

Highbridge Terrace

Thank you for contacting us. Per your request, an application is enclosed for an apartment at 220 West 167th Street, Bronx, NY. The completed application must be returned by REGULAR MAIL ONLY to the following Post Office Box. (Please note that this is a DIFFERENT address than where you wrote for an application):

**Highbridge Terrace, L.P.
Lincolnton Station
P.O. Box 373004
New York, NY 10037**

The application deadline is April 27, 2012. Applications postmarked after this deadline will be set aside for possible future consideration.

If you answered “yes” under section B on the application regarding if you or a member of your household requires a special accommodation, kindly place a check mark (✓) on the outside of the envelope.

MAIL ONLY ONE APPLICATION PER FAMILY. YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED.

DO NOT GIVE A BROKERS OR APPLICATION FEE TO ANYONE IN CONNECTION WITH THE OBTAINING, PREPARING OR FILING OF THIS APPLICATION FOR HOUSING.

The rent and income distribution for these apartments is as follows:

Apartments Available****	Apartment Size	Household Size*	Monthly Rent**	Minimum Annual Income	Maximum Annual Income***
3	Studio	1	\$597	\$ 23,880	\$ 29,050
9	1 Bedroom	1	\$638	\$ 25,520	\$ 29,050
	1 Bedroom	2	\$638	\$ 25,520	\$ 33,200
7	2 Bedroom	2	\$770	\$ 30,800	\$ 33,200
	2 Bedroom	3	\$770	\$ 30,800	\$ 37,350
	2 Bedroom	4	\$770	\$ 30,800	\$ 41,500
1	3 Bedroom	4	\$890	\$ 35,600	\$ 41,500
	3 Bedroom	5	\$890	\$ 35,600	\$ 44,850
	3 Bedroom	6	\$890	\$ 35,600	\$ 48,150
4	Studio	1	\$732	\$ 29,280	\$ 34,860
15	1 Bedroom	1	\$782	\$ 31,280	\$ 34,860
	1 Bedroom	2	\$782	\$ 31,280	\$ 39,840
10	2 Bedroom	2	\$938	\$ 37,520	\$ 39,840
	2 Bedroom	3	\$938	\$ 37,520	\$ 44,820
	2 Bedroom	4	\$938	\$ 37,520	\$ 49,800
2	3 Bedroom	4	\$1,084	\$ 43,360	\$ 49,800
	3 Bedroom	5	\$1,084	\$ 43,360	\$ 53,820
	3 Bedroom	6	\$1,084	\$ 43,360	\$ 57,780

*Subject to occupancy criteria. **Includes gas for heat and cooking. ***Income guidelines subject to change.

Applications for these apartments will be randomly selected. If your application is selected, we will notify you in writing and schedule an interview. Please be prepared to document your income and the other information you provide on the application. A list of required documentation will be sent to you when an interview is scheduled.

Thank you for your interest.

Highbridge Terrace, L.P.
APPLICATION FOR APARTMENT- ORIGINAL

Instructions:

1. Mail only one application per family. **You will be disqualified if more than one application per family is received.**
2. When completed, this application must be returned **by regular mail only.** DO NOT SEND BY REGISTERED OR CERTIFIED MAIL
3. The completed application must be postmarked no later than **April 27, 2012.** Applications postmarked after this date will be set aside for possible future consideration.
4. Mail completed application to: **Highbridge Terrace, L.P., Lincolnton Station, P.O. Box 373004, New York, New York 10037.**
5. **No payment should be given to anyone in connection with the preparation or filing of this application.**
6. This information to be filled out by the Applicant:

A. Name and Address

Name _____
Current Address _____
City, State, Zip Code _____
Home Telephone/Cell Phone _____
Work Phone _____
How long have you lived at this address? _____ Years _____ Months
Do you live in a NYCHA development? _____ If so, in which Development do you live? _____

B. Household Information

How many persons in your household, 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, and provide the following information. Add additional pages as necessary.

Full Name	Relationship to applicant	Date of Birth	Age	Sex	Occupation, if in school write Full-time Student (F/T) or Part-time student (P/T)
1. _____	SELF	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

Are you or any member of your household disabled? [] Yes [] No

If yes, would you describe the disability as [] mobility impairment? [] visual impairment? [] hearing impairment?

If you checked either mobility impairment, or visual impairment, or hearing impairment, do you or a member of your household require a special accommodation? [] Yes [] No

If yes, please specify the special accommodation required: _____

C. Income from Employment

1) Are you 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 identify the agency or entity at which you are employed _____
2) If you answered "yes" to the Question above (C.1) 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 C.1, 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 C.2, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement will 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 earnings.

HOUSEHOLD MEMBER	Name & Address of Employer	Years Employed	Gross Earnings (Per Week or Per Year)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

D. 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	Type of Income	Amount
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

E. Total Annual Household Income

Add all income listed above and indicate the Total Earned for the Year \$ _____ per year

F. Current Landlord

Landlord's Name _____
(If you live in a public housing project write "NYCHA." If you live in a city-owned/In Rem building write "HPD")

Landlord's Address _____

Landlord's Phone Number _____

G. Current Rent

What is the total rent on the apartment where you currently live or temporarily staying? \$ _____ per month

How much do you contribute to the total rent of the apartment? If nothing write "0" \$ _____ per month

H. Reason for Moving

Why are you moving? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Do not like neighborhood |
| <input type="checkbox"/> Not enough space | <input type="checkbox"/> Living with relatives/other family members |
| <input type="checkbox"/> Living in shelter or on the streets | <input type="checkbox"/> Rent too high |
| <input type="checkbox"/> Bad housing conditions | <input type="checkbox"/> Increase in family size (marriage, birth) |
| <input type="checkbox"/> Health Reasons | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Disability access problems | |

I. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certificate? Yes No
Please check Yes or No. This information will not affect the processing of the application.

J. Assets

- Checking Account/Bank or Branch _____
- Passbook Savings/Bank or Branch _____
- Certificates of Deposit/Bank or Branch _____
- IRA/401K, Trust Account, Mutual Funds _____
- Other _____

K. Source of Information

How did you hear about this development?

- | | |
|--|--|
| <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Sign Posted on Property |
| <input type="checkbox"/> Local Organization or Church | <input type="checkbox"/> Friend |
| <input type="checkbox"/> City "affordable housing hotline" listing new ads for the month | <input type="checkbox"/> Web Site/Internet |
| <input type="checkbox"/> Other _____ | |

L. 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 applicant.

- | | |
|---|--|
| <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/Alaskan Native | <input type="checkbox"/> Other |

M. Signature

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, IS EMPLOYED BY THE DEVELOPER OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.

Signed: _____ Date: _____

Notice: The owners and managers of this building support government Fair Housing Laws and do not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, disability, sexual orientation, lawful occupation, alien or citizen status.

