Affordable Homes For Rent in Melville, New York

One-bedroom, two-bedroom, and three-bedroom rentals available through the affordable housing program for qualifying future residents at Avalon Court

Avalon Court residents are responsible for electric, phone, and cable utilities. Additional monthly fees apply for premium parking and pets. An increased security deposit will be required for households with pets.

HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY

Monthly rent is based on the Area Median Income (AMI)

50% PROGRAM

ONE-BEDROOM: $899 PER MONTH
1 person household $21,576 - $37,391
2 person household $21,576 - $42,733
3 person household $21,576 - $48,074

TWO-BEDROOM: $1,076 PER MONTH
2 person household $25,824 - $42,733
3 person household $25,824 - $48,074
4 person household $25,824 - $53,416
5 person household $25,824 - $57,700

THREE-BEDROOM: $1,225 PER MONTH
3 person household $29,400 - $48,074
4 person household $29,400 - $53,416
5 person household $29,400 - $57,700
6 person household $29,400 - $61,950
7 person household $29,400 - $66,250

80% PROGRAM

ONE-BEDROOM: $1,499 PER MONTH
1 person household $35,976 - $59,826
2 person household $35,976 - $68,372
3 person household $35,976 - $76,919

TWO-BEDROOM: $1,797 PER MONTH
2 person household $43,128 - $68,372
3 person household $43,128 - $76,919
4 person household $43,128 - $85,466
5 person household $43,128 - $92,303

THREE-BEDROOM: $2,058 PER MONTH
3 person household $49,392 - $76,919
4 person household $49,392 - $85,466
5 person household $49,392 - $92,303
6 person household $49,392 - $99,140
7 person household $49,392 - $106,000

*Rents subject to change at anytime without notice. Apartments contain FHA compliant features for persons with disabilities.
Avalon Court Affordable Housing Pre-Application

*Free Translation/Language Assistance Available Upon Request*

Applicants with disabilities may request modifications to the rental unit and/or accommodations to our rules, policies, practices or services, if such modifications or accommodations are necessary to afford an equal opportunity to use and enjoy the premises.

NAME OF PRIMARY APPLICANT: ______________________________________________________

PHONE:_________________   CELL:_________________   EMAIL:_________________

CURRENT ADDRESS:  _____________________________________________________________

                                      Street Number & Name   City   St   Zip

1. What size apartment home(s)* are you interested in?  One    Two    Three

   *Note: Minimum occupancy requirement one person per bedroom.*

2. Do you have pets?  Yes    No  What type of pet?_________________________

3. Does your household need an accessible apartment? (circle one):  Yes    No

4. Do you have a voucher? (circle one)  Yes    No

   If Yes, Housing Authority Name:_________________________________________________

5. Do you have any special housing needs?  Yes    No

   If yes, please explain: _________________________________________________________

   _____________________________________________________________

   _____________________________________________________________

6. Family Composition- List all those who will occupy the apartment, including yourself:

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER NAME</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Relationship*</th>
<th>Full Time Student (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 PRIMARY APPLICANT</td>
<td></td>
<td></td>
<td>Head</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please call (631) 454-4500 or email AvalonCourt@AvalonBay.com with any questions or requests for additional applications or consent forms.
7. **Household Income**- what is the income received and assets held by each member of your household? Include income from employment, SSA/SSI, TANF, Child Support, Alimony, Retirement, pension, unemployment, Military Pay, and gift income.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Income Type</th>
<th>Gross Earnings (before taxes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. What is your combined total gross annual household income from all sources? $________

9. **Household Assets**- include the household assets held by each household member. Include all Checking and Savings accounts, Money Markets, Stocks, Bonds, Life Insurance Policies.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Asset Type</th>
<th>Cash Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that the information furnished in this application is true and complete, to the best of my knowledge and belief. *Signed under the pains and penalties of perjury.*

Head of Household Signature:_________________________ Date:_________

Mail completed form to:
Avalon Court
Attn: Affordable Housing
100 Court North Drive.
Melville, NY 11747

Please call (631) 454-4500 or email AvalonCourt@AvalonBay.com with any questions or requests for additional applications or consent forms.