

APPLICATION FOR RENTAL APARTMENT

INSTRUCTIONS:

- 1. SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD. You may be disqualified if more than one application is received per lottery for your household.
- 2. Applications are selected randomly through a lottery. Depending on the volume of applications received, it may not be possible for all of them to be processed. Accordingly, it is possible that you may not receive a response.
- 3. You must complete the first three sections (Sections A, B, and C) as well as sign and date the application in order for your application to be reviewed if it is selected for further processing. The application should be completed very carefully. Incomplete information for the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, do not use white-out or liquid paper anywhere on the application. If you need to correct a mistake, you should cross one line neatly through the information, write the revised information neatly next to it, and sign your initials near the change.
- 4. When completed, this application must be submitted at the time of viewing the apartment, all applications will be accepted until the units are leased up.

To request an application via email, please send an email to Hendy@residenewyork.com.

5. Only the application should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.

310 GRAHAM AVENUE APARTMENTS

6. Mail completed application to:

C/O Reside New York LLC 381 South 5th Street Brooklyn, NY 11211

- 7. No payment should be given to anyone in connection with the preparation or filing of this application. No broker or application fees may be charged. If your application is selected for further processing, a non-refundable credit check fee will be collected by the management company at that time. For units with income limits set at or below 80% of New York City's Area Median Income (AMI) level, the fee is not to exceed \$25 per application (for households with 1 or 2 adult members), or \$50 (for households with 3 or more adult household members). For units with income limits set above 80% AMI, the fee is not to exceed \$50 per application (for households with 1 or 2 adult members) or \$75 per application (for households with 3 or more adult members).
- 8. <u>Income Eligibility</u>: Please review the chart in the project advertisement which breaks down the mandatory income levels for the HPD/HDC housing program of the project you are applying to, based on household size. List all current income sources for all household members on the application. In general, gross income is calculated for most applicants, except that net income is used for self-employment income. Further, please note that if your application is selected for further processing, all sources of income will need to be documented and verified. If your application is selected, you will be contacted, via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.
- 9. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. Eligibility factors may include, but are not limited to:
 - a. Credit History
 - b. Criminal Background Checks





- c. Qualification as a Household—the Agency's housing programs are designated for individuals, families and households who can document financial interdependence as a household unit. These affordable programs are not intended for "roommate situations" and so such applicants will not be eligible under this household criterion.
- d. Continuing Need—Applicants to HPD/HDC's affordable housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history.
- e. Property Ownership Applicants to rental units may not own residential property, or shares in a co-op, in or within one hundred (100) miles of New York City.
- f. Asset Limits –There is a limit to the amount of total household assets allowed (excluding specifically designated retirement and college savings accounts). The household asset limit for rental units is equal to the maximum income limit for a four (4)-person household at the area median income (AMI) level for which the unit is designated.
- g. Gift Income Households receiving gift income exceeding \$10,000/year are not eligible, unless they would be income-eligible with or without the gift income.

Household Asset Limits:

Area Median Income (AMI): 130%

Name & Address (Required)

A.

First Name

Asset Limit: \$138,710

- 10. Application Preferences and Set Asides: There is a general preference in the lottery for current New York City residents (the five boroughs). Households outside of New York City are free to apply, but their applications will be assigned a low priority status and processed only after all NYC resident applicants. A percentage of apartments is designated for persons with mobility, hearing, and vision disabilities, and there are additional preferences for persons residing in this development's community board and persons who are municipal employees of the City of New York. Project-specific preferences may apply. Please answer the questions on the application carefully to assist in identifying such preferences.
- 11. <u>Primary Residence Requirement</u>: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. If approved for an affordable housing unit, the applicant must surrender any unit where applicant is then currently residing. Each member of the applicant's household who leases rental residential real property must terminate the lease for and surrender possession of such rental property on or before the move-in date for a rental affordable unit.
- 12. <u>Submission of False or Incomplete Information</u>: Prospective applicants should be aware that this is a governmentally assisted housing program. The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will not only result in an applicant's disqualification but will be forwarded to the appropriate authorities for further action including the possibility of criminal prosecution. All paperwork and documents submitted by applicants are subject to review by the New York City Department of Investigation, a fully empowered law enforcement agency of the City of New York.

Home Address:			

Middle Initial



Last Name

Building (House)#	Street	Apartment #
City	State	Zip
New York City Borough (chec	k one):	
Manhattan Bron	nx Brooklyn	Queens
Staten Island N/A		
How long have you lived at thi	is address?Years	Months
Phone Numbers:		
Cell Phone	Home Phone	Work Phone
Check if mailing address is	different than Home Address, a	above
Mailing Address (if different):		
Building (House) #	Street	Apartment #
P.O. Box		
City	State	Zip
·		-
about your application (check of	d you prefer to be contacted for one)?	ALL future communication
Email (anter address):		
Email (enter address)		
Postal Mail		
C C	In what language would you pro	
communications about your ap communication will be in Engl	pplication? Check one. (If you do	o not check a language, written
ϵ	15111)	
English [Español (Spanish)] 简体中文 (Chinese)

Pусский (Russian)	□한국어 (Korean)	
Kreyòl Ayisyen (Haitia	n Creole)	Arabic العربية
B. Household Info	rmation (Required)	
PRIVACY ACT NOTIFICATION	ON - The Federal Privacy Act of 197	74, as amended, requires agencies requesting

g Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used. Providing Social Security Numbers and/or Taxpayer Identification Numbers on this application is voluntary. Social Security Numbers and Taxpayer Identification Numbers which are voluntarily disclosed on this application will be used only to establish an organized and specific method of identifying applicants who are seeking affordable housing within the City of New York, will be kept in a secure location, and will not be used or disclosed for any other purpose. Failure to provide a Social Security Number or Taxpayer Identification Number on this application will not result in an applicant's disqualification at this time. If your application is selected for further processing, the building's landlord will have the right to require this information at that time in order to perform a creditcheck.

How many persons, including yourself, will live in the unit for which you are applying?

List ALL OF THE PEOPLE who will live in the unit for which you are applying, starting with yourself (Head of Household), and provide the following information.

If a household member has a mobility (M), hearing (H), or visual (V) disability and requires an accessible/adaptable unit, please check the relevant box. If your application is selected for further processing, you and a medical professional will need to complete a form to verify that your household requires an accessible or adaptable apartment.

First, Mid. Initial, & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date MM/DD/YY	Sex	Occupation	Di	Disabled?		
ivanie, Suma	(Optional)	Аррпсан	1/11/12/12/12/11			M	V	Н	
		Head of							
		Household							

If you checked either mobility, visual, or hearing disability household require a special accommodation?	, do you or a member of your					
Yes – please specify the accommodation required:						
□ No						
Are you or a member of your household a veteran of the U	J.S. Armed Forces? * Yes No					
*Definition of veteran from 38 U.S.C. 101(2):						
The term "veteran" means a person who served in the active military, n discharged or released therefrom under conditions other than dishonoral						
discharged of refeased therefrom under conditions other than disherence						
C. Income (Required)						
Question 1						
Are you or a member of your household an employee of	Yes					
the City of New York, the New York City Housing						
Development Corporation, the New York City Economic	☐ No					
Development Corporation, the New York City Housing						
Authority, or the New York City Health and Hospitals						
Corporation?						
If "yes," please specify the agency or entity at which you						
or a member of your household is employed.						
Question 2						
If you answered "yes" to Question 1 above, have you	Yes					
personally had any role or involvement in any process,	□ Na					
decision, or approval regarding the housing development	☐ No					
that is the subject of this application?						

Note: If you answered "yes" to Question 1 above, you may be required to submit a statement from your employer that your application does not create a conflict of interest. If you answered "yes" to Question 2 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement would not be required until later in the application process, after you have been selected through the lottery, when you will also be required to provide other documents to verify income and eligibility.

HPD EMPLOYEES ONLY: If you are an HPD employee, please read the Commissioner's Order regarding conflicts of interest and consult with the agency's Office of Legal Affairs before you submit your application.

1. Income from Employment





yourself, WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employment earnings: Length of Period Employ-(weekly, every other week, ment Earntwice a Annual Household Member Employer Name & ings month, Gross Yrs. Mos. Address monthly, Income annually) Head of Household

List all full and/or part time employment income for ALL HOUSEHOLD MEMBERS including

2. Income from Other Sources

List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.

scholarships and/or grants, gift income, etc.							
Household Member	Type of Income	Dollar Amount	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income			
Head of Household			announg)				
Tieda of Household							

3. Total Annual Household Income	
Add ALL Annual Gross Income (Sections 1 & 2	above) and enter the TOTAL ANNUAL
HOUSEHOLD INCOME:	

4. Assets

Are there assets for this household? Ex	_	Yes				
account, savings account, investment a	□ No					
retirement funds, etc.), real estate, cash		No				
investment holdings, etc.		11 1				
	cate assets for each househ					
Household Member	Type of Asset/Acc	count	Branch			
Head of Household						
D. Rental Subsidy						
Are you presently receiving a Section 8	Housing Voucher or					
Certificate, or any other form of renta	_	No				
check the appropriate box at right.			IIDD G di o			
Examples of other rental subsidies/cert	tificates include	Yes – vouch	HPD Section 8			
CITYFEPS, FEPS, LINC, NHTD (Medica						
Services and Supports (ISS), Traumati Waiver, SEPS, and VASH.	c Brain Injury (TBI)	∐ Yes – Voucl	NYCHA Section 8 ner			
This information will not affect the pro	ocessing of the	Yes –	Other Rental			
application. Minimum income listed m		Subsi	dy/Certificate			
applicants with Section 8 or other qualifying rental subsidies.						
11	, с					
E. Current Landlord						
New York City Housing Authority (NYCHA)					
Other City Owned (In Rem)						
A Company or Organization						
An Individual						





Landlord Name	Landlord Address	Landlord P	hone #
(Company, Organization, or			
Individual Name)			
What is the total rent on the energy	eten ant xylona yayı ayımantlı liya an		
-	rtment where you currently live or		
are temporarily staying?		-	monthly
How much do you contribute to	the total rent of the apartment? If		
nothing, write "0."			monthly

F. Reason for Moving

W	Why are you moving? Please check all that apply:					
	Living with Parents		Not Enough Space			
	Bad Housing Conditions		Health Reasons			
	Disability Access Problems		Living with Relative/Other Family Members			
	Do not like Neighborhood		Rent Too High			
	Increase in Family Size (Marriage, Birth)		Other:			

G. Ethnic Identification

Th	This information is optional and will not affect the processing of the application. Please check					
the	the group(s) that best identifies the household:					
	White		Black or African-American			
	Hispanic or Latino Asian					
	American Indian or Native Alaskan Native Hawaiian or Other Pacific Islam					
	Other:					

H. Signature (Required)

I(WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (We) have not withheld, falsified, or otherwise misrepresented any information. I (We) fully understand that any and all information I (we) provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.



I (WE) DECLARE THAT NEITHER I (WE), NOR ANY MEMBER OF MY (OUR) IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signature						Date	
Signature						Date	
OFFICE USE ONLY:							
Community Board Resident:	[]Yes	[] No []1BR	[]Visu	al []2BR Adult (F		ng []3BR	[]4BR
TOTAL VERIFIED HOUSEHOL	Children (Mal. DINCOME: \$	es)		Children YEAR	(Females	s)	-