

TOWN OF CORTLANDT



TOWN HALL, 1 HEADY STREET, CORTLANDT MANOR, NY 10567
914-734-1080
FAX 914-734-1025

Linda D. Puglisi
Town Supervisor

Affordable Housing Committee

Linda D. Puglisi, Supervisor
Ann Lindau, Councilwoman
Chris Kehoe, Dep. Director DOTS: Planning
Loretta Taylor, Planning Board Member
Nora Hogan, Social Worker Office of Aging

Town Board
Richard H. Becker
Francis X. Farrell
Ann Lindau
John E. Sloan

Advisors

Rose Noonan, Housing Action Council
Thomas F. Wood, Esq., Town Attorney
Ed Vergano, P.E., Director DOTS
Rosemary Boyle Lasher, DOTS Planning

Dear Resident:

If you are interested in being placed on a waiting list to acquire a affordable housing units in the Town of Cortlandt through re-sales, please fill out the attached form.

Before you fill out the attached form please review the “Westchester County Income Guidelines” to confirm that your income falls within these guidelines.

Currently The Town of Cortlandt has a total of 16 affordable units as defined under Westchester County Guidelines. Eight (8) of these units are restricted to age 55 and older. The other eight (8) are open to any age group. All of these units are currently occupied, but we will work from a “waiting list” for re-sales. The following income limits are effective as of May 2010:

Household Size	Maximum Income
1	\$ 58,650
2	\$ 67,050
3	\$ 75,450
4	\$ 83,750
5	\$ 90,500
6	\$ 97,200

FOR ADDITIONAL INFORMATION

Please contact Housing Action Council at (914) 332-4144 (FAX: 914-332-4147) or via email at tfleischman@affordablehomes.org

Town of Cortlandt, Westchester County, New York
Affordable Housing Program
Expression of Interest



To: Town of Cortlandt Housing Committee

YES, I wish to be considered for future available affordable housing in the Town of Cortlandt. I understand that by mailing back this form I will be placed on a resident waiting list and will be contacted in the future as homes become available. I also acknowledge that it is my responsibility to assure that my contact information is updated and current.

Name of Applicant(s): _____

Are you currently a resident of the Town of Cortlandt? Yes / No

Present Address: _____
Street Address, Apt # City State Zip

Time at Present Address: Years: _____ Months _____

Are you currently age 55 or older? Yes / No (for Senior Citizen Affordable Housing)

Telephone: Home: _____ Work _____ Cell _____

Do you have access to email? Yes / No

Email Address: _____

(Email address is very important as future contact will be via email. However, if you prefer regular mail – then please indicate.)



Signature of Applicant _____ Date: _____

IMPORTANT - It is your responsibility to update your contact information, if it should change in the future.

This form should be return to:
TOWN OF CORTLANDT – Planning Division
TOWN HALL, 1 HEADY STREET
CORTLANDT MANOR, NY 10567