



## APPLICATION FOR 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. If you submit an application online, you may NOT submit an application via mail. If you submit an application via mail, you may NOT submit an application online. If you prefer to apply online now rather than completing this paper application, please visit [www.nyc.gov/housingconnect](http://www.nyc.gov/housingconnect).
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. All applicants are encouraged to monitor the internet resource center established by The City of New York ([www.nyc.gov/html/housing/pages/resources/resources.shtml](http://www.nyc.gov/html/housing/pages/resources/resources.shtml)) to keep up with new housing opportunities to which they may apply. Applying to more buildings, including those in locations that might not be your first preference, can only increase the chances that one of your applications will be opened and processed.
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 (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.
4. When completed, this application must be returned by regular mail ONLY (priority, certified, registered, express, overnight mail, or oversized envelopes will NOT be accepted).
5. The completed application must be postmarked no later than **June 1<sup>st</sup>, 2015**
6. 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.
7. Mail completed application to:  
**SOUNDVIEW FAMILY HOUSING**  
**P.O. Box #1406**  
**Bronx, NY 10471**
8. **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 (**\$25 for households with 1 or 2 adults or \$50 for households with 3 or more adults for low income units.**

9. Income Eligibility: Please review the chart in the project advertisement which breaks down the mandatory income levels for the HPD/HDC housing program of the building you are applying to, based on family size. All income sources for all household members should be listed on the application. In general, gross income is calculated for most applicants, except that net income is analyzed for self-employed applicants. Net business income from current and prior years is considered for self-employed applicants, and such applicants must have at least two (2) to three (3) complete years in the same self-employed field. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for further processing 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.
10. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. These 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 the Agency’s low-income housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history. For example, applicants may not have more than \$250,000 in total household assets (excluding specifically designated retirement accounts such as IRAs and 401Ks).
11. Application Preferences: There is a general preference in the lottery for current New York City residents. Households outside of New York City are free to apply, but their applications will be assigned a low priority and processed only after all NYC resident applicants. There are additional preferences eligible NYCHA households, persons with disabilities, persons residing in this development’s community board, and persons who are municipal employees of the City of New York. Please answer the questions on the application carefully to assist in identifying such preferences.
12. Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. Therefore any approved tenant will need to surrender any other primary residences prior to signing a lease for this program. While this is true of all other apartments, maintaining more than one unit which participates in any governmental housing program is a particularly egregious violation of this requirement. If you are presently residing in another governmentally assisted unit, you are free to apply to an HPD/HDC housing development provided that you comply with this requirement and give up your current such unit before signing a lease once you are selected and have been approved. Violation of this requirement may lead to the loss of the apartments and leases in question, as well as referral to the appropriate authorities for potential criminal charges.
13. 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.

## A. Name & Address (Required)

<b>First, Middle Initial, &amp; Last Name, Suffix:</b>	
<b>Current Address Line 1:</b>	
<b>Current Address Line 2:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Cell Phone:</b>	
<b>Home Phone:</b>	
<b>Work Phone:</b>	
<b>Email:</b>	
How long have you lived at this address? _____ Years, _____ Months	
Please select <b>one</b> of the following, email or paper mail as your preferred method of communication for ALL future correspondence regarding this application. If your preferred mailing address is different than the one listed above, please indicate the preferred mailing address in the space provided:	
<input type="checkbox"/> Email: _____	
<input type="checkbox"/> Paper Mail (specify if mailing address is different than above): _____	

## B. 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. Please indicate if the household member has a disability. If yes, would you describe the disability as a mobility impairment **(MI)**, visual impairment **(VI)**, or hearing impairment **(HI)**:

First, Mid. Initial, & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date (MM/DD/YY)	Sex	Occupation	Disabled?		
						MI	VI	HI
		Head of Household						

**Are you or a member of your household a Veteran of the U.S. Armed Forces?**  Yes  No  
 \*Please see Definition of Eligibility below.

If you checked either mobility, visual, or hearing impairment, do you or a member of your household require a special accommodation?  
 Yes – please specify the accommodation required: \_\_\_\_\_  
 No

\*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 there from under conditions other than dishonorable.

**C. Income (Required)**

<b>Question 1</b>	
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.	
<b>Question 2</b>	
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
		Years	Months			
<b>Head of Household</b>						

**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
<b>Head of Household</b>				


**3. TOTAL ANNUAL HOUSEHOLD INCOME**

Add ALL Annual Gross Income (Sections 1 & 2 above) and list the TOTAL ANNUAL HOUSEHOLD INCOME:

**4. Assets**

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

**D. Rental Subsidy**

Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? (This information will not affect the processing of the application.)	<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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### E. Current Landlord

Landlord is:

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

Landlord Name <small>(Company or Organization Name:)</small>	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	

### F. Source of Information

How did you hear about this development? Please check all that apply:		
<input type="checkbox"/>	Newspaper	<input type="checkbox"/> City "affordable housing hotline"
<input type="checkbox"/>	Local organization or church	<input type="checkbox"/> Friend
<input type="checkbox"/>	Sign posted on property	<input type="checkbox"/> <a href="http://www.nyc.gov/housingconnect">www.nyc.gov/housingconnect</a>
<input type="checkbox"/>	Community Board	<input type="checkbox"/> Elected Representative
<input type="checkbox"/>	Other: _____	

### G. 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 (non-Hispanic origin)	<input type="checkbox"/> Black
<input type="checkbox"/>	Hispanic origin	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/>	American Indian/Native Alaskan	<input type="checkbox"/> 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: \_\_\_\_\_

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### 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