



**TOWN OF CORTLANDT**  
**DEPARTMENT OF TECHNICAL SERVICES**  
**PLANNING DIVISION**

Michael Preziosi, P.E.  
*Director – D.O.T.S*

Chris Kehoe, AICP  
Deputy Director – Planning

Planning Staff  
Michelle Robbins, AICP  
Rosemary Boyle-Lasher

Town Hall, 1 Heady Street  
Cortlandt Manor, NY 10567  
Main #: 914-734-1080  
Fax #: 914-788-0294

**Town Supervisor**  
Linda D. Puglisi

**Town Board**  
Richard Becker  
Debra A. Costello  
Francis X. Farrell  
Seth M. Freach

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 Westchester County Income Guidelines:

<http://homes.westchestergov.com/images/stories/pdfs/17IncomeGuide3.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

TOWN OF CORTLANDT PLANNING DIVISION

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](mailto: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: \_\_\_\_\_  
Street Address, Apt # City State Zip

Time at Present Address: Years: \_\_\_\_\_ Months \_\_\_\_\_

Are you currently age 55 or older? Yes / No

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:**  
Mr. Chris Kehoe, DOTS Dep. Director – Planning  
TOWN OF CORTLANDT  
TOWN HALL, 1 HEADY STREET  
CORTLANDT MANOR, NY 10567