

Application Cover Letter

March 20, 2013

RE: St. Nicholas Park Apartments

Dear Prospective Applicant:

Enclosed is an application for St. Nicholas Park Apartments, which participates in a governmentally assisted affordable housing program supervised by The New York City Department of Housing Preservation and Development (HPD). Please note the following before completing and returning this application:

1. Applicants will be randomly drawn and opened in a lottery process monitored by HPD. 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 or application fees may be charged in connection to this program. If your application is drawn for further processing, a non-refundable credit check fee (\$25 for households with 1 or 2 adults or \$50 for households with 3 or more adults) will be collected by the management company *at that time*. Again, this should NOT be sent with your application.
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

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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 – HPD’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 applicant will not be eligible under this household criterion.
 - D. Continuing Need – applicants to HPD’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 IRAs and 401Ks).
 - E. Other - please note that St. Nicholas Park Apartments is a 100% smoke free community. Smoking is prohibited in all public and private areas of the building including all units.
 - F. Other – Please note that St. Nicholas Park Apartments is a pet free community. No pets are allowed in the building. Exception of service animals only.
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, persons residing in this development’s community board, persons who can officially document displacement by Hurricane Sandy and/or its related storms, 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.

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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.

Income Eligibility Chart

Apartments Available	Apartment Size	Household Size*	Monthly Rent**	Total Annual Income Range***	
				Minimum	Maximum
4	1 Bedroom	1	\$533	\$20,263 - \$24,080	
		2		\$20,263 - \$27,520	
14	1 Bedroom	1	\$844	\$30,926 - \$36,120	
		2		\$30,926 - \$41,280	
2	2 Bedroom	2	\$648	\$24,275 - \$27,520	
		3		\$24,275 - \$30,960	
		4		\$24,275 - \$34,360	
10	2 Bedroom	2	\$1,022	\$37,098 - \$41,280	
		3		\$37,098 - \$46,440	
		4		\$37,098 - \$51,540	

*Subject to occupancy criteria

**Includes gas for heat and cooking

***Income guidelines subject to change

St. Nicholas Park Apartments L.P.

St. Nicholas Park Apartments
100% smoke free and pet free community

APPLICATION FOR APARTMENT

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 registered or certified mail.
3. The completed application must be postmarked no later than **May 20, 2013**. Applications postmarked after this date will be set aside for possible future consideration.
4. Mail completed application to:

St. Nicholas Park Apartments
P.O. Box 8012
Manhattanville Station
New York, NY 10027
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 / 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 if necessary.

Full Name	Relation to Applicant	Birth Date	Age	Sex	Occupation

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

If yes, would you describe that 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 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 Department of Housing Preservation and Development, 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):

Agency/Entity: _____

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 a 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 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	Employer Name and Address	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 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 enter "NYCHA." If you live in a city-owned/In Rem building enter "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? \$ _____ monthly
How much do you contribute to the total rent of the apartment? If nothing write "0" \$ _____ monthly

H. Was your household displaced by Hurricane Sandy and/or its related storms? YES NO

(If YES is selected, then official documentation of displacement will be required if your application is selected for further processing.)

I. 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 _____

J. Section 8 Housing Assistance

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

K. Assets

Checking/Bank or Branch: _____
Savings/Bank or Branch: _____
Certificates/Bank or Branch: _____

L. 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 _____

M. Ethnic Identification (Use 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, ARE EMPLOYED BY THE DEVELOPERS OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.

Signed: _____ Date: _____

OFFICE USE ONLY:

Community Board 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 _____
Persons with Disability: Mobility Visual Hearing
TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ per Year