



Date Rcd: _____

Application #: _____

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

SPECIAL COMMUNITY HOUSING LICENSE APPLICATION

1. Property Information:

Property Address: _____

Tax Map Number: 0700 - SECTION _____ - BLOCK _____ - LOT _____

2. Property Owner(s): *(Provide information for all owners of record)*

Name: _____ Name: _____

Address: _____ Address: _____

Mailing Address: _____ Mailing Address: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

- 3. Description of Residential Building(s) and Proposed Alteration to Existing Structure(s):** *Attach a plan drawn to scale indicating the square footage of the parcel and the locations of all structures, walkways, driveways, parking areas, and landscaping features and any proposed exterior alterations. Also attach a floor plan with total square footage of each unit and the dimensions of each room. Indicate which unit is being designated for the SCHL. Attach a separate application if there is more than one proposed SCHL unit. Indicate what unit, if any, the owner is reserving for his own use.*

4. Proposed Number of Occupants for the SCHL Unit:

NOTE: In accordance with §51.13(e) of the Town Code units reserved for community housing will meet or exceed the following minimum dwelling unit size to accommodate household or family size:

<u>Household or Family Size</u>	<u>Minimum Dwelling Unit Size</u>
1	Efficiency Unit
2	Efficiency Unit
3	1-bedroom
4-5	2-bedroom
6	3-bedroom

5. Proposed Rent for the SCHL Unit:

\$ _____/month

Note: Maximum rents must be in accordance with §51-10(D)(2) of the Town Code. For 2008 these are: Efficiency \$850/month, 1-BR \$910/month, 2-BR \$1,092 /month, 3-BR \$1,262/month, 4-BR \$1,407/month. These are the Low Home Rent Limits specified by the U.S. Department of Housing & Urban Development for Nassau & Suffolk Counties; they are subject to change annually.

6. Proposed Occupancy for the SCHL Unit:

- Selected from Town Housing Registry in accordance with §51-7 of the Town Code
- To be occupied by family member(s) who meet the requirements for an “Income Eligible Household” in accordance with §51-4 of the Town Code.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

7. Planned availability: Date the SCHL unit is expected to be available for occupancy: Month: _____ Day: _____ Year: _____

