



Sen. Andrea Stewart-Cousins  
28 Wells Ave., Building #3  
Yonkers, NY 10701

Dear Ms. Stewart-Cousins,

CVR New York is the local administrator for the project-based voucher program located at 1 Fr. Finian Sullivan Dr. in your district. We are currently accepting applications for the project-based vouchers in this building. Although there is a waiting list for this building, we do not anticipate that it is very lengthy at the moment. Please keep in mind we are accepting applications for this building only. The general Section 8 waiting list remains closed. Successful applicants who are chosen to reside in this building will be responsible for paying 30% of their income toward rent, with the remainder being subsidized by New York State Homes and Community Renewal. To qualify, applicants MUST be 62 years or older. Only 1 bedroom units are available. There is a preference for veterans to be selected before other applicants.

The income maximums are as follows:

One Household Member	Two Household Members
\$37,750	\$43,150

Please copy the attached application and distribute it to any of your constituents who may be interested. I am also enclosing pre-paid envelopes for applicants to mail their applications to our office.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Cassaro", written over the word "Sincerely,".

Nicholas M. Cassaro  
Performance Manager



**FINIAN SULLIVAN TOWER**  
**PROJECT BASED VOUCHER WAITING LIST APPLICATION**  
**RETURN ONLY ONE (1) APPLICATION FORM PER FAMILY TO:**  
**CVR NEW YORK**  
**112 E. POST RD. STE. 102**  
**WHITE PLAINS, NY 10601**

**1. TO BE FILLED OUT BY APPLICANT:**

Name: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_  
Mailing address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

If you are presently living in a motel, or hotel, WestHELP, WESTHAB, emergency housing, shelter, hospital domicile or another homeless facility, **PLEASE LIST YOUR LAST PERMANENT RESIDENCE BELOW.**

Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF:**

<b>FULL NAME</b>	<b>RELATIONSHIP</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>SEX</b>
a. _____	<b>H.O.H</b>	____/____/____	____	____
Social Security # _____	Occupation _____			
b. _____	_____	____/____/____	____	____
Social Security # _____	Occupation _____			
c. _____	_____	____/____/____	____	____
Social Security # _____	Occupation _____			
d. _____	_____	____/____/____	____	____
Social Security # _____	Occupation _____			
e. _____	_____	____/____/____	____	____
Social Security # _____	Occupation _____			

2a. The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are utilized by minority Families. This information must be completed, or the application will be returned to you, thereby delaying the processing of your application.

1. **RACIAL GROUP IDENTIFICATION:** (used for statistical purposes only.) (Please check as many as apply from this group for the head of household only.)

☐ White ☐ Native Hawaiian/Other Pacific Islander  
☐ Black ☐ American Indian/Native Alaskan  
☐ Asian

2. **ETHNICITY:** (check only one from this group)

☐ Hispanic ☐ Non-Hispanic

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2b. Have you ever participated in the Section 8 Program before? Yes ☐ No ☐  
If "YES", please explain: \_\_\_\_\_

2c. **OPTIONAL (NOT REQUIRED TO ANSWER)**

Are you disabled or handicapped? Claim of disability is regarding eligibility only. Yes ☐ No ☐

2d. **If disabled:** Do you require any modification or accommodations in order to fully utilize the unit or the program and its services? Yes ☐ No ☐  
Explain: \_\_\_\_\_

2e. Are you or your spouse a veteran? Yes ☐ No ☐

2f. Student Status Yes ☐ No ☐

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3. Have you (the Head of Household) or any other adult member of your household been convicted of a felony, criminal or drug related activity in the State of New York? Yes ☐ No ☐

If yes, when? \_\_\_\_\_ What type of offense? \_\_\_\_\_

In another state? Yes ☐ No ☐ If yes, which state? \_\_\_\_\_ What type of offense? \_\_\_\_\_

Is any member of the household subject to a lifetime registration under any State sex offender registration program? Yes ☐ No ☐

If you have any comments you wish to add regarding any convictions as stated above, please provide:

What is your Monthly Rent \$ \_\_\_\_\_

Check Utilities paid by you now:

<input type="checkbox"/> Heat	\$ _____/month
<input type="checkbox"/> Electricity	\$ _____/month
<input type="checkbox"/> Gas	\$ _____/month
<input type="checkbox"/> Water	\$ _____/month
<input type="checkbox"/> Other	\$ _____/month

4. **INCOME:**

List ALL full-time, part-time, seasonal and/or temporary employment for ALL household members.  
Include overtime pay, commissions, fees, tips, bonuses and/or self-employed earnings.

<b><u>HOUSEHOLD MEMBER</u></b>	<b><u>EMPLOYER'S NAME/ADDRESS</u></b>	<b><u>GROSS EARNINGS</u></b>	
		<b><u>CURRENT</u></b>	<b><u>ANTICIPATED</u></b>
_____	_____	\$ _____	\$ _____
	_____	weekly/biweekly/monthly	
	_____	(circle one)	
_____	_____	\$ _____	\$ _____
	_____	weekly/biweekly/monthly	
	_____	(circle one)	
_____	_____	\$ _____	\$ _____
	_____	weekly/biweekly/monthly	
	_____	(circle one)	

5. **OTHER SOURCES OF INCOME:**

(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-taking, alimony, child support, annuities, dividends, income from rental property and/or Armed Forces Reserves.)

<b><u>HOUSEHOLD MEMBER</u></b>	<b><u>SOURCE</u></b>	<b><u>AMOUNT</u></b>
_____	_____	\$ _____
		weekly/biweekly/monthly
		(circle one)
_____	_____	\$ _____
		weekly/biweekly/monthly
		(circle one)
_____	_____	\$ _____
		weekly/biweekly/monthly
		(circle one)
_____	_____	\$ _____
		weekly/biweekly/monthly
		(circle one)
_____	_____	\$ _____
		weekly/biweekly/monthly
		(circle one)

6. **ASSETS:**

**Checking Accounts:**

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amt. \_\_\_\_\_  
Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amt. \_\_\_\_\_

**Savings Accounts: (includes Passbook/Statements and Christmas/Vacation Clubs)**

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amt. \_\_\_\_\_  
Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amt. \_\_\_\_\_

**Certificates of Deposit (**

**CD's):** \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amt. \_\_\_\_\_  
Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amt. \_\_\_\_\_  
Bank \_\_\_\_\_

**Credit Union Shares:**

Credit Union Name \_\_\_\_\_ Amt. \_\_\_\_\_  
Address \_\_\_\_\_

Stocks/Bonds (Value) \$ \_\_\_\_\_  
Savings Bonds (Value) \$ \_\_\_\_\_

Other \_\_\_\_\_ Amt. \_\_\_\_\_  
(includes IRA's, mutual funds, etc.)

Do you **NOW** own real estate: Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", what is the value \_\_\_\_\_

Have you **EVER** owned real estate? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" when? \_\_\_\_\_

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

**NO ONE MAY CHARGE ANY APPLICANT A FEE TO SUBMIT AN APPLICATION FOR SECTION 8 ASSISTANCE AND/OR AS A CONDITION FOR RECEIVING ASSISTANCE. IF YOU ARE DETERMINED ELIGIBLE. IF ANYONE ATTEMPTS TO DO SO, PLEASE CALL THE NEW YORK STATE INSPECTOR GENERAL'S OFFICE AT 1-800-367-4448.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

