BREMOND KING DAVIS

INSTRUCTIONS FOR RENTAL APPLICATION

1. **Stanton Norfolk Inc. is pleased to announce that applications are now being accepted for a limited number of available re-rental apartments within a number of affordable housing developments in Harlem. These affordable housing developments received financing through one or more grant and/or loan programs from New York City Housing Preservation and Development (HPD). Rent levels and income requirements may vary amongst different buildings, but the following chart provides general guidelines and ranges:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Unit Size** | **Monthly Rent**1 | **Household Size**2 | **Minimum Annual Household Income**3 | **Maximum Annual Household Income**3 |
| 1 bedroom | $702 - $1,036 | 1 person | $26,983 - $38,434 | $ 59,340 |
| 2 people | $26,983 - $38,434 | $ 67,800 |
| 2 bedroom | $803 - $1,290 | 2 people | $31,303 – $48,000 | $ 67,800 |
| 3 people | $31,303 – $48,000 | $ 76,260 |
| 4 people | $31,303 – $48,000 | $ 84,720 |

**1 Rents are subject to change.**

**2 Rent includes gas for cooking.**

**3 Household sizes include everyone who will live with you, including parents and children. Subject to occupancy criteria.**

**4 Household earnings include salary, hourly wages, tips, Social Security, child support, and other income. Income guidelines are subject to change.**

**5 Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.**

1. **SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD. You may be disqualified if more than one application is received for your household.**

1. **You must complete the application as well as sign and date the application in order for your application to be reviewed if it is selected for further processing. The application should be completed very carefully. Incomplete information for 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.**
2. **When completed, this application must be returned by REGULAR MAIL ONLY to the address below. To ensure that it arrives successfully at the address below, do not use certified mail, return receipts, or any method requiring a signature confirmation.**
3. **Applications are being accepted until available apartments are fully rented. A waiting list will be created.**
4. **Applications will be processed in chronological order, based on the date and time that they are received. If you appear to qualify based on the information provided on your application, you will be invited to an interview to continue the process of determining your eligibility. You will be asked to bring documents that verify your household size, identity of members of your household, and your household income.**
5. **Once vacancies are filled, remaining qualifying applicants will be placed on the waiting list to be processed for future vacancies.**
6. Mail completed application to:

**Harlem Apartments c/o Stanton Norfolk Inc.**

**141 Norfolk Street – Ground Floor Office New York, NY 10002**

**To request an application by email -** [**bkdmgmt@stantonnorfolk.org**](mailto:bkdmgmt@stantonnorfolk.org)

1. **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. If your application is selected for further processing, a non-refundable credit check fee will be collected by the management company at that time.
2. Income Eligibility: Please review the chart in the project advertisement which breaks down the mandatory income levels for the HPD housing program of the building you are applying to, based on household size. All income sources for all household members should be listed on the application. In general, gross income is calculated for most applicants, 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 (2) to three (3) complete years in the same self-employed field. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for further processing you will be contacted, via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.
3. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. Eligibility factors include, but are not limited to:
   1. Credit History
   2. Rent Payment History
   3. Criminal Background Checks
   4. Qualification as a Household – the Agency’s 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.
   5. Continuing Need – Applicants to HPD’s affordable housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history.
   6. Property Ownership – Applicants to rental units may not own residential property, or shares in a co-op, in or within one hundred (100) miles of New York City.
4. Application Preferences: There is a general preference 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.
5. Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. If approved for an affordable housing unit, the applicant must surrender any unit where applicant is then currently residing. Each member of the applicant’s household who leases rental residential real property must terminate the lease for and surrender possession of such rental property on or before the move-in date for a rental affordable unit.
6. 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.

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Harlem Apartments c/o Stanton Norfolk Inc.

141 Norfolk Street – Ground Floor Office New York, NY 10002

APPLICATION FOR RENTAL APARTMENT

**A. Name & Address (Required)**

|  |  |
| --- | --- |
| **First, Middle Initial, & Last Name, Suffix:** |  |
| **Current Address Line 1:** |  |
| **Current Address Line 2:** |  |
| **City:** |  |
| **State:** |  |
| **Zip Code:** |  |
| **Cell Phone:** |  |
| **Home Phone:** |  |
| **Work Phone:** |  |
| **Email:** |  |
| How long have you lived at this address? \_\_\_\_\_\_\_\_\_\_\_\_ Years, \_\_\_\_\_\_\_\_\_\_\_\_ Months | |
| Please select **one** 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:   * Email: * Paper Mail (specify if mailing address is different than above): | |

**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 at this time.  If your application is selected for further processing, the building’s landlord will have the right to require this information at that time in order to perform a credit check.

**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. Please indicate if the household member has a disability. This disclosure is voluntary. If yes, would you describe the disability as a mobility impairment (MI), visual impairment (VI), or hearing impairment (HI). | | | | | | | | | |
| **First, Mid. Initial, & Last Name, Suffix** | **SSN/TIN (Optional)** | **Relationship to Applicant** | **Birth Date**  (MM/DD/YY) | **Sex** | **Occupation** | **Full-Time Student?** | **Disabled?**  **(Optional)** | | |
| **MI** | **VI** | **HI** |
|  |  | **Head of Household** |  |  |  |  |  |  |  |
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| **Are you or a member of your household a Veteran of the U.S. Armed Forces?** 🗆**Yes** 🗆**No**  \*Please see definition of Veteran below. | | | | | | | | | |
| **Do you or a member of your household require a reasonable accommodation?** 🗆**Yes** 🗆**No**  If yes, please specify the accommodation requested: | | | | | | | | | |

\*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 there from under conditions other than dishonorable.

**C. Income (Required)**

|  |  |
| --- | --- |
| **Question 1** | |
| Are you or a member of your household an employee of the NYS Homes and Community Renewal or NYS Housing Finance Agency? | 🗆**Yes** 🗆**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? | 🗆**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, when you will also be required to provide other documents to verify income and eligibility.

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: | | | | | | |
| **Name of Household Member** | **Employer Name & Address** | **Length of Employment** | | **Gross Earnings** | **FREQUENCY**  (weekly, bi-weekly, semi-monthly, monthly, annually) | **Annual Gross Income** |
| **Years** | **Months** |
| **Head of Household** |  |  |  |  |  |  |
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1. **Income from Other Sources**

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| --- | --- | --- | --- | --- |
| 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. | | | | |
| **NAME OF Household Member** | **Type of Income** | **Dollar Amount** | **FREQUENCY**  (weekly, bi-weekly, semi-monthly, monthly, annually) | **Annual Gross Income** |
|
| **Head of Household** |  |  |  |  |
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1. **TOTAL ANNUAL HOUSEHOLD INCOME**

**Add ALL Annual Gross Income (Sections 1 & 2 above) and list the TOTAL ANNUAL HOUSEHOLD INCOME:**

1. **ASSETS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are there assets for this household?** Examples of assets include checking accounts, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), certificate of deposits, retirement accounts, annuities, whole life insurance policies, real estate (land, home property), cash savings, trust funds, miscellaneous investment holdings, etc. | | | Yes  No |
| If “yes,” please indicate assets for each household member: | | | |
| **Household Member** | **Type of Asset/Account** | **Branch** | |
| **Head of Household** |  |  | |
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1. **Rental Subsidy**

|  |  |
| --- | --- |
| 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.  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.  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. | * No * Yes – HPD Section 8 voucher * Yes – NYCHA Section 8 Voucher * Yes – Other Rental Subsidy/Certificate |

1. **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?** | $ \_\_\_\_\_\_\_\_\_\_\_\_ per month | |
| **How much do you contribute to the total rent of the apartment? If nothing, write “0.”** | $ \_\_\_\_\_\_\_\_\_\_\_\_ per month | |

**F. Source of Information**

|  |  |  |  |
| --- | --- | --- | --- |
| How did you hear about this development? Please check all that apply: | | | |
|  | Newspaper |  | City “affordable housing hotline” |
|  | Local organization or church |  | Friend |
|  | Sign posted on property |  | www.nyhousingsearch.gov |
|  | Community Board |  | Elected representative |
|  | Other website: |  | Other: |

1. **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: | | | |
|  | White (non-Hispanic origin) |  | Black |
|  | Hispanic origin |  | Asian or Pacific Islander |
|  | American Indian/Native Alaskan |  | Other: |

1. **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 New York State Homes and Community Renewal and/or New York State Housing Finance Agency. 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, ITS PRINCIPALS, OR ITS MARKETING AGENT.

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 □ 2BR □ 3BR □ 4BR

Family Composition: Adult (Males): Adult (Females):

Children (Males): Children (Females):

TOTAL VERIFIED HOUSEHOLD INCOME: $ per year.