

A. Name & Address (Required)

Home Address:

First Name Middle Initial Last Name

Building (House) # Street Apartment #

City State Zip

How long have you lived at this address? ____ Years ____ Months

Phone Numbers:

Cell Phone Home Phone Work Phone

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

Mailing Address (if different):

Building (House) # Street Apartment #

P.O. Box

City State Zip

Method of Contact: How would you prefer to be contacted for ALL future communication about your application (check one)?

☐ Email (enter address): _____

☐ Postal Mail

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)

☐ Русский (Russian)
 ☐ 한국어 (Korean)

☐ Kreyòl Ayisyen (Haitian Creole)
 ☐ العربية Arabic

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.

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.

If a household member has a mobility (M), hearing (H), or visual (V) disability and requires an accessible/adaptable unit, please check the relevant box. If your application is selected for further processing, you and a medical professional will need to complete a form to verify that your household requires an accessible or adaptable apartment.

First, Mid. Initial, & Last Name, Suffix	SSN/ITIN (optional)	Relationship to Applicant	Birth Date MM/DD/YY	Sex (opt.)	Occupati on	Disabled?		
						M	V	H
		Head of Household						

<p>If you checked either mobility, visual, or hearing disability, do you or a member of your household require a special accommodation?</p> <p> <input type="checkbox"/> Yes – please specify the accommodation required: _____ </p> <p> <input type="checkbox"/> No </p>								
<p>Are you or a member of your household a veteran of the U.S. Armed Forces? * <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> <small>*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 therefrom under conditions other than dishonorable.</small> </p>								

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 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.	
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
		Yrs.	Mos.			
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 enter the TOTAL ANNUAL HOUSEHOLD INCOME:

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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 (Company, Organization, or Individual Name)	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. Reason for Moving

Why are you moving? Please check all that apply:			
<input type="checkbox"/>	Living with Parents	<input type="checkbox"/>	Not Enough Space
<input type="checkbox"/>	Bad Housing Conditions	<input type="checkbox"/>	Health Reasons
<input type="checkbox"/>	Disability Access Problems	<input type="checkbox"/>	Living with Relative/Other Family Members
<input type="checkbox"/>	Do not like Neighborhood	<input type="checkbox"/>	Rent Too High
<input type="checkbox"/>	Increase in Family Size (Marriage, Birth)	<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	<input type="checkbox"/>	Black or African-American
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Asian
<input type="checkbox"/>	American Indian or Native Alaskan	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

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

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

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ PER YEAR