



HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY

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

130% PROGRAM

ONE-BEDROOM: \$3,086 PER MONTH

1 person household max Income: \$115,200

2 person household max Income: \$131,700

3 person household max Income: \$148,150

TWO-BEDROOM: \$3,703 PER MONTH

2 person household max Income: \$131,700

3 person household max Income: \$148,150

4 person household max Income: \$164,600

5 person household max Income: \$177,750

THREE-BEDROOM: \$4,279 PER MONTH

3 person household max Income: \$148,150

4 person household max Income: \$164,600

5 person household max Income: \$177,750

6 person household max Income: \$190,950

7 person household max Income: \$204,100



Workforce
Homes For Rent in Great Neck, NY
One-bedroom, two-bedroom, and three-bedroom
rentals available through the affordable housing program for qualifying
future residents at
Avalon Great Neck

Applications will not be approved until a completed
Workforce Housing Self-Certification form is
submitted to the leasing office and approved.

Avalon Great Neck residents are responsible
for monthly amenity fees and utilities such as electric, gas, sewer,
water, phone and cable. Additional monthly fees apply for parking
and pets. An increased security deposit will be required for
households with pets.



AVALON

Great Neck

AVALON GREAT NECK
240 EAST SHORE ROAD, GREAT NECK, NY 11023
AVALONGREATNECK@AVALONBAY.COM

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



Workforce Household Income Self-Certification Form

You applied for an apartment subject to the rent and income restrictions under the Long Island Workforce Housing program and are required to certify your household income to determine eligibility. Please complete this form, sign and return it to the leasing office. **Your application will not be complete until this form is submitted.** If you need assistance completing this form, please call (516) 472-0740.

I Household
Name:

I Apartment:

I # Bedrooms

1. List the names and ages of all household members, including yourself as Head of Household. Indicate each individual's relationship to the Head of Household.

	Household Member Name	Date of Birth	Relation to Head of Household
Head			Self
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2. Household Income

Earned Income- Please include the income of all household members who are earning income. This includes employment and wages of any kind including full-time, part-time, seasonal, self-employment, temporary employment, cash payment, etc. *Source documents may be requested and must be provided upon request.*

Household member name	Employer/ Source of income	Annual Amount (\$)	Clarification, if needed

2a. What is the total household earned income? \$ _____



Unearned Income- Please include the income of all household members receiving un-earned income, including social security, unemployment, pension or retirement, child support, alimony, interest from assets, gift income, etc. *Source documents may be requested and must be provided upon request.*

Household member name	Unearned Income Type	Annual Amount (\$)	Clarification, if needed

2b. What is the total annual household unearned income? \$ _____

3. What is the household's total annual income? (add 2a +2b) \$ _____

4. Do you anticipate any changes in the coming year in household size and/or household income? If yes, explain:

I hereby certify or declare under penalty of perjury that the information given is complete and accurate to the best of my knowledge. I understand that providing false or misleading information is a breach of the lease and may result in cancellation of the lease and/or criminal penalties.

PRINT NAME OF HEAD OF HOUSEHOLD	SIGNATURE OF HEAD OF HOUSEHOLD	DATE
PRINT NAME OF OTHER ADULT	SIGNATURE OF OTHER ADULT	DATE
PRINT NAME OF OTHER ADULT	SIGNATURE OF OTHER ADULT	DATE

For Property Management Staff Use Only

I have reviewed the household's eligibility based on household size and household income.

HOUSEHOLD QUALIFIES HOUSEHOLD DOES NOT QUALIFY

Associate Name _____

Signature & Date _____

