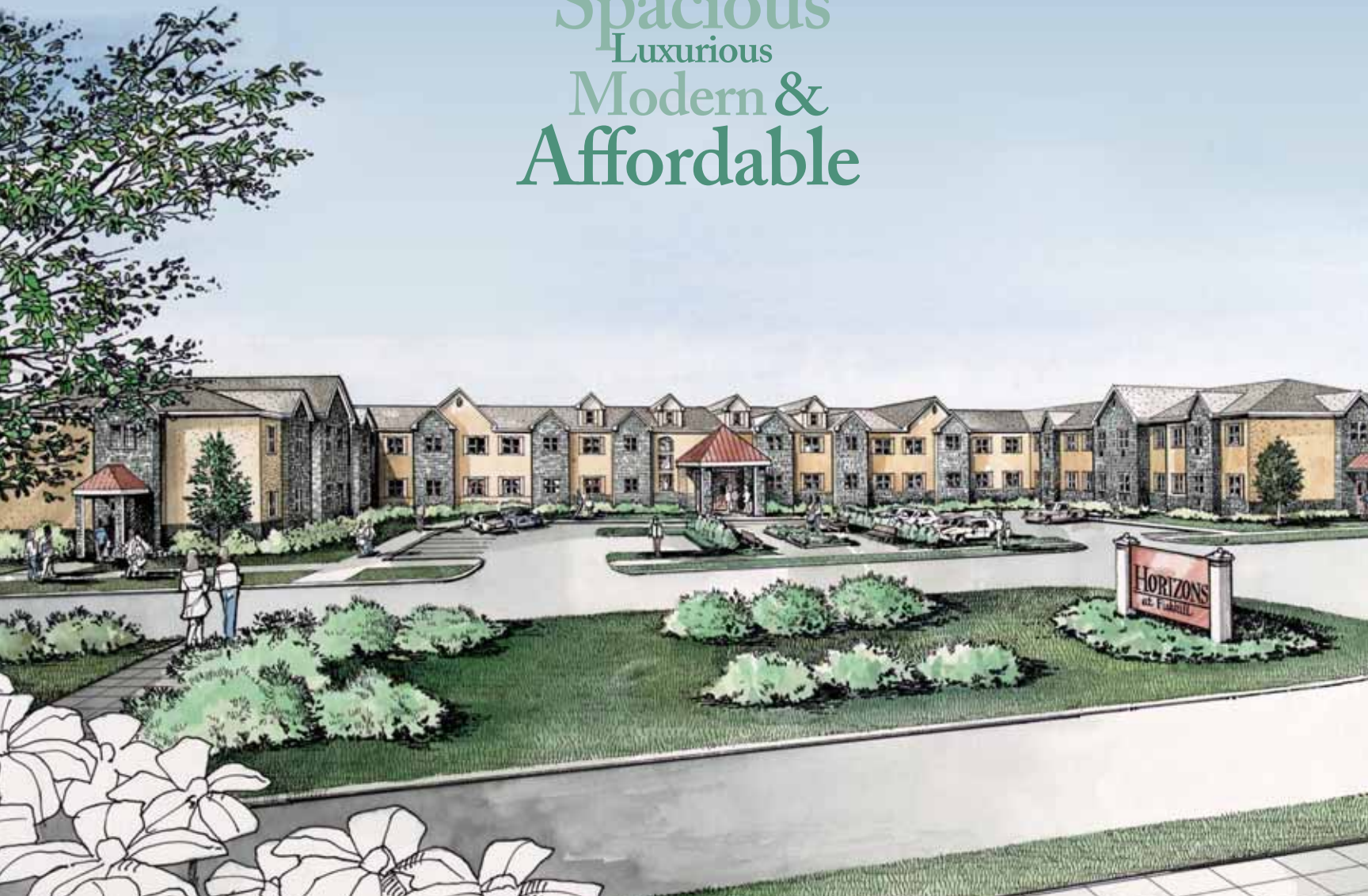


# Rental Apartments

*For Active Adults*

Spacious  
Luxurious  
Modern &  
Affordable



**HORIZONS**

*at Fishkill*

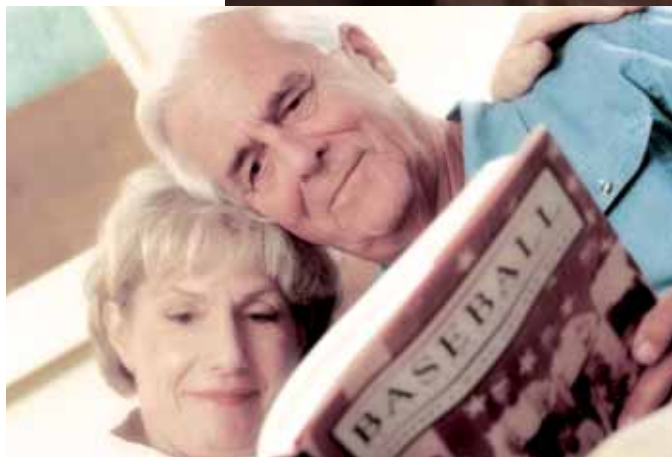
# Amenities Features

## Convenient Location

Horizons at Fishkill, right near Route 9-D in the Town of Fishkill, New York, is conveniently located— with shopping, entertainment and bus transportation right nearby. Only minutes from Interstate 84, Route 9-D and Route 9, access is easy whether you take the car or a bus.

## Quality of Life

With our Spacious new Apartments, Recreational Exercise Room, and Well-Stocked Library, you may never want to leave the building. But with Free Parking and Easy Access to Local Shopping and Entertainment, going out is very convenient.



**Apartments feature Spacious Kitchens with Brand New Appliances, Wall to Wall Carpeting, and Beautiful New Bathrooms.**

**Convenient Laundry Facilities are located on each floor.**

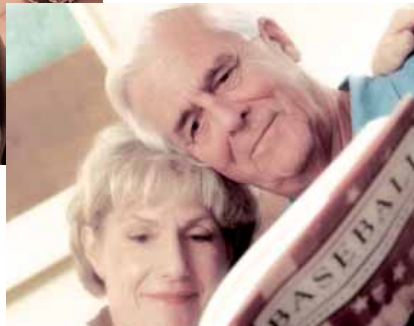
# Brand New Luxury Style Apartment Complex at Affordable Rents

*For Active Adults*

1 Bedroom: \$956-1,014

2 Bedroom: \$1,152-1,192

\*Heat and Hot Water Included



## Qualification Guidelines

Most apartments are set aside for households with at least one person age 55 or older.

## Applicable Maximum Incomes

Project financing requires the following maximum incomes, which apply by household size:

1 person household: \$47,220

2 person household: \$54,000

3 person household: \$60,720

4 person household: \$67,440

Some apartments are reserved for households with incomes below these maximums.

These incomes are calculated just prior to signing a lease on the apartment. If the income rises or falls after the time of the income qualification, this will not effect qualification. However, this assumes that the income qualification was correct and true at the time of the qualification.



**HORIZONS**

*at Fishkill*

14 Dogwood Lane  
Town of Fishkill, New York

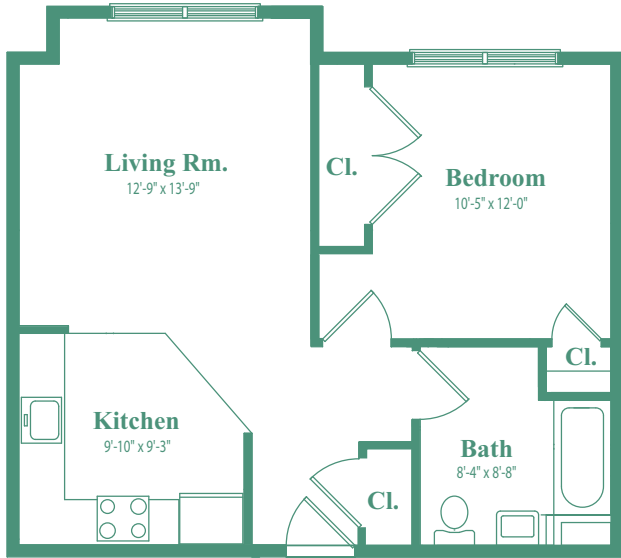


All information subject to change.

# Apartment Floorplans

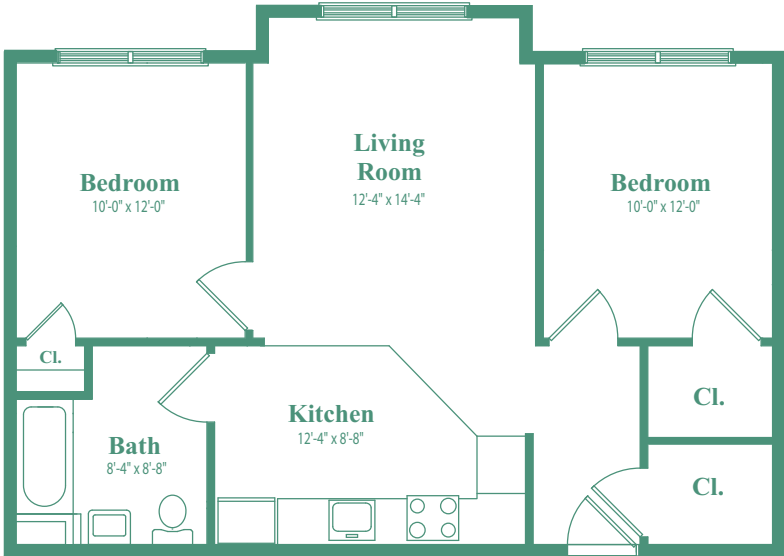
Here are a few examples of the Apartment layouts available. Apartment layout, features and square footage will vary depending on location in the building and are subject to change.

*These are artists renderings only and all dimensions are approximate. Not fully to scale.*



**1 Bedroom**  
*approx. 602 sq. ft.*

**2 Bedroom**  
*approx. 753 sq. ft.*



14 Dogwood Lane  
Town of Fishkill, New York





**THESE  
APARTMENTS  
WON'T LAST, SO  
APPLY TODAY!**

Fill out the application and mail to:

Horizons at Dogwood Lane, LLC  
c/o Regan Development Corp.  
1055 Saw Mill River Road, Suite 204  
Ardsley, NY 10502

*When we reach your name on our list,  
one of our representatives will contact  
you to schedule an appointment*

## Located in the heart of Fishkill



# HORIZONS

*at Fishkill*

14 Dogwood Lane  
Fishkill, New York



**For These Apartments**

Apply here online at [horizonsatfishkill.com](http://horizonsatfishkill.com)  
 -or- Fill out the application and mail to:  
 Horizons at Dogwood Lane, LLC  
 14 Dogwood Lane  
 Beacon, NY 12508  
 (845) 440-7678  
 -or- Fax: 833-363-5850  
 -or- email a signed application to [horizonsfishkill@tmo.com](mailto:horizonsfishkill@tmo.com)

**Bedrooms Desired**  
 1BR  2BR

**APPLICANT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Email Address \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_  
 Please fill in your previous address here (if at current address for less than 2 years)  
 Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Employment Information: Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_  
 Employer/ Company Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Choose One: Annual Gross Income \_\_\_\_\_ Weekly Gross Income \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_  
 Other Sources of Income \_\_\_\_\_  
 Gross Income Last Year \_\_\_\_\_ Expected Gross Income This Year \_\_\_\_\_

**CO - APPLICANT INFORMATION** (if applicable)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Email Address \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_  
 Please fill in your previous address here (if at current address for less than 2 years)  
 Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Employment Information: Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_  
 Employer/ Company Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Choose One: Annual Gross Income \_\_\_\_\_ Weekly Gross Income \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_  
 Other Sources of Income \_\_\_\_\_  
 Gross Income Last Year \_\_\_\_\_ Expected Gross Income This Year \_\_\_\_\_

**ADDITIONAL OCCUPANTS TO BE LIVING IN THE APARTMENT**

(include everyone that will be living in the apartment including co-applicant)

Name	Social Security #	Sex	Date of Birth	Relation to Applicant	Full-Time Student (Y or N)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**CURRENT LANDLORD**

Name \_\_\_\_\_  
Building Address & City \_\_\_\_\_  
Landlord Address & City \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Rent \_\_\_\_\_ Number of Years \_\_\_\_\_

**PREVIOUS LANDLORD**

Name \_\_\_\_\_  
Building Address & City \_\_\_\_\_  
Landlord Address & City \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Rent \_\_\_\_\_ Number of Years \_\_\_\_\_

**RENTAL SOURCES**

Will any of your rent money come from sources other than the employment listed above? Yes  No

If yes, please list other sources of income or rent payments:

Income Source	Monthly Amount	Income Source	Monthly Amount	Income Source	Monthly Amount
Social Security:	_____	Alimony:	_____	Regular Cash	_____
Pension:	_____	Disability:	_____	Contrib.:	_____
SSI:	_____	Unemployment:	_____	Self-Employment	_____
Child Support:	_____	Other:	_____		

Gross Monthly Income from all sources from all Household Members 18 or older \_\_\_\_\_

Do you as head of household or member of your house require a reasonable accommodation? Yes  No   
(Mark yes only if you currently receive SSI or SSD Benefits from the Social Security Administration or otherwise have a verifiable disability.)

**RACE/ETHNIC/LANGUAGE BACKGROUND OF APPLICANT**

The following information is required for statistical purposes by the United States Department of Housing and Urban Development to insure non-discriminatory practices in the program. Providing this information is wholly voluntary and will not affect qualification in any way.

**RACE**

- Black/African American
- White
- Asian
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native
- Other \_\_\_\_\_

Is Primary Language Spoken by Head of Household English? Yes  No

If no, please check the language spoken:

- Spanish
- Chinese
- Korean
- Russian
- Italian
- Other \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I agree to authorize Michaels Management - Affordable LLC, Regan Development Corporation and/or Horizons at Dogwood Lane, LLC, or their agents to use this copy of my/our signatures as an approval to verify my credit, employment, assets, current or former tenancies, criminal history and sex offender status in connection with my/our application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment. The undersigned people represent and acknowledge that the landlord considers all information to be material in nature and understand that any false statements and/or information provided will be deemed material non-compliance with my lease and grounds for eviction. The undersigned people certify that the statements made in this pre-application are true and complete to the best of my/our knowledge and belief.

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE OF CO-APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

All people 18 years and over must sign application

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL 845-440-7678**



Income Restrictions Apply • An Equal Housing Opportunity