

# Monastery Manor

Please complete the attached application and mail to the post office box listed on the application. It must be mailed to the P.O. Box by regular mail only. Certified, registered or overnight mail will not be accepted.

The application must be postmarked between MARCH 22<sup>nd</sup> 2021 and MAY 22<sup>nd</sup> 2021.

Applications received before or after those dates cannot be accepted.

Please send via U.S. mail only:

Monastery Manor  
P.O. Box 320  
Yonkers, NY 10703-0320

# Monastery Manor

Complete la solicitud adjunta y envíela por correo a la casilla de correo que figura en la solicitud. Debe enviarse por correo al P.O. Box por correo ordinario solamente. No se aceptará correo certificado, registrado o al día siguiente.

La solicitud debe tener matasellos entre el 22 de marzo de 2021 y el 22 de mayo de 2021.

Las solicitudes recibidas antes o después de esas fechas no pueden aceptarse.

Envíe solo por correo de EE. UU.:

Monastery Manor

P.O. Box 320

Yonkers, NY 10703-0320

MONASTERY MANOR  
 Application  
 2 Father Finian Sullivan Drive  
 Yonkers, NY 10703  
 (914) 963-0202  
[info@hhmgt.com](mailto:info@hhmgt.com)

**Mail application by regular mail to:  
 Monastery Manor, P.O. Box 320, Yonkers, NY 10703**

**HEAD OF HOUSEHOLD:**

Last Name:		First Name:	
Address, City, State & Zip Code			
Email Address:	Home Phone #	Mobile Phone #	Work Phone #:
Date of Birth:	Does anyone in the household qualify as disabled: (Yes or No)	Does the household require an accessible unit: (Yes or No)	Are any of the household members full time students: (Yes or No)

**OTHER HOUSEHOLD MEMBER(S):** List all persons who will be living in the unit

Last Name	First Name	Relationship to Head of Household	Date of Birth	Age	Sex

**CITIZEN STATUS:**

Head of Household:        United States Citizen                Eligible Non-Citizen

Other Household Member:        United States Citizen                Eligible Non-Citizen

# MONASTERY MANOR

## Application

### APPLICANT SUBSIDY:

Are you subsidized through Section 8 or a similar rental subsidy program?  Yes  No

Please Explain: \_\_\_\_\_

If Yes, is your voucher in your name & transferrable?  Yes  No

### INCOME & ASSET INFORMATION:

Please answer each of the following questions. For each **YES**, provide details in the charts below. Does any member of your household?

<input type="radio"/>	Yes	<input type="radio"/>	No	Work full-time, part-time or seasonally?
<input type="radio"/>	Yes	<input type="radio"/>	No	Expect to work for any period during the next year?
<input type="radio"/>	Yes	<input type="radio"/>	No	Work for someone who pays them cash?
<input type="radio"/>	Yes	<input type="radio"/>	No	Expect a leave of absence from work due to layoff, medical, maternity or military leave?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive unemployment benefits?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive child support?
<input type="radio"/>	Yes	<input type="radio"/>	No	Have an entitlement to child support that he/she is not now receiving?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive alimony?
<input type="radio"/>	Yes	<input type="radio"/>	No	Have an entitlement to alimony that he/she is not now receiving?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive alimony that is not currently being received?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive public assistance? (Welfare, TANF, General Assistance, etc.)?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive Social Security, State Supplemental Income, SSP or disability benefits?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive income from a Pension or Annuity?
<input type="radio"/>	Yes	<input type="radio"/>	No	Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
<input type="radio"/>	Yes	<input type="radio"/>	No	Receive income from assets including interest on checking or savings accounts; interest or dividends from CDs, stocks or bonds; or income from rental property?
<input type="radio"/>	Yes	<input type="radio"/>	No	Own real estate or any assets for which you receive no income (checking account, cash)?
<input type="radio"/>	Yes	<input type="radio"/>	No	Have you sold or given away real property or other assets (including cash) in the past two years for less than fair market value?

## MONASTERY MANOR Application

Name:	Source/Type of Income	Gross Annual Income

### ASSETS:

List all Checking, Savings, CDs, IRAs, Keogh, Retirement accounts, Mutual Funds, Stocks, Bonds, Life Insurance policies, Annuities, Trusts, Real Estate and any other asset held by all household members:

Name:	Bank Name:	Type of Account:	Account #:	Balance:

### DISABILITY:

A person with disabilities for purposes of program eligibility is determined, pursuant to HUD regulations, to have a physical, mental or emotional impairment that:

Is expected to be a long-continued and indefinite duration

Sustainably impeded his or her ability to live independently, and

Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

Do you qualify as disabled under the definition described above?     Yes     No

Do you require a Reasonable Accommodation?                                       Yes     No

If Yes, please explain:

---



---

### FUNCTIONAL STATUS:

Does anyone live with you now who is not listed?                                       Yes     No

If Yes, please explain:

---



---

MONASTERY MANOR  
Application

**LANDLORD INFORMATION:**

How long have you lived at your current residence? \_\_\_\_\_

Please provide current landlord information, and if less than 5 years, previous landlord(s) name and contact information:

Name:	Best Phone #:	Email Address:

Are you or any member of the household subject to a state lifetime sex offender registration in any state? O Yes   O No

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE. **WARNING:** WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

No Payment of fee should be given to anyone in connection with the preparation, filing or processing of this application for subsidized housing.

Admission preference given to ALL veterans or their surviving spouses, who served on active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in the state of New York.

Signature: \_\_\_\_\_

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

*Please note: Unsigned applications will be returned to the applicant and will need to be returned to us within 7 business days to be considered an active applicant.*

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing.

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 15604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD-Assisted Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-530, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

