



Affordable Homes For Rent in Ossining, New York

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

Avalon Ossining residents are responsible for all utilities including electric, gas, water, and cable (phone & internet). Additional monthly fees apply for premium parking, storage and pets.



AVALON
OSSINING

AVALONOSSINING.COM
217 NORTH HIGHLAND AVENUE, OSSINING, NY 10562
AVALONOSSINING@AVALONBAY.COM

HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY
monthly rent is based on the Area Median Income (AMI)

80% PROGRAM

ONE-BEDROOM: \$1,637 PER MONTH

1 person household \$ 39,288 - \$ 67,350

2 person household \$ 39,288 - \$ 77,000

3 person household \$ 39,288 - \$ 86,600

TWO-BEDROOM: \$1,973 PER MONTH

1 person household \$ 47,352 - \$ 77,000

2 person household \$ 47,352 - \$ 86,600

3 person household \$ 47,352 - \$ 96,250

4 person household \$ 47,352 - \$ 103,950

THREE-BEDROOM: \$2,280 PER MONTH

1 person household \$ 54,720 - \$ 86,600

2 person household \$ 54,720 - \$ 93,650

3 person household \$ 54,720 - \$ 103,950

4 person household \$ 54,720 - \$ 111,650

5 person household \$ 54,720 - \$ 119,360

One-bedroom wait list is open

Two & Three-bedroom wait list is currently closed

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



Avalon Ossining 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: _____

4. Do you have any special housing needs? **Yes** **No**

If yes, please explain: _____

5. 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) 307-0783 or email AvalonOssining@AvalonBay.com with any questions or requests for additional applications or consent forms.

6. **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)

7. What is your combined total gross annual household income from all sources? \$_____

8. **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 Ossining
Attn: Affordable Housing
217 N Highland Ave.
Ossining, NY 10562

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