

## APPLICATION FOR APARTMENT

### INSTRUCTIONS:

1. SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD.
2. Of the 39 available units, 10 units will be filled by lottery. Applications must be **postmarked by January 6, 2014** to be considered for these 10 units which are receiving Section 8 from the New York City Department of Housing and Preservation.

The remaining 29 units will be filled from the New York State Division of Housing and Community Renewal ("DHCR") project specific waiting list. There is no deadline for applying to the waiting list. These applications will be processed on a first-come, first-served basis.

Every application received, whether received prior to the lottery deadline of **January 6, 2014** or after, will be placed on the DHCR project specific waiting list and processed on a first-come, first-served basis.

3. When completed, this application must be returned to: **King Garden Apartments, L.P., c/o Prestige Management, 237 West 145th Street, New York, NY 10039**
4. **No payment should be given to anyone in connection with the preparation or filing of this application.** No broker or application fees may be charged.
5. Applicants must be elderly families, the head or spouse of which is sixty-two years of age or over, or single elderly persons who are sixty-two years of age or over. Maximum household size is two persons.
6. Income Eligibility: Please review the chart below which breaks down the mandatory income levels for the housing program of the building you are applying to, based on family size. All income sources should be listed on the application.
  - a. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. These include, but are not limited to Credit History, Criminal History, and Housing Court History.

# Apts. Available	Household Size	Maximum Annual Income
39 1-Bedrooms	1	\$30,100
	2	\$34,400

There is no minimum income requirement.

### A. Name & Address (Required)

<b>First, Middle Initial, &amp; Last Name, Suffix:</b>	
<b>Current Address:</b>	
<b>Cell Phone:</b>	
<b>Home Phone:</b>	



<b>Work Phone:</b>	
<b>Email:</b>	
How long have you lived at this address? _____ Years, _____ Months	
Please select <b>one</b> 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:	
<input type="checkbox"/> Email: _____	
<input type="checkbox"/> Paper Mail (specify if mailing address is different than above): _____	

## B. Household Information (Required)

How many persons, including yourself, will live in the unit for which you are applying? \_\_\_\_\_

First, Mid. Initial, & Last Name, Suffix	Relationship to Applicant	Birth Date <small>(MM/DD/YY)</small>	Sex	Occupation	Disabled?			Full-Time Student?
					MI *	VI **	HI ***	
	Head of Household							

\*Mobility Impaired. \*\*Visual Impaired. \*\*\*Hearing Impaired.

## C. Income (Required)

### 1. Income from Employment

List all full and/or part time employment income. 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 example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, 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**

<b>Are there assets for this household?</b> 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. Section 8 Housing Assistance**

Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? (This information will not affect the processing of the application.)	<input type="checkbox"/> Yes – Section 8 <input type="checkbox"/> Yes – Other (Specify): _____ <input type="checkbox"/> No
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## E. Current Landlord

Landlord Name (If you live in public housing project, enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD.")	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"/>	Elected Representative	<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.nyhousingsearch.com
<input type="checkbox"/>	Community Board	<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. Signature (Required)

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 understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application and the termination of my lease (if discovery is made after the fact).

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

