

City of New Rochelle
Department of Development

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NEW ROCHELLE
IDEALLY YOURS

City Hall
515 North Avenue
New Rochelle, NY 10801
www.newrochelleny.com

**COVID-19 TENANT BASED RENTAL ASSISTANCE
PRELIMINARY APPLICATION**

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1:
Head of Household

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Work): _____

Email Address: _____

Date of Birth: _____

Female Head of Household: ___ Yes ___ No

Please respond to the Items Below (Optional):

*Questions regarding Ethnicity and Race are Optional. Please select "Prefer Not to Answer" if choosing not to answer.

Please indicate Ethnicity (Check One Box) (Optional): ___ Hispanic/Latino ___ Not Hispanic/Latino
___ Prefer Not to Answer

AND

Please indicate Race Category by checking the appropriate box below (Select all that Apply) (Optional):

<input type="checkbox"/>	White	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Asian & White
<input type="checkbox"/>	American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	American Indian/Alaskan Native & White
<input type="checkbox"/>	Black/African American & White	<input type="checkbox"/>	Other Multi Racial	<input type="checkbox"/>		<input type="checkbox"/>	Prefer not to Answer

Part 2:
Household Information

List information for adults first, then children under age 18. List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

First Name	MI	Last Name	Date of Birth	Relationship

Part 3:
Family Income & Assets

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

First Name	Gross Income	How Often (Weekly, Every 2 Weeks, Monthly or Yearly)	If Income is from Wages List Address of Employer
	\$		
	\$		

	\$		
	\$		
	\$		
	\$		

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Received from Asset
Checking Accounts	\$	\$
Savings Accounts	\$	\$
Stocks, Bonds, CDs, Investment	\$	\$
Real Estate	\$	\$
Other	\$	\$

Part4:
Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance. Please answer all questions.

- 1) Is the Head of Household a United States Citizen or Legal Permanent Resident? ___Yes ___ No
- 2) Does the applicant currently reside in a rental unit, within the City of New Rochelle, since at least January 01, 2020? ___Yes ___ No
- 3) Was the applicant current with their rent as of March 31, 2020? ___Yes ___ No
- 4) Was the applicant employed, at least part-time (20 hours per week), as of March 07, 2020? ___Yes ___ No
- 5) Has the applicant been laid-off, furloughed or had their employment hours reduced, which results in monthly income decreasing by at least 50%? ___Yes ___ No
- 6) Has the applicant applied for Unemployment Benefits? ___Yes ___ No
- 7) Is the applicant currently receiving a Federal Housing Subsidy, such as Section 8 or Public Housing, under the U.S. Housing Act of 1937? ___Yes ___ No
- 8) Is the Rental Unit the family's ONLY residence? ___Yes ___ No
- 9) To the best of the applicant's knowledge, is the rental unit legally registered with the City of New Rochelle's Bureau of Buildings as a multifamily dwelling? ___Yes ___ No
- 10) To the best of the applicant's knowledge, the building in which apartment is located is free of any outstanding code violations? ___Yes ___ No

Part 5:
U.S. Citizenship Notification and Certification

Program eligibility is contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time assistance is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

SIGNATURE: _____

DATE: _____

Return Completed Forms to:

City of New Rochelle
Attn: Rebound New Rochelle
515 North Avenue
New Rochelle, NY 10801