



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.**

*Submit only one application for each household or family.*

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:

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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.**

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**HEAD OF HOUSEHOLD'S SIGNATURE**

**DATE**

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**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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