

AIRMONT GARDENS

A SENIOR COMMUNITY

60 North Debaun Avenue • Airmont, N.Y. 10901

Tel: (845) 368 4422 • Fax: (845) 368-4499

Dear Prospective Tenant:

It is with great excitement that we share with you Rockland County's senior housing rental community at Airmont Gardens. As a potential applicant, we are offering you an opportunity to preview Airmont Garden's outstanding apartment and community amenities and generous building and apartment layouts.

Airmont Gardens is located on 60 North Debaun Avenue off of Airmont Road in the Village of Airmont. As you can see by the enclosed brochure, this exciting 140 unit senior rental complex was specifically designed for mature adults, 55 years and older, who meet certain income eligibility requirements. Each apartment has a modern kitchen, featuring a frost free refrigerator, dishwasher, microwave and a self-cleaning oven, an attractive full bathroom, numerous closets, carpeting and vinyl floors. (See enclosed brochure for site plan and apartment layouts.) Airmont Gardens consists of four 3-story apartment buildings, all with connecting pathways leading to the clubhouse. Each has an elevator and a laundry room. Ample parking is provided.

Additionally, there is an on-site management office, 24-hour emergency maintenance service, two-way entry access system, an activities program with community rooms available for residents' use for holiday parties and other exciting activities. Handicapped accessible apartments are also available. While this community is situated in a residential setting, it is convenient to shopping, religious institutions and transportation.

We believe our apartments are ideally suited to those individuals who are looking for quality housing since rent for a one-bedroom apartment starts at \$1,019 a month, and \$1,232 a month for a two-bedroom, with heat and hot water included. We are able to provide high quality affordable rental housing because we've obtained tax credits from the New York State Division of Housing and Community Renewal and other financing through the New York State Housing Finance Agency.

Currently, we are accepting applications for residency. Call us to make an appointment to visit. Please mail or fax your completed application, along with all of the required documentation to the following address:

Airmont Gardens
Attn: Management Office
60 North DeBaun Avenue
Airmont, New York 10901
Fax: (845) 368-4499

For more details about Airmont Gardens, please call **(845) 368-4422** or visit us at **www.airmontgardensproperties.com**. We thank you in advance for your interest and look forward to hearing from you soon.

Sincerely,

Airmont Gardens Management Office

Office Use Only:

Applicant Log# _____
Date Received: _____
Time Received: _____

RENTAL APPLICATION FOR AIRMONT GARDENS APTS.
60 North DeBaun Avenue, Airmont, New York 10901
Telephone (845) 368-4422 * Fax (845) 368-4499

Date: _____

Desired Apartment Size: _____ 1 Bedroom _____ 2 Bedroom

Date Desired: _____

1. HOUSEHOLD INFORMATION

List all household members that will be living in the apartment:

#1 HOUSEHOLD HEAD

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

#3 OCCUPANT

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

Relationship to Household Head _____

2. EMPLOYMENT HISTORY

HOUSEHOLD HEAD

Name of Current Employer: _____

Address: _____

Telephone Number: _____

Gross paycheck amount (before deductions)

\$ _____

_____ Weekly Paycheck _____ Biweekly Paycheck

If less than two years at present place of employment, please list previous employment history

Name and Address of Previous Employer: _____

HOUSEHOLD HEAD

Number of years employed: _____

#2 SPOUSE OR OTHER APPLICANT

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

#4 OCCUPANT

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Student: _____ Yes _____ No

Relationship to Household Head _____

SPOUSE OR OTHER APPLICANT

Name of Current Employer: _____

Address: _____

Telephone Number: _____

Gross paycheck amount (before deductions)

\$ _____

_____ Weekly Paycheck _____ Biweekly Paycheck

Name and Address of Previous Employer: _____

SPOUSE OR OTHER APPLICANT

Number of years employed: _____

3. OTHER INCOME: List all sources of income for each household member that will be living in this apartment. Please indicate overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child or alimony support, pension, social security benefits, cash contributions from individuals, etc.

(Please list the GROSS monthly amount for each person)

Self Employment Income \$ _____

Social Security \$ _____

Pension \$ _____

Other Income \$ _____

****Please complete the attached income questionnaire.**

4. ASSETS: List all Checking and Savings accounts, including IRA accounts, retirement accounts, Certificates of Deposit, Credit Union Shares, Stocks and Bonds, Trust funds, etc.

Checking Account Number	Bank Name	Average Balance	Holder
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Savings Account Number	Bank Name	Average Balance	Holder
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Certificate of Deposit Balance \$ _____ Bank Name _____

Certificate of Deposit Balance \$ _____ Bank Name _____

Stocks and Bonds \$ _____ Bank Name _____

Stocks and Bonds \$ _____ Bank Name _____

IRA/Keogh/ Retirement Accounts \$ _____

U.S. Savings Bonds (value) \$ _____

Trusts \$ _____

Additional or Other Assets \$ _____

5. HOUSING INFORMATION

Do you own or rent at your current address _____ Own _____ Rent

If you currently own, what is the value of the property? _____

Is the property income-producing or rental property? _____

If you owned real estate in the past when? _____

If you are renting, are you presently receiving a Section 8 subsidy? _____ Yes _____ No

IF YOU HAVE RENTED AN APARTMENT DURING THE PAST TWO YEARS, PLEASE COMPLETE THE FOLLOWING

SECTION:

Current Landlord's Name/Address/Phone #	Your address	Dates From: To:
Name: _____	_____	_____
Address: _____	_____	Amount Paid: _____
_____	_____	
Phone #: _____		

**Previous Landlord's
Name/Address/Phone #**

Your address

Dates From: To:

Name: _____

Amount Paid: _____

Address: _____

Phone #: _____

Do you have a car? _____ Yes _____ No If yes, how many? _____

Do you have any pets? _____ Yes _____ No If yes, please list all pets _____

How did you hear about this development - please check?

Newspaper Friend

Local organization or Church Sign on property

Resident - please list name: _____

Other _____

6. LETTER OF UNDERSTANDING

I (we) understand that the monthly rental amounts are subject to change, although every effort will be made to keep the actual rent amount as close as possible to the figures listed on the cover letter.

I (we) grant permission for the development/marketing/management team for Airmont Gardens to exchange credit and financial information about me (us) with others. You may request a credit report on me (us) and, if asked, you will tell me (us) the name and address of the consumer reporting agency that furnished it.

I (we) understand that the above information is being collected to determine my/our eligibility for residency. I (we) authorize the managing agent to verify all information provided on this Preliminary Tenant Application and our signature below is our consent to such verification. I (we) certify that I (we) have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal belongings). I/we hereby authorize the Landlord to obtain information it deems desirable in the processing of the application including but not limited to credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle record and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.

I (we) understand and certify that all information contained in this application is true and correct to the best of my (our) knowledge. I (we) understand that all information provided on this form will be kept confidential, and only persons involved in administering this program will have access to this information.

Household head signature

Spouse or other applicant signature

Date

Date

Other applicant signature

Other applicant signature

Date

Date

AIRMONT GARDENS

60 North Debaun Avenue

Airmont, NY 10901

(845) 368 - 4422

(845) 368 - 4499

INCOME QUESTIONNAIRE

Please check any other sources of income not listed on your rental application.

Applicant Name: _____

Please check yes or no.

YES

NO

If yes, please list the **GROSS** amount and specify frequency of income (monthly, weekly, etc.)

A. Other Income

- | | | | |
|---|--------------------------|----------|--------------------------|
| * Unemployment benefits or workman's compensation | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| * Public Assistance | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| * Veteran's benefit | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| * Annuities | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| * Disability payments or benefits | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| * Regular payments from a severance package | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| * Regular pay as a member of the Armed Forces | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| * Regular gifts or payments from outside the household | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| * Regular payments from lottery winnings or inheritances | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| * Regular payments from rental property or other types of
real estate transaction. | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| * Regular payments from a settlement (e.g., Ins. Settlement) | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| * Regular rent or utility payments paid by someone on behalf
of the household | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |
| * Whole life Insurance | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> |

B. Please list any adult household member over 18 years old not receiving any source of income.

I hereby certify that all of the above information is true to the best of my knowledge.

Signature

Date

ASSET SOURCES

IF YOU HAVE A CHECKING ACCOUNT

YOU MUST SEND

* Latest (6) months statement of account

IF YOU HAVE A SAVINGS ACCOUNT

* Passbook or latest account statement

IF YOU HAVE A MONEY MARKET ACCOUNT

* Latest statement of account

IF YOU HAVE ANY STOCKS, BONDS

* Statements showing value of stocks or bonds and earnings credited to you

IF YOU RECEIVE INCOME FROM A TRUST

* Documentation verifying income received from trust and present amount

IF YOU RECEIVE A PENSION

* Documentation verifying income received from pension and present amount

IF YOU HAVE A 401K PROGRAM

* Documentation verifying contributions and present amount in 401K program

IF YOU OWN REAL ESTATE

* Current Market Value provided by a realtor with estimated closing costs or a recent appraisal

IF YOU HAVE ANY OTHER ASSETS

* Recent statement showing value of assets and any income from asset.

INCOME SOURCES

IF EMPLOYED

YOU MUST SEND

* 6 paycheck stubs & 2019 IRS Tax Return

IF RECEIVING SOCIAL SECURITY OR SUPPLEMENTAL SECURITY INCOME

* 2020 Award or benefit notification letter

IF RECEIVING WELFARE (AFDC)

* 2020 Award/Budget Letter

IF RECEIVING ALIMONY OR CHILD SUPPORT

* Copy of Separation or Settlement agreement stating the amount and type of support and payment schedules

IF RECEIVING DISABILITY INSURANCE, WORKMAN'S COMPENSATION OR SEVERANCE PAY

* Recent Payment stub or verification letter

IF RECEIVING PENSION PAYMENTS

* 2020 Award letter/payment stub

IF RECEIVING VETERAN'S BENEFITS

* 2020 Award letter

IF RECEIVING ANY OTHER FORM OF PERIODIC INCOME

* Verification of type of income

Please bring your 2019 income tax return with all W-2's & 1099's or latest filed.

AIRMONT GARDENS
ELIGIBILITY POLICY FOR ADMISSION

The policy of Airmont Gardens is one of Equal Opportunity for prospective applicants regardless of race, color, religion, sex, handicap, familial status, or national origin, as defined in title 6 of the 1964 Civil Rights Act as amended in 1990, Title 8 of the 1968 Civil Rights Act Sec. 504 of the Rehabilitation Act and Executive Order 11063.

Vacant apartments are offered to eligible applicants on a first come, first serve basis. The management for Airmont Gardens will review all applications to determine eligibility for residency at Airmont Gardens with the following criteria:

1. All persons interested in an apartment must complete and submit an application for tenancy. Upon receipt, all applications will be reviewed for completeness. In the event, an application is not completed in its entirety, it will be considered incomplete and thus denied. All applications are numbered and logged according to the date they are received in our office;
2. The head of household must be 55 years of age or older and all other occupants must be 40 years and older;
3. All applicants must be income eligible. Applicants must demonstrate a clear ability to pay their rental obligations. Applicants whose rental charge exceeds 45% of their gross income will be denied in the absence of credible co-obligor. Maximum incomes are listed on the following page;
4. All applicants must be income eligible as defined under "Section 42 of the Internal Revenue Service Code;
5. Applicants must have maintained a satisfactory credit history. Outstanding debts, liens, or judgments exceeding \$500.00 will generally be cause for rejection, unless the applicant can demonstrate that the debts are being paid off on an active basis. Management will require an additional security deposit in the event of this case. Lack of credit history is not sufficient justification to deny an applicant. Rejection for any of the above will be considered rejection due to derogatory credit;
6. Prior landlords will be contacted for references. Applicants will be rejected if they have a history of any of the following; previous evictions, repeated late payment of rent, failure to pay rent or other charges, history of lease violations, public disturbances, damage to the living unit or the property of others, physical or verbal attacks on others, or a history of poor housekeeping. Rejection for any of the above will be considered as derogatory residency history;
7. Applicants may be rejected if anyone in the household has been convicted of a drug-related or violent offense, which is documented in the public records. Rejection for any of the above will be considered derogatory public records;

Senior Rentals for those Age 55 and Better

1 Bedroom/1 Bath: \$1,019 & \$1,232 per month

2 Bedroom/1 Bath: \$1,214 & \$1,470 per month

140 units – 4 Bldgs.

A Building – 60 North Debaun Avenue

B Building – 62 North Debaun Avenue

C Building – 64 North Debaun Avenue

D Building – 66 North Debaun Avenue

Utilities:	Water, heat and trash removal are included
Electric:	Estimated to be approx. \$47-\$66/month
Air conditioners:	Sleeves provided in living room and both bedrooms
Cable:	Outlets provided in living room and both bedrooms
Telephone:	Jacks provided in living room and both bedrooms

Deposits/Fees:

Security Deposit:	Equal to one month's rent
Lease Terms:	12 months
Pets: (see policy for details)	1 pet/apt. Dogs under 25lbs., cats under 12 lbs., certain birds & fish (excludes service animals)
Parking:	No charge
Laundry:	Card operated machines in each building
Storage:	Contact the office for more information

Apartment Features:

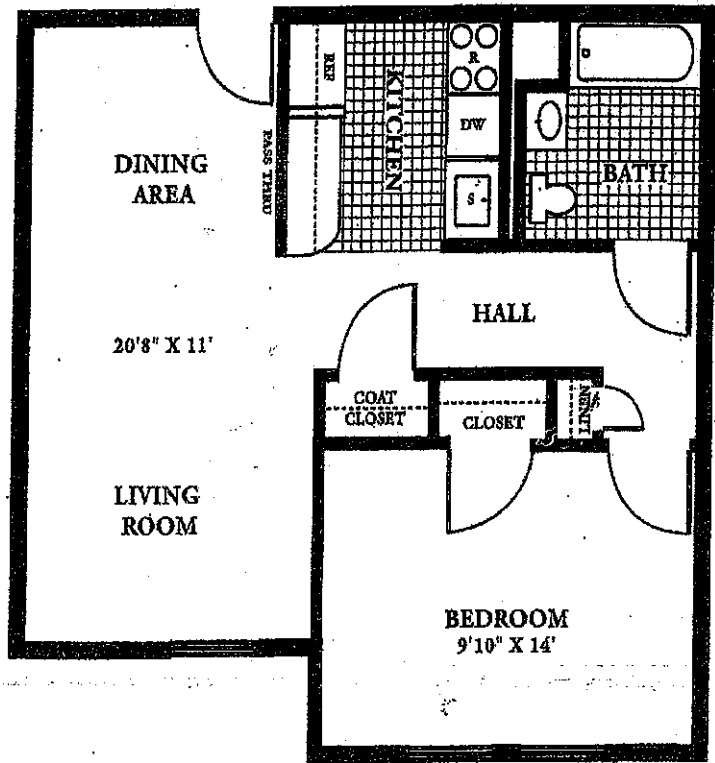
Fully equipped kitchen including: dishwasher, microwave oven, self-cleaning electric stove & frost-free refrigerator
Pass through from kitchen to living room
Spacious closets
Carpeting or vinyl wood plank floors
Blinds on all windows
Emergency pull-cords in bedrooms & bathrooms
Grab bars in all bathrooms

Community Amenities:

Community Room w/large screen TV
Social activities
Landscaped outdoor sitting area
Management Office on-site
24-hour Maintenance on-site

**** Must meet income guidelines and Airmont Gardens screening criteria to qualify
Information subject to change at owner's discretion**

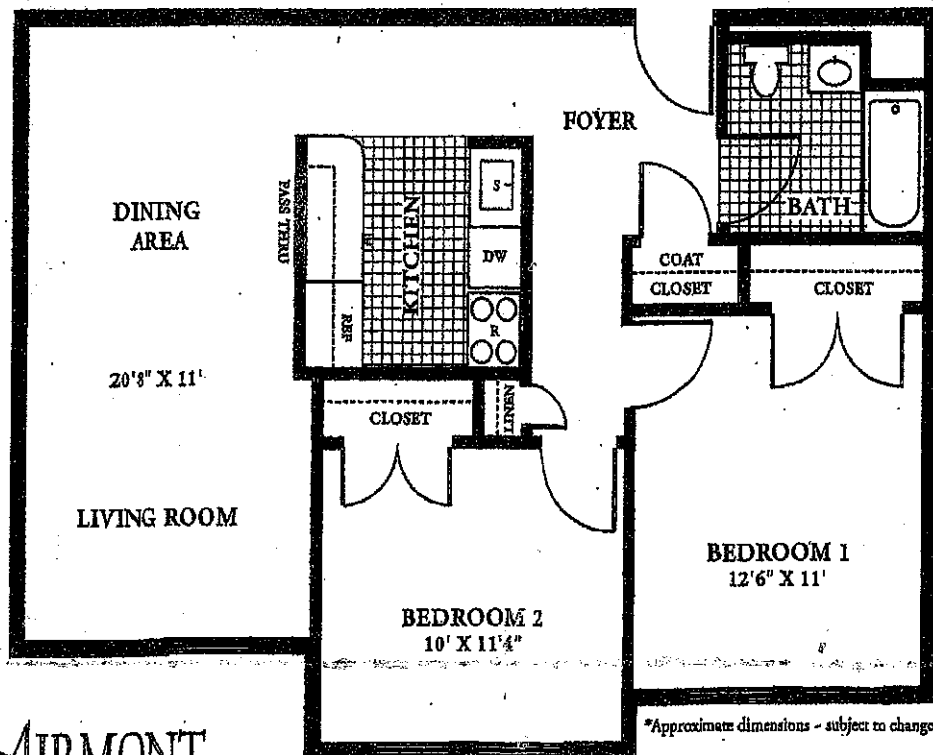
1 Bedroom - 1 Bath



AIRMONT GARDENS
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*Approximate dimensions - subject to change

2 Bedrooms - 1 Bath



AIRMONT GARDENS

*Approximate dimensions - subject to change