

A. Name & Address (Required)

First, Middle Initial, & Last Name, Suffix:	
Current Address Line 1:	
Current Address Line 2:	
City:	
State:	
Zip Code:	
Cell Phone:	
Home Phone:	
Work Phone:	
Email:	
<p>How long have you lived at this address? _____ Years, _____ Months</p> <p>Please select one 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:</p> <p><input type="checkbox"/> Email: _____</p> <p><input type="checkbox"/> Paper Mail (specify if mailing address is different than above): _____</p>	



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)

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 Yes



Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation?	No <input type="checkbox"/>
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?	<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			
Head of Household						

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
Head of Household				

3. TOTAL ANNUAL HOUSEHOLD INCOME

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

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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," please indicate assets for each household member:		
Household Member	Type of Asset/Account	Branch
Head of Household		



D. Rental Subsidy

<p>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.</p> <p>Examples of other rental subsidies/certificates include CITYFEPS, FEPS, LINC, NHTD (Medicaid Waiver), Individual Services and Supports (ISS), Traumatic Brain Injury (TBI) Waiver, SEPS, and VASH.</p> <p>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.</p>	<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

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

Landlord Name <small>(Company, Organization, or Individual 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"/> www.nyc.gov/housingconnect	
<input type="checkbox"/> Community Board	<input type="checkbox"/> Elected representative	
<input type="checkbox"/> Other website:	<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. Language

In what language would you like to be contacted about your application? Please choose one. If you do not choose a language, communication will be in English.

<input type="checkbox"/>	English	<input type="checkbox"/>	한국어 (Korean)
<input type="checkbox"/>	简体中文 (Chinese)	<input type="checkbox"/>	Русский (Russian)
<input type="checkbox"/>	Kreyòl Ayisyen (Haitian Creole)	<input type="checkbox"/>	Español (Spanish)
<input type="checkbox"/>	(Arabic) العربية		

I. 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: _____

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

