



Affordable Homes For Rent in Mamaroneck, New York

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

Avalon Willow 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)
80% PROGRAM

ONE-BEDROOM: \$1,638 PER MONTH
1 person household \$ 39,312 - \$ 62,400
2 person household \$ 39,312 - \$ 71,360
3 person household \$ 39,312 - \$ 80,240

TWO-BEDROOM: \$2,057 PER MONTH
2 person household \$ 49,368 - \$ 71,360
3 person household \$ 49,368 - \$ 80,240
4 person household \$ 49,368 - \$ 89,120
5 person household \$ 49,368 - \$ 96,320



AVALON
WILLOW

AVALONCOMMUNITIES.COM
746 MAMARONECK AVE, MAMARONECK, NY 10543
AWILLOW@AVALONBAY.COM

*Rents subject to change at anytime without notice. Apartments contain FHA compliant features for persons with disabilities.



Avalon Willow 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**

***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 (914) 777-2900 or email AWillow@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 Willow
 Attn: Affordable Housing
 746 Mamaroneck Ave
 Mamaroneck, NY 10543

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