Shelter Island Community Housing Board
PO Box 970
Shelter Island, New York 11964
631-749-0758

COMMUNITY HOUSING REGISTRY

In accordance with Chapter 51, *Community Housing*, of the Town Code, the Town is establishing a Housing Registry of eligible households (individuals and families) who are seeking affordable housing opportunities such as:

- Rental apartments or houses
- Home ownership
- Housing grants
- Housing loans

Rental units reserved for community housing will meet or exceed the following minimum dwelling unit size to accommodate household or family size:

Household Size	Minimum Unit Size
1	Efficiency Unit
2	Efficiency Unit
3	1 Bedroom
4-5	2 Bedroom
6	3 Bedroom

Applicants must meet the following criteria:

- Be a U.S. citizen or legal resident alien
- Have gross annual income less than the following based on household size:

Household Size	Maximum Income
1	$ 89,250
2	$102,000
3	$114,700
4	$127,450
5	$137,650
6	$147,850
7	$158,050
8	$168,250

Households that meet the above criteria should complete the following application and return it to:

Shelter Island Community Housing Board
P. O. Box 970, **Shelter Island, NY 11964**

Town of Shelter Island Housing Registry Application

To be completed by the head of household, one per household

Date Received:

ALL INFORMATION SUPPLIED WILL REMAIN CONFIDENTIAL

All applications submitted will receive a preliminary screening to determine apparent eligibility. As housing opportunities become available, applicants will be requested to provide documentation to verify their eligibility. This will include proof of citizenship or legal resident alien status and copies of income tax returns.

When the Community Housing Board determines that an applicant is eligible for listing in the Housing Registry it will issue a Certificate of Eligibility indicating the person(s) who is(are) eligible and their priority status. The Certificate will be valid for one (1) year from the date of issue and will preserve the eligibility and priority of the Certificate holder for that period. If the Certificate holder does not obtain Community Housing within that period, the Certificate will lapse and a new application must be filed.

The Town of Shelter Island and the Community Housing Board can make no obligation or promise to provide housing upon receipt of this application or thereafter.

Name: _____

Mailing Address: _____

Telephone Number: _____

Number of Household Members: Adults _____ (including applicant) Children _____ (under 18 years)

Priority for community housing will be determined as follows. Please check the boxes that apply:

☐ Income eligible individuals or families who have lived and worked in the Town of Shelter Island for a period of at least one (1) year prior to application submission.

☐ Income eligible individuals or families who have lived in the Town of Shelter Island for a period of at least one (1) year prior to application submission.

☐ Income eligible individuals or families who have worked in the Town of Shelter Island for a period of at least one (1) year prior to application submission.

☐ Income eligible individuals or families who previously lived in the Town of Shelter Island for a period of at least one (1) year and wish to return.

☐ Other income eligible individuals or families.

RESIDENCE

Street Address: _____

Is this address your primary residence? Yes ____ No ____

Number of years at this address: _____

If you do not currently live in the Town of Shelter Island, did you previously reside in the Town? Yes _____ No ____

If yes, give the street address and dates of residence: _____

_____

EMPLOYMENT

Current Employer: _____

Address: _____

Telephone Number: _____

How Long with this Employer: _____

Occupation/Position: _____

HOUSEHOLD INFORMATION

Provide the requested information for each household member, including yourself, who will be living in the housing unit. If you are married, live with a domestic partner, live with someone who will continue living with you (regardless if you are married), or plan to have a specific person move in with you, please include him/her. Please list the head of household first.

Name	Relationship	Income

HOUSING ASSISTANCE REQUEST

Please indicate the type of housing you are seeking.

☐ Rental apartment ☐ Rental House ☐ First Time Homebuyer

☐ Closing Cost Assistance (SONYMA) ☐ Mortgage Loan Assistance Program

CERTIFICATIONS

I/We certify the following:

1. All the information contained and submitted within this application is accurate and complete to the best of my (our) knowledge.
2. I/We agree to furnish all required documentation to verify eligibility for community housing within thirty (30) days of receipt of a request from the Community Housing Board.
2. I/We understand that any misrepresentation or falsification of information disqualifies me/us to participate in the Town of Shelter Island's community housing programs.
3. Consent to Release Information: I/We authorize representatives of the Town of Shelter Island or their designees to contact employers, landlords, financial institutions/persons listed on this application to verify information contained in this application.
4. I/We accept that we will need to make declarations relating to my/our credit history (ies).
5. If I/we accept housing covered under the Town's community housing program, I/we will occupy the unit no later than 60 days following receipt of notice of acceptance.
6. I/we understand that the Town has designated priority populations to participate in its housing programs.
7. I/we agree to abide by the rules and regulations guiding the Town's Community Housing programs. Failure to abide by regulations may result in expulsion.

_____	_____
Signature	**Signature**
_____	_____

Date **Date**

In order to better serve your needs, please feel free to provide us with any comments. This is your opportunity to voice your opinion and your concerns regarding housing opportunities in the Town of Shelter Island. Thank you.

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Revised (7/20i6)