



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

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.



AVALON COURT

AVALONCOURT.COM

100 COURT NORTH DRIVE, MELVILLE, NY 11747

AVALONCOURT@AVALONBAY.COM

*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:

| HOUSEHOLD MEMBER NAME | Date of Birth | Age | Relationship* | Full Time Student (Y/N) |
|-----------------------|---------------|-----|---------------|-------------------------|
| 1 PRIMARY APPLICANT | | | Head | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |

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.

| Household Member Name | Income Type | Gross Earnings (before taxes) |
|-----------------------|-------------|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.

| Household Member Name | Asset Type | Cash Value |
|-----------------------|------------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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.