

## APPLICATION COVER LETTER

**RE: 510 – 550 West 45<sup>th</sup> Street (West 45 Lottery)**

Dear Prospective Applicant:

Enclosed is an application for the above-referenced building, which participates in a governmentally assisted affordable housing program supervised by the NYC Department of Housing Preservation and Development hereinafter referred to as the Agency. Please note the following before completing and returning this application:

1. Applications will be randomly drawn and opened in a lottery process monitored by the Agency. Depending on the volume of applications received, it may not be possible for all of them to be opened. 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/housing](http://www.nyc.gov/housing)) to keep up with new housing opportunities to which they may apply.
2. Each applicant may submit only one application. Duplicate applications/submissions will result in disqualification.
3. The application should be filled out very carefully. Leaving out information pertaining to 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. ONLY THE APPLICATION ITSELF SHOULD BE SUBMITTED AT THIS TIME. DO NOT ATTACH ANY CHECKS OR OTHER DOCUMENTS TO YOUR APPLICATION. If your application is selected for further processing, additional information will be requested at that time.
5. No broker or application fees may be charged in connection to this program. If your application is drawn for further processing, a non-refundable credit check fee of \$25 - \$50 (depending on income and household size) will be collected by the management company *at that time*. Again, this should NOT be sent with your application.
6. Income Eligibility: Attached is a chart which breaks down the mandatory income levels for the affordable units in this building, based on family size. All income sources for all household members should be listed on the application. In general, gross income is what is calculated for most income 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 complete years in the same self-employed field. However, apart from these general guidelines, every applicant's income information (both current income as well as from the recent past) will be considered to evaluate eligibility and document a continuing need for housing assistance. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for processing you will be contacted with a list of such documentation which you will need to provide at that time.
7. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. These include:
  - A. Credit and Financial History
  - B. Criminal Background Checks
  - C. Student Status (if applicable)

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- D. Qualification as a Household – Agency’s affordable 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.
  - E. Continuing Need – Applicants to the Agency’s affordable housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history. For example, applicants Tiers 1 and 2 may not have more than \$250,000 in total household assets (excluding specifically designated retirement accounts such as IRAs and 401Ks).
  - F. Additional eligibility criteria will be explained in further detail if your application is selected and you are scheduled for an interview.
8. 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 for persons residing in this development’s community board, persons with disabilities, 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.
9. 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 or leases 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 this building provided that you comply with this requirement and give up your current such unit before signing a lease with this building (if you are selected and 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.
10. 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.

Once you have reviewed all of this information, and would still like to apply, please complete and return the enclosed application. Deadline information and return mail instructions are included in the attached notice.

**WEST 45 LOTTERY**  
**APPLICATION FOR APARTMENT**

**Instructions:**

1. Mail only one application per family (or household). You will be disqualified if more than one application per family (or household) is received.
2. When completed, this application must be returned by regular mail only; do not send registered, certified, overnight, express, priority, or oversized mail. **Only return the application. Double postage will be required.**
3. The completed application must be postmarked no later than (November 20, 2012). Applications postmarked after this date will be set aside for possible future consideration.
4. Mail completed application to:

**West 45 Lottery  
P.O. Box 3046  
New York, NY 10108**

5. **No payment should be given to anyone in connection with the preparation or filing of this application.**
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**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** \_\_\_\_\_

*Submit only one application for each household or family. Duplicate submissions make households ineligible for lottery.*

**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			

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.

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**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.**

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

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**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? \$ \_\_\_\_\_

**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.**

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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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