AFFORDABLE HOUSING APPLICATION

Disclaimer:
Applications are selected on a first-come, first-served basis. Depending on the volume of applications received, it may not be possible for all to be processed. Accordingly, it is possible that you may not receive a response. **You may be disqualified if more than one application is received per lottery for your household.**

Mail completed application to:

1515 Park Place Apartments - 0326 Unit 802
C/O IAFFORD NY
365 FLUSHING AVENUE SUITE 503
BROOKLYN NY 11205

DO

- ✓ Submit one application per household
- ✓ Complete all sections
- ✓ Send by standard mail only

DO NOT

- ✗ Submit multiple applications per person or household
- ✗ Use whiteout or liquid paper on application at any time
- ✗ Use certified mail, return receipts or any other method requiring a signature confirmation
- ✗ Pay anyone in connection with the preparation of filing this application

FAQ

1. **Who Should Apply?**
   Individuals or households who meet the income and household size requirements listed in the table below are eligible to apply. If you have a rental voucher that covers the rent amount listed above, you must still meet the maximum income and household size requirements. All qualified applicants will also need to meet additional selection criteria.
   Once you have confirmed that you meet the eligibility requirements, you may apply by submitting a completed and signed application. The application is available for download above. Please do not submit multiple applications for the same listing, duplicate submissions may result in disqualification.

2. **How Will Applicants Be Logged?**
   Applications will be logged on a first-come, first-served basis, similar to a waitlist. When the resident selection process begins, the marketing agents will start with the earliest received application and proceed in order to identify eligible applicants.

3. **Are there any residency requirements?**
   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 the 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.

4. **What is Area Median Income (AMI) and how is it calculated?**
   Area Median Income refers to income levels modified by household size for the New York metropolitan area, as determined by the United States Department of Housing and Urban Development (HUD). To view the current income limits based on your family size, or for more information, visit www.hud.gov.

5. **What are the eligibility factors?**
   a. Income Eligibility: Check the lottery advertisement to see if your income qualifies. The ad shows the income level requirements, for each household size, for this housing opportunity.
   b. Qualification as a Household: The New York City Department of Housing Preservation and Development (HPD) and Housing Development Corporation (HDC) provide affordable housing opportunities for individuals, families and households who can document financial interdependence as a household unit.
   c. Credit History

- Rentals: Applicants to rental units may choose to consent to a credit check or, provide evidence of full payment of total rent amount for the last 12 months.
- Homeownership: Marketing agents and lenders evaluate credit history to determine if you may qualify for a private mortgage and, if so, what the terms of the mortgage may be.

d. Criminal Background Checks

e. 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.

f. Property Ownership
   - Rental opportunities: 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.
   - Homeownership opportunities: No member of the applicant household may own, or have previously purchased, any residential property, including shares in a co-op.

g. 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. For a homeownership unit, the value of the applicant's household assets may not exceed the current four (4)-person HUD income limit for 175% of area median income (AMI).

7. What happens if I get to the next step in this process?

If you appear eligible and undergo a credit check, you may be charged a credit check fee of $20 per application When a credit check must be run, you may provide your own credit check instead, for no fee, if completed within the last 30 days. Prepare for moving – if approved, you may have to move into your new unit very quickly. You will also be required to provide first month's rent plus a security deposit of the same amount.

A. Name & Address

Current Living Address:
(If you are living in a City-run homeless shelter, please list your current shelter address)

First Name | Middle Initial | Last Name

Street Address | Apartment #

City | State | Zip

Is this a NYCHA property? ☐ Yes ☐ No

If yes, is your name on the NYCHA household form? ☐ Yes ☐ No

Is this a City-run homeless shelter? ☐ Yes ☐ No

If yes, provide your last permanent address:

_____

Building (House) # Street Apartment #

_____

City State Zip

Your Pronouns (he/she/they) (optional): _____

Phone Numbers:

_____ _____ _____

Cell Phone Home Phone Work Phone

Email Address: _____

☐ Check if mailing address is **different** than Current Living Address, above

Mailing Address (if different):

_____

Building (House) # Street Apartment #

_____

P.O. Box

_____

City State Zip

Language Contact Preference: In what language would you prefer to 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)

☐ العربية (Arabic) ☐ Français (French) ☐ Русский (Russian)

☐ 한국어 (Korean) ☐ اردو (Urdu) ☐ বাংলা (Bangla)

☐ Kreyòl Ayisyen (Haitian Creole)

B. Household Information

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.

1. How many persons (including yourself) will live in the unit for which you are applying?

_____

2. List **ALL** the people who will live in the unit for which you are applying, starting with yourself (Self), and provide the following information.

Gender Identification: In this section, list how you identify (optional). Examples: Female; Male; Non-binary; etc.

Disability: If a household member has an ongoing mobility (M), hearing (H), or visual (V) disability and requires an accessible/adaptable unit, **please check the relevant box**. If selected for further processing, you will be mailed a form that you and a medical professional will need to immediately complete and send back. This form is to verify that your household requires an accessible or adaptable apartment. The form can be used for any other future applications for a period of up to 12 months.

First, Middle Initial & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date MM/DD/YY	Gender Identification (Optional)	Disability?		
					M	V	H
		Self					

If you checked either mobility, visual, or hearing disability, do you or a member of your household require a special accommodation?

☐ Yes – please specify the accommodation required:

_____

☐ No

3. Is anyone in the table above a full-time student?

☐ Yes – please circle their names above and write their names here:

_____

☐ No full-time students in the household

C. Income and Assets

Note: Be sure to check the lottery advertisement to see if your income qualifies*. The ad shows the income level requirements, for each household size, for this housing opportunity.*

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?	☐ Yes ☐ 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?	☐ Yes ☐ 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 if you receive a request to confirm your eligibility.

1. **Income from Employment**
   Note: A ''household member'' is a person who will be living in the affordable unit.

For any job that is not self-employed, list the amount you make before taxes (Gross Income). For self-employed individuals, use the amount you make after deductions (Net Income). If your application is selected for further processing, you will be contacted with a list of documentation that you will need to provide.

List all full and/or part time employment income for **ALL** Household Members, including yourself. Include self-employment earnings:						
Household Member	**Employer Name & Address**	**Length of Employ-ment**		**Amount Paid ($)**	**How Often?** (Ex: weekly, bi-weekly, monthly, annually)	**Annual Income**
		Yrs.	**Mos.**			
Self						

1A. TOTAL ANNUAL INCOME FROM EMPLOYMENT AND SELF-EMPLOYMENT add all amounts from "Annual Income" column in this table):						

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**	**Amount Paid ($)**	**How Often?** (Ex: weekly, bi-weekly, monthly, annually)	**Annual Income**
Self				
2A. TOTAL ANNUAL INCOME FROM OTHER SOURCES (add all amounts from "Annual Income" column in this table):				

3. TOTAL ANNUAL HOUSEHOLD INCOME

Add together the total annual income amounts from **1A** and **2A,** above:

4. Assets

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.		☐ Yes ☐ No
If "yes," please indicate assets for each household member:		
Household Member	**Type of Asset or Account**	**Bank/Institution**
Self		

D. Rental Subsidy

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. Examples of other rental subsidies/certificates include CITYFHEPS, NHTD (Medicaid Waiver), Individual Services and Supports (ISS), and VASH. 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.	☐ No ☐ Yes – HPD Section 8 voucher ☐ Yes – NYCHA Section 8 Voucher ☐ Yes – Other Rental Subsidy/Certificate: _____

E. Ethnicity

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:			
	Hispanic or Latino		Not Hispanic or Latino
	Choose not to answer		

F. Race

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:			
	White		Black or African-American
	Asian		Native Hawaiian or Other Pacific Islander
	American Indian or Native Alaskan		Choose not to answer
	Other:		

G. Signatures (Required for All Household Members 18 and over)

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

_____ _____
Signature Date

_____ _____
Signature Date

_____ _____
Signature Date