



**B. HOUSEHOLD INFORMATION**

List all the people WHO WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING, starting with yourself.

FULL NAME	Relationship to Applicant	Social Security #	Birth Date	Age	Sex	Occupation

Are you or any member of your household disabled?  Yes  No  
 If yes, would you describe your disability as  Mobility Impairment?  Hearing Impairment?  
 Visual Impairment? Do you or a member of your household require special accommodations for the impairment?  Yes  No  
 If yes, please specify the special accommodation required: \_\_\_\_\_

Are you currently on a waiting list for NYC Housing?  Yes  No

**C. INCOME FROM EMPLOYMENT**

- Are you an employee of the City of New York, the New York City Housing Development Corporation, the New York City Housing Authority or the New York City Health and Hospital Corporation?  Yes  No (if yes, please identify the agency or entity at which you are employed: \_\_\_\_\_)
- 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 subject to this application?  Yes  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 your income 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 and Address of Employer	Years Employed	Gross Earnings

**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 form rental property, Armed Forces Reserves, scholarships, 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 \$ \_\_\_\_\_

**F. CURRENT LANDLORD**

**Landlord's Name:** \_\_\_\_\_  
 (If you live in public housing project enter "NYCHA". If you live in city owned /In Rem building enter "HPD").  
**Landlord's Address:** \_\_\_\_\_  
**Landlord Telephone Number:** \_\_\_\_\_

**G. CURRENT RENT**

What is the total rent on the apartment where you currently live or temporarily staying? \$ \_\_\_\_\_ monthly  
 How much do you contribute to the total rent of the apartment? \$ \_\_\_\_\_ monthly

**H. REASON FOR MOVING**

Why are you moving? Please check all that apply.

- Living with parents
- Do not like neighborhood
- Not enough space
- Living with relatives/other family members
- Bad housing conditions
- Rent too high
- Health Reasons
- Increase in family size (marriage, birth)
- Disability access problems
- Other \_\_\_\_\_

**I. SECTION 8 HOUSING ASSISTANCE**

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

**J. ASSETS**

- Checking Account- List Bank and Branch \_\_\_\_\_
- Passbook Savings- List Bank and Branch \_\_\_\_\_
- Savings Certificate- List Bank and Branch \_\_\_\_\_
- Pension Plan- \_\_\_\_\_
- Investments/Securities- \_\_\_\_\_
- Houses/Properties- \_\_\_\_\_

**K. SOURCE OF INFORMATION**

How did you hear about this development?

- Newspaper
- Sign Posted on Property
- Local Organization or Church
- Friend
- City "affordable housing hotline" listing new ads for the month
- Website/Internet
- 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.

- White (non Hispanic origin)
- African American
- Hispanic
- Asian or Pacific Islander
- American Indian/Alaskan Native
- Other

**M. SIGNATURE**

I DECLARE THAT THE 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 ARE EMPLOYED BY THE NEW YORK CITY HOUSING DEVELOPMENT CORPORATION OR ITS SUBSIDIARIES, OR THE BUIDLING OWNER OR ITS PRINCIPALS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Community Board Resident  Yes  No

Municipal Employee  Yes  No

Size of Apartment Assigned:  1 Studio  1 Bedroom

Family Composition: Adult Males \_\_\_\_\_ Adult Females \_\_\_\_\_

Male Children \_\_\_\_\_ Female Children \_\_\_\_\_

Person with Disability  Mobility  Visual  Hearing

TOTAL VERIFIED HOUSING INCOME: \$ \_\_\_\_\_ per year