

TOWN OF CORTLANDT

DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

Chris Kehoe, AICP Director

Planning Staff Michelle Robbins, AICP Rosemary Boyle-Lasher Town Hall, 1 Heady Street Cortlandt Manor, NY 10567 Main #: 914-734-1080 Town Supervisor Richard H. Becker, MD

Town Board James F. Creighton Francis X. Farrell Cristin Jacoby Robert Mayes

Dear Resident,

Currently the Town of Cortlandt has a total of 16 affordable units as defined under HUD 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.

If you are interested in being on our list for notification of future Affordable Housing sales opportunities in Cortlandt, please click the link below to review if your income complies with the HUD Westchester County Income Guidelines.

Link to HUD 2022 Westchester County Income Guidelines:

https://www.townofcortlandt.com/documents/Planning/Affordable%20Housing/2022 INCOME GUIDELINES.pdf

If you believe your income does comply with the Guidelines above then please fill out the attached form and return it to us at:

Mr. Chris Kehoe, AICP, Director Department of Planning & Community Development Town Hall, 1 Heady Street Cortlandt Manor, NY 10567

## FOR ADDITIONAL INFORMATION REGARDING INCOME GUIDELINES

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

YES, I have an interest in being 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:				
St	reet Address, Apt #	City State	Zip	
Time at Present Address	: Years: N	Months		
Are you currently age 55	5 or older? Yes / No	0		
Telephone: Home:	Work	Cel	1	
Do you have access to e Email Address:	mail? Yes / No			
(Email address is very imp please indicate.)	ortant as future cont	tact will be via em	ail. However, if y	ou prefer regular mail – then
ŤŤŤ	****	<u>↓↓↓↓↓↓↓↓↓↓</u>	. <u>↓</u> ↓↓↓↓↓↓↓↓↓↓	****
Signature of Applicant		Г	)ate:	
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 returned to:

Mr. Chris Kehoe, AICP, Director Department of Planning & Community Development Town of Cortlandt Town Hall, 1 Heady Street Cortlandt Manor, NY 10567