensions for all members: _____
Total Unemployment/Workers Compensation: _____
Total Alimony/Child Support: _____
Total Welfare Payments: _____
Other Income for all members of household: _____

ASSETS

List all tangible assets of applicant/coapplicant, including but not limited to: real estate; bank accounts (including checking accounts and savings accounts such as certificates of deposits); 401(k) accounts, stocks, etc.

Type of asset	Value/Worth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

LEGAL CONSIDERATIONS

List any judgment, lien, bankruptcy, litigation, indictment or criminal conviction below. The fact that you have any of the items listed below will not necessarily disqualify you. However, failure to inform the Town of such items will cause your application to be rejected.

ACKNOWLEDGEMENTS

I/We, the undersigned, understand that the opportunity to participate in the Town of Fishkill Housing program will be determined by established guidelines for eligibility including income and residency. I/We are aware that the Town of Fishkill Housing Department relies on the truthfulness of the statements made in this application. I/We are aware that any misrepresentation will be grounds for immediate denial of my/our application.

Please see next page

I/We further understand that resale of middle income housing units is governed by the Town of Fishkill housing legislation administered by the town Housing Department. Prospective purchasers of a middle income unit that is being sold by the owner of said unit must meet all income guidelines and other requirements in accordance with the town's legislation, and must be certified by the Town of Fishkill Housing Department.

Applicant Signature

Date

Co-Applicant

Date

For information, contact:
Town of Fishkill Housing Department
(845) 831-7800

Town of Fishkill Housing Application Residency and Employment Data

Priority List Points

Priority points are used to target Fishkill residents, workforce, municipal employees and emergency service workers, to be able to continue to live and work in the town.

Assignment of priority points is calculated on the characteristics of ONE member of each income eligible household. Please answer all questions to complete this application.

Name _____

Address _____

City _____ State _____ Zip Code _____

Residency

1. Are you a Town of Fishkill Resident? _____ Yes _____ No

If yes, how long have you resided in the Town? _____

2. If you ARE NOT currently a resident, have you ever lived in the Town of Fishkill?

_____ Yes _____ No

If YES, how long did you reside in the Town? _____

3. If you ARE NOT currently a resident in the Town of Fishkill, are you a parent of a resident of the Town of Fishkill? _____ Yes _____ No

4. If you DO NOT live in the Town of Fishkill, are you a resident of Dutchess County?

_____ Yes _____ No

5. If you DO NOT live in the Town of Fishkill, have you ever resided in an Affordable Housing unit within the Town of Fishkill? _____ Yes _____ No

Employment

Are you:

1. Municipal employee of the Town of Fishkill? _____ Yes _____ No

2. Municipal employee of Dutchess County? _____ Yes _____ No

3. Employee of the Beacon, Wappingers or Haldane School District? _____ Yes _____ No

4. Employee of ANY OTHER School District in Dutchess County? _____ Yes _____ No
If YES, which School District? _____

5. Healthcare worker employed within the Town of Fishkill? _____ Yes _____ No

6. Healthcare worker NOT employed in Fishkill, but employed within Dutchess County?
_____ Yes _____ No

If YES, where are you employed? Name _____

Address _____

7. IF NOT included in any of the above positions: Are you employed in any other occupation within the Town of Fishkill? _____ Yes _____ No

If YES, who is your employer? Name _____

Address _____

8. If NOT employed in any other occupation in the Town of Fishkill, are you employed within Dutchess County? _____ Yes _____ No

If YES, where are you employed?

Name _____

Address _____

Emergency Services Work: Firefighter/Ambulance Service/ EMT/Law Enforcement

1. Do you work full time in one of the above positions in the Town of Fishkill? _____ Yes
_____ No

2. Do you serve as a volunteer for one of the above positions in the Town of Fishkill? _____ Yes
_____ No

If YES, how long have you done this work? _____

3. Do you work full time in one of the above positions in Dutchess County? _____ Yes
_____ No

4. Do you serve as a volunteer for one of the above positions in Dutchess County? _____ Yes
_____ No

Military Service

1. Are you actively serving in the Armed Forces of the United States of America?
_____ Yes _____ No

2. Are you currently a member of the Reserve Force, New York State National Guard, or Militia? _____ Yes _____ No

3. Have you ever served in the Armed Forces of the United States of America, and have been honorably discharged? _____ Yes _____ No

I, _____ (Print Your Name) hereby certify that the above information is complete and true.

Signature _____ Date _____