

APPLICATION FOR RENTAL APARTMENT

INSTRUCTIONS:

1. 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.
2. When completed, this application may be returned by regular mail to the address below, in person to the address below, or by email to ahgadmin@related.com.
3. 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.
4. Mail completed application to:

AFFORDABLE HOUSING GROUP
PMB #6174
1 PENN PLAZA
NEW YORK, NY 10119

5. **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).
6. **Income Eligibility:** Please review the chart below 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.

Unit Size	Monthly Rent	Household Size	Minimum Income	Maximum Income
Studio	\$1,028	1 person	\$33,345	\$59,760
One-bedroom	\$1,139	1 person	\$36,943	\$59,760
		2 people	\$36,943	\$68,320
Two-bedroom	\$1,188	2 people	\$38,533	\$68,320
		3 people	\$38,533	\$76,880
		4 people	\$38,533	\$85,360

Note: Income ranges and rents are subject to change; rent includes gas for heat and cooking.

7. **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): **80% AMI**

Asset Limit: **\$85,360**

- 8. Primary Residence Requirement: 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.
- 9. Submission of False or Incomplete Information: 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.



Name & Address (Required)

Home Address:

First Name Middle Initial Last Name

Building (House) # Street Apartment #

City State Zip

New York City Borough (check one):

Manhattan Bronx Brooklyn Queens

Staten Island N/A

How long have you lived at this address? _____ Years _____ Months

Phone Numbers:

Cell Phone Home Phone Work Phone

Check if mailing address is **different** than Home Address, above

Mailing Address (if different):

Building (House) # Street Apartment #

P.O. Box

City State Zip

Method of Contact: How would you prefer to be contacted for ALL future communication about your application (check one)?

Email (enter address): _____

Postal Mail



Language Contact Preference: In what language would you prefer receive written communications about your application? Check one. (If you do not check a language, written communication will be in English.)

- English
 Español (Spanish)
 简体中文 (Chinese)
 Русский (Russian)
 한국어 (Korean)
 Kreyòl Ayisyen (Haitian Creole)
 العربية العربية Arabic

A. Household Information (Required)

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting 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 credit check.

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	Disabled?		
						M	V	H
		Head of Household						



<p>If you checked either mobility, visual, or hearing disability, do you or a member of your household require a special accommodation?</p> <p><input type="checkbox"/> Yes – please specify the accommodation required: _____</p> <p><input type="checkbox"/> No</p>								
<p>Are you or a member of your household a veteran of the U.S. Armed Forces? * <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>*Definition of veteran from 38 U.S.C. 101(2): The term “veteran” means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.</small></p>								

B. Income (Required)

Question 1	
Are you or a member of your household an employee of the City of New York, the New York City Housing Development Corporation, the New York City Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

List all full and/or part time employment income for ALL HOUSEHOLD MEMBERS including yourself, WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employment earnings:

Household Member	Employer Name & Address	Length of Employment		Earnings	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
		Yrs.	Mos.			
Head of Household						



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.

Household Member	Type of Income	Dollar Amount	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
Head 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

<p>Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "yes," please indicate assets for each household member:</p>		
Household Member	Type of Asset/Account	Branch
Head of Household		

C. Rental Subsidy

<p>Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? Please check the appropriate box at right.</p> <p>Examples of other rental subsidies/certificates include CITYFEPS, FEPS, LINC, NHTD (Medicaid Waiver), Individual Services and Supports (ISS), Traumatic Brain Injury (TBI) Waiver, SEPS, and VASH.</p> <p>This information will not affect the processing of the application. Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes – HPD Section 8 voucher <input type="checkbox"/> Yes – NYCHA Section 8 Voucher <input type="checkbox"/> Yes – Other Rental Subsidy/Certificate
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D. Current Landlord

- New York City Housing Authority (NYCHA)
- Other City Owned (In Rem)
- A Company or Organization
- An Individual



Landlord Name (Company, Organization, or Individual Name)	Landlord Address	Landlord Phone #
What is the total rent on the apartment 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

E. Reason for Moving

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

F. Ethnic Identification

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:			
<input type="checkbox"/>	White	<input type="checkbox"/>	Black or African-American
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Asian
<input type="checkbox"/>	American Indian or Native Alaskan	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

G. 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:

Person with Disability: Mobility Visual Hearing
 Community Board Resident: Yes No
 Municipal Employee: Yes No
 Size of Apartment Assigned: Studio 1BR 2 BR 3 BR 4 BR
 Family Composition: Adult (Males) _____ Adult (Females) _____
 Children (Males) _____ Children (Females) _____

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ PER YEAR

