

Highbridge Overlook, L.P.

Date: July 25, 2013

Re: Highbridge Overlook

Dear Prospective Applicant:

Enclosed is an application for the above-referenced building, which participates in a governmentally assisted affordable housing program supervised by New York State Housing and Community Renewal, New York City Department of Housing Preservation and Development, New York City Housing Development Corporation and the New York City Housing Authority, hereinafter referred to collectively as the Agency. Please note the following before completing and returning this application:

1. Applications will be randomly drawn and opened in a lottery process monitored by the Agency. Depending on the volume of applications received, it may not be possible for all of them to be opened. Accordingly, it is possible that you may not receive a response. All applicants are encouraged to monitor the internet resource center established by The City of New York (www.nyc.gov/housing) to keep up with new housing opportunities to which they may apply. Applying to more buildings, including those in locations that might not be your first preference, can only increase the chances that one of your applications will be opened and processed.
2. Each applicant may submit only one application. Duplicate applications/submissions will result in disqualification.
3. The application should be filled out very carefully. Leaving out information pertaining to the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, DO NOT USE WHITE-OUT OR LIQUID PAPER anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.
4. ONLY THE APPLICATION ITSELF SHOULD BE SUBMITTED AT THIS TIME. DO NOT ATTACH ANY CHECKS OR OTHER DOCUMENTS TO YOUR APPLICATION. If your application is selected for further processing, additional information will be requested at that time.
5. No broker, application or credit check fees will be charged in connection to this program.

6. Income Eligibility: Attached is a chart which breaks down the mandatory income levels for the affordable units in this building, based on family size. All income sources for all household members should be listed on the application. In general, gross income is what is calculated for most income except that net income is analyzed for self-employed applicants. Net business income from current and prior years is considered for self-employed applicants, and such applicants must have at least two complete years in the same self-employed field. However, apart from these general guidelines, every applicant's income information (both current income as well as from the recent past) will be considered to evaluate eligibility and document a continuing need for housing assistance. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for processing you will be contacted with a list of such documentation which you will need to provide at that time.
7. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. These include:
- A. Credit History
 - B. Criminal Background Checks
 - C. Qualification as a Household - Agency's low-income housing programs are designated for individuals, families and households who can document financial interdependence as a household unit. These affordable programs are not intended for "roommate situations" and so such applicants will not be eligible under this household criterion.
 - D. Continuing Need – Applicants to the Agency's low-income housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history. For example, applicants may not have more than \$250,000 in total household assets (excluding specifically designated retirement accounts such as IRAs and 401Ks).
 - E. OTHER:
Home visit
Rent payment history
8. Application Preferences: There is a general preference in the lottery for current New York City residents. Households outside of New York City are free to apply, but their applications will be assigned a low priority and processed only after all NYC resident applicants. There are additional preferences for persons with disabilities, NYCHA residents, persons residing in this development's community board, and persons who are municipal employees of the City of New York. Please answer the questions on the application carefully to assist in identifying such preferences.

9. Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. Therefore any approved tenant will need to surrender any other primary residences or leases prior to signing a lease for this program. While this is true of all other apartments, maintaining more than one unit which participates in any governmental housing program is a particularly egregious violation of this requirement. If you are presently residing in another governmentally assisted unit, you are free to apply to this building provided that you comply with this requirement and give up your current such unit before signing a lease with this building (if you are selected and approved). Violation of this requirement may lead to the loss of the apartments and leases in question as well as referral to the appropriate authorities for potential criminal charges.
10. Submission of False or Incomplete Information: Prospective applicants should be aware that this is a governmentally assisted housing program. The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will not only result in an applicant's disqualification, but will be forwarded to the appropriate authorities for further action – including the possibility of criminal prosecution. All paperwork and documents submitted by applicants are subject to review by The New York City Department of Investigation, a fully empowered law enforcement agency of The City of New York.

Once you have reviewed all of this information, and would still like to apply, please complete and return the enclosed application. Deadline information and return mail instructions are included in the attached notice.

Highbridge Overlook, 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 **September 24, 2013.** Applications postmarked after this date will be set aside for possible future consideration.
4. Mail completed application to: **Highbridge Overlook, L.P., P.O. Box 1014, New York, NY 10108.**
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

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. _____	<u>SELF</u>	_____	_____	_____	_____
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. Do you live in a NYCHA development?

[] Yes [] No

If yes, do you live in Highbridge Garden Houses?

[] Yes [] No

If you live in a NYCHA Development, but not Highbridge Garden Houses, in which NYCHA Development do you live?

Borough: ☐Bronx ☐Manhattan ☐Brooklyn ☐Queens ☐Staten Island

G. 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.

If yes, what is the **Section 8 voucher number**? _____ and **voucher expiration date**? _____

H. 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 _____

I. 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

J. Reason for Moving

Why are you moving? Please check all that apply.

☐ Living with parents

☐ Not enough space

☐ Living in shelter or on the streets

☐ Bad housing conditions

☐ Health Reasons

☐ Disability access problems

☐ Do not like neighborhood

☐ Living with relatives/other family members

☐ Rent too high

☐ Increase in family size (marriage, birth)

☐ Other _____

K. Assets

Checking Account/Bank or Branch _____

Passbook Savings/Bank or Branch _____

Certificates of Deposit/Bank or Branch _____

IRA/401K, Trust Account, Mutual Funds _____

Other _____

L. Source of Information

How did you hear about this development?

☐ Newspaper _____

☐ Local Organization or Church

☐ City "affordable housing hotline" listing new ads for the month

☐ Other _____

☐ Sign Posted on Property

☐ Friend

☐ Web Site/Internet

M. 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.

☐ White (non Hispanic origin)

☐ Black

☐ Hispanic origin

☐ Asian or Pacific Islander

☐ American Indian/Alaskan Native

☐ Other

N. 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.

OFFICE USE ONLY:

Community Board Resident

☐ Yes ☐ No

NYCHA Resident

☐ Yes ☐ No

Municipal Employee

☐ Yes ☐ No

Size of Apartment Assigned:

☐ Studio ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom ☐ 4 Bedroom

Family Composition: Adult Males _____ Adult Females _____ Male Children _____ Female Children _____

Person with Disability ☐ Mobility ☐ Visual ☐ Hearing

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ per Year

