

530 WEST 45 APARTMENTS APPLICATION

Instructions:

Please complete all sections and sign the last page. **PLEASE PRINT.**

If additional space is required please use blank space and/or attach a sheet of paper and clearly label the specific question you are answering (i.e. continuation from Question B2).

A. CONTACT INFORMATION FOR HEAD OF HOUSEHOLD

1. **NAME** _____
 First Middle Last
 1a. Other names (maiden name, stage name, etc.) _____
2. **STREET ADDRESS** _____ **APT. NO** _____
3. **CITY** _____ **STATE** _____ **ZIP** _____ - _____
4. **HOME/CELL PHONE** () _____ **WORK PHONE** () _____
5. **EMAIL** _____

B. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. How many people plan on living in the apartment (including yourself)? _____
2. **PLEASE LIST EACH PERSON THAT PLANS ON LIVING IN THE APARTMENT. Do not include household members who do not plan on living in the apartment.** (Note: A Full-Time Student is one who attends school at least 5 months out of a year and has full-time student status for those 5 months, unless the individual qualifies for an exception under IRS code).

HOUSEHOLD MEMBER (NAME)	RELATIONSHIP	BIRTH DATE	SEX	FULL-TIME STUDENT (Y/N)
	HEAD/SELF			

Submit only one application for each household or family.

3. Does anyone plan to live with you in the future who is not listed above? YES NO
4. Do you or any member of your household require a special accommodation in your residence?
 YES NO

If YES, please check which disability applies:

Mobility impairment Visual impairment Hearing impairment

Please specify the accommodation required: _____

C. CURRENT LANDLORD

1. Landlord's Name _____
 (If you live in public housing project enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD")
- Landlord's Address _____
 Landlord's Phone Number _____
2. What is the total rent on the apartment where you currently live or temporarily staying? \$ _____ monthly
 How much do you contribute to the total rent of the apartment? If nothing write "0" \$ _____ monthly
 How long have you lived at this address? _____
3. Are you presently receiving a Section 8 housing voucher or certificate? YES NO
 This information will not affect the processing of the application.

D. INCOME & ASSETS

1. INCOME FROM EMPLOYMENT

A) Are you an employee of the City of New York, the New York City Housing Development Corporation, the New York City Department of Housing Preservation and Development, the New York City Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation?

YES NO (If Yes, please identify the agency or entity at which you are employed):

Agency/Entity _____

B) If you answered "yes" to Question A 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?

YES NO

NOTE: If you answered 'Yes' to Question A 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 B 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 your income and eligibility.

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LIST ALL FULL AND/OR PART TIME EMPLOYMENT FOR **ALL HOUSEHOLD MEMBERS** INCLUDING YOURSELF, **WHO WILL BE LIVING WITH YOU** IN THE RESIDENCE FOR WHICH YOU ARE APPLYING. Include self-employment and/or freelance income earnings.

If you freelance, are multiply employed, or commonly receive 1099s from employers, please list all current contracted positions. If not currently working, please list any positions held within the last 12 months. If you are self-employed, please provide us with the name of your company and the anticipated net income from your business.

HOUSEHOLD MEMBER (NAME)	EMPLOYER NAME AND ADDRESS	YEARS EMPLOYED	GROSS EARNINGS
1)			\$ per
2)			\$ per
3)			\$ per
4)			\$ per
5)			\$ per
6)			\$ per

2. INCOME FROM OTHER SOURCES

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

HOUSEHOLD MEMBER (NAME)	TYPE OF INCOME	AMOUNT
		\$ per
		\$ per
		\$ per
		\$ per
		\$ per

3. What is your household's total annual income? \$ _____

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4. **LIST ALL ASSETS OF HOUSEHOLD MEMBERS THAT WILL LIVE WITH YOU IN APARTMENT. PLEASE NOTE: YOU WILL BE REQUIRED TO DOCUMENT ALL ASSETS.**

HOUSEHOLD MEMBER (NAME)	TYPE (CHECKING, SAVINGS, MONEY MARKET/TRUSTS, CDS, IRA/RETIREMENT ACCOUNTS, REAL ESTATE, STOCKS/BONDS, ETC.)	FINANCIAL INSTITUTION
1)		
2)		
3)		
4)		
5)		
6)		

5. List any assets disposed of for less than their fair market value during the past two years:

6. Do you or any member of your household own any real estate? YES NO

If YES, What is the current market value? _____

What is the value less any mortgage or lien? _____

Do you or any member of your household receive any rent from tenant(s) living at this property? YES NO

If YES, how much? _____

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E. MARKETING INFORMATION

How did you learn about the availability of these apartments? **Please check all that apply.**

- Newspaper
- Local Organization or Church
- City "affordable housing hotline" listing new ads for the month
- Other _____
- Sign Posted on Property
- Friend
- Web Site/Internet

F. ETHNIC IDENTIFICATION (Used for Statistical Purposes Only)

This information is optional and will not affect the processing of the application. **Please check one group that best identifies the head of household.**

- White (non-Hispanic origin)
- Hispanic origin
- American Indian/Alaskan Native
- Black
- Asian or Pacific Islander
- Other _____

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I 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 understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS. I hereby affirm that, to the best of my knowledge, the foregoing information is true, accurate and complete. I understand that misleading or false statements, misrepresentations, or incomplete information in this application will be grounds for rejection. I authorize Owner, Marketing Agent, and Managing Agent to contact my household's agencies, offices, other groups or organizations to obtain any information or materials deemed necessary to process my application, including verifying my household's financial, credit, housing and legal history. I understand that this information will be considered when determining my eligibility.

HEAD OF HOUSEHOLD'S SIGNATURE

DATE

OFFICE USE ONLY:

- Community Board Resident YES NO
- Municipal Employee YES NO
- Person with Disability Mobility Visual Hearing
- Size of Apartment Assigned: Studio 1 Bedroom 2 Bedroom 3 Bedroom
- Family Composition: Adult Males _____ Adult Females _____ Male Children _____ Female Children _____
- TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ per Year

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