



City of Beacon  
One Municipal Plaza  
Beacon, New York 12508  
845-838-5010 – Office • 845-838-5012 – Fax • www.cityofbeacon.org

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The apartment you are considering renting was developed through the Affordable Housing Ordinance in the City of Beacon to increase the supply of safe, decent and affordable housing throughout our community.

**As a requirement:**

- 1) The units must be rented to an income eligible household. Household income must not exceed 90% of the Area Median Income as defined by the US Department of Housing and Urban Development.
- 2) Rents may not exceed the maximum rent established by the Agreement.
- 3) You must provide documentation of your eligibility. This involves completion of the attached rental application, submission of requested income and asset verification documents, and consent to a Credit History Screening.

**In addition, the agreement establishes the following priority order for applications**

- 1) Households applying for Below Market Rate units shall be selected on a basis of the categories of priority: **Please add any points that you feel apply to your household and submit the following backup documentation.**

**Category**

- A) Volunteer emergency responders for the City of Beacon who have served at least five years.
- B) City of Beacon municipal employees.
- C) Employees of the Beacon School District.
- D) All other residents of the City of Beacon.
- E) Other persons employed in the City of Beacon.
- F) All others.

Within each of the above categories, the following special groups shall receive priority in the following order:

- (1) Priority for rental units shall be established for all eligible households as defined in § 223- 63, whose aggregate gross annual income is between 70% and 80% of the Dutchess County area median annual income.
- (2) Priority for all for-sale units shall be established for all eligible households as defined in § 223-63, whose aggregate gross annual income is between 90% and 100% of the Dutchess County area median annual income.

**If you are interested in one of our affordable apartments, please send in all required documentation to:**

**Hudson River Housing, Inc.  
291 Mill Street Poughkeepsie, NY 12601**

**Hudson River Housing has been retained to manage the applications for the affordable apartments at Development.**

Hudson River Housing is a nonprofit agency and is responsible for ensuring compliance with all requirements established by the Affordable Housing Agreement. You may contact Hudson River Housing at (845) 454-9288 if you have any questions about these requirements.

# City of Beacon Workforce Housing Guidelines

| Apartment Type | Maximum Incomes & Occupancy* |                  |          |          |
|----------------|------------------------------|------------------|----------|----------|
|                | Rent Limits                  | Occupancy Limits | 90% AMI  |          |
| 1 Bedroom      | \$1061                       | Min-1 Person     | 1 Person | \$56,340 |
|                |                              | Max- 2 People    | 2-People | \$64,440 |
| 2 Bedroom      | \$1258                       | Min-2 People     | 3-People | \$72,450 |
|                |                              | Max-4 People     | 4-People | \$80,460 |

\*Household income must not exceed 90% of the Area Median Income (as defined by the US Department of Housing and Urban Development (HUD). Household income is adjusted for the number of persons in the household.

Households applying for a Below Market Rate Workforce Housing Unit shall be selected on the basis of the following categories of priority:

1. Volunteer Emergency Responders for the City of Beacon who have served at least five years
2. City of Beacon municipal employees.
3. Employees of the Beacon School District.
4. All other residents of the City of Beacon.
5. Other persons employed in the City of Beacon.
6. All others

Applicants must provide documentation verifying the Identity of Household Occupants and their Respective Incomes to Hudson River Housing, Inc. & the participating developers with the City of Beacon’s Workforce Housing Program. Applicants must also consent to a credit history screening with applicable participating developer

Hudson River Housing, Inc., a local not-for-profit housing advocacy group, has been retained to manage the applications for the City of Beacon Workforce Housing apartments..

For further information, or to apply for one of the Affordable Apartments, please contact

Lashonda Denson  
Hudson River Housing, Inc.  
(845) 454-9288  
[ldenson@hudsonriverhousing.org](mailto:ldenson@hudsonriverhousing.org)



EQUAL HOUSING  
OPPORTUNITY

**CITY OF BEACON AFFORDABLE UNIT APPLICATION**

|  |   |                      |                             |
|--|---|----------------------|-----------------------------|
| <b>Applicant Information</b>               |   |                      |                             |
| First Name                                 | MI  | Last Name            |                             |
| Social Security #                          | DOB   | AGE                  | FULL TIME STUDENT<br>Y OR N |
| Phone                                      | Work Phone  | E-Mail Address       |                             |
| <b>Current Address</b>                     |   |                      |                             |
| Street Address                             | City  | State                | Zip                         |
| How Long Lived There?                      | Landlord Name   | Landlord Phone#      |                             |
| Mo. Rent                                   | Reason For Moving   |                      |                             |
| <b>Previous Address</b>                    |   |                      |                             |
| Street Address                             | City  | State                | Zip                         |
| Date In                                    | Date Out  | Landlord Name        | Landlord Phone #            |
| <b>Employment &amp; Income Information</b> |   |                      |                             |
| <b>Income Source #1</b>                    |   |                      |                             |
| Employer Name/Income Source                |   | Employer Address     |                             |
| Supervisor Name                            |   | Supervisor Contact # |                             |
| Position                                   | Start Date<br>/ /   | End Date<br>/ /      |                             |
| Gross Per Paycheck<br>\$                   | How Often Are you Paid? (Circle One)<br>Once Per Month Twice Per Month<br>Once Per Week Every Two Weeks |                      | Self Employed?<br>Y or N    |
| <b>Income Source #2</b>                    |   |                      |                             |
| Employer Name/Income Source                |   | Employer Address     |                             |
| Supervisor Name                            |   | Supervisor Contact # |                             |
| Position                                   | Start Date<br>/ /   | End Date<br>/ /      |                             |
| Gross Per Paycheck<br>\$                   | How Often Are you Paid? (Circle One)<br>Once Per Month Twice Per Month<br>Once Per Week Every Two Weeks |                      | Self Employed?<br>Y or N    |
| Amount<br>\$                               | How Often Are you Paid? (Circle One)<br>Once Per Month Twice Per Month<br>Once Per Week Every Two Weeks |                      | Source                      |

**CITY OF BEACON AFFORDABLE UNIT APPLICATION**

|  |   |                      |                          |
|--|---|----------------------|--------------------------|
| <b>Co-Applicant Information</b>            |   |                      |                          |
| First Name                                 | MI  | Last Name            |                          |
| Social Security #                          | DOB   | AGE                  |                          |
| Phone                                      | Work Phone  |                      |                          |
| <b>Current Address</b>                     |   |                      |                          |
| Street Address                             | City  | State                | Zip                      |
| How Long Lived There?                      | Landlord Name   | Landlord Phone#      |                          |
| Mo. Rent                                   | Reason For Moving   |                      |                          |
| <b>Previous Address</b>                    |   |                      |                          |
| Street Address                             | City  | State                | Zip                      |
| Date In                                    | Date Out  | Landlord Name        | Landlord Phone #         |
| <b>Employment &amp; Income Information</b> |   |                      |                          |
| <b>Income Source #1</b>                    |   |                      |                          |
| Employer Name/Income Source                |   | Employer Address     |                          |
| Supervisor Name                            |   | Supervisor Contact # |                          |
| Position                                   | Start Date<br>/ /   | End Date<br>/ /      |                          |
| Gross Per Paycheck<br>\$                   | How Often Are you Paid? (Circle One)<br>Once Per Month    Twice Per Month<br>Once Per Week    Every Two Weeks |                      | Self Employed?<br>Y or N |
| <b>Income Source #2</b>                    |   |                      |                          |
| Employer Name/Income Source                |   | Employer Address     |                          |
| Supervisor Name                            |   | Supervisor Contact # |                          |
| Position                                   | Start Date<br>/ /   | End Date<br>/ /      |                          |
| Gross Per Paycheck<br>\$                   | How Often Are you Paid? (Circle One)<br>Once Per Month    Twice Per Month<br>Once Per Week    Every Two Weeks |                      | Self Employed?<br>Y or N |

**CITY OF BEACON AFFORDABLE UNIT APPLICATION**

| <b>Other Occupants</b>     |               |              |       |                    |                            |     |
|----------------------------|---------------|--------------|-------|--------------------|----------------------------|-----|
| Name                       |               |              | DOB   | Age                | Receiving Income<br>Y or N |     |
|                            |               |              |       |                    |                            |     |
|                            |               |              |       |                    |                            |     |
|                            |               |              |       |                    |                            |     |
| <b>Pets</b>                |               |              |       |                    |                            |     |
| Pets<br>Y or N             | Dog<br>or Cat | # of<br>Each | Breed | LBS                | Breed                      | LBS |
|                            |               |              |       |                    |                            |     |
|                            |               |              |       |                    |                            |     |
|                            |               |              |       |                    |                            |     |
|                            |               |              |       |                    |                            |     |
|                            |               |              |       |                    |                            |     |
| <b>Vehicle Information</b> |               |              |       |                    |                            |     |
| Make, Model, Color         |               | Year         |       | Lic. Plate # State |                            |     |
| Make, Model, Color         |               | Year         |       | Lic. Plate # State |                            |     |

| <b>Emergency Contact</b>  |         |         |
|---|---------|---------|
| Full Name   | Address | Phone # |
| Full Name   | Address | Phone # |
| Other Information:  |         |         |
| Are you or any member of your household a Volunteer Emergency Responder? Y or N |         |         |
| If Yes, when did service begin  |         |         |
|   |         |         |
|   |         |         |

*I agree to authorize the participating developers with the City of Beacon's Workforce Housing Program or any of its subsidiaries, agents, or assignees to use this copy of my signature as my consent and approval to verify my credit, employment, income, assets, former tenancies and criminal background, of any, in connection with my application for future tenancy in an apartment offered through the City of Beacon's Workforce Housing Program. I understand that all information collected during the verification process will be used solely for the purposes of determining eligibility for residing at a unit offered through the City of Beacon's Workforce Housing Program.*

**Acknowledged & Agreed**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**City of Beacon Workforce Housing Program  
Required Documentation Checklist**

In order to be considered as having submitted a complete application, you must provide the following documentation with your application:

Last 4 weeks consecutive pay stubs

Last 2 years tax returns

Last 2 months bank statements

Most recent statement of other income received

Please be advised that additional information may be requested if needed to determine eligibility.

Send the completed application and required documents to:

Lashonda Denson  
Hudson River Housing, Inc.  
NeighborWorks® HomeOwnership Center  
**of Dutchess County**  
291 Mill Street  
Poughkeepsie, NY 12601  
845.485.1957 fax  
ldenson@hudsonriverhousing.org