

101 AVENUE D APARTMENTS

OPEN MARKET MIDDLE INCOME APPLICATION

Instructions:

1. Mail only one application per family.
2. When completed, this application must be returned by regular mail, email 101avenued@cmpconsultants.com or by fax 516-792-6744; do not send registered or certified mail. (If sent via fax or email, the original application will be required if you are called to meet a representative for an interview).

3. Mail completed application to:

101 AVENUE D APARTMENTS
c/o CMP CONSULTANTS INC
PO BOX 1678
Valley Stream, NY 11582

4. No payment should be given to anyone in connection with the preparation or filing of this application.

5. 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 _____
Email _____
Address: _____

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 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):

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 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. 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 _____

I. 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.

J. Assets

Checking Account/Bank or Branch _____

Passbook Savings/Bank or Branch _____

Savings Certificates/Bank or Branch _____

K. 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

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)
- Hispanic origin
- American Indian/Alaskan Native
- Black
- Asian or Pacific Islander
- Other

M. Signature (s) (MUST BE SIGNED BY ALL ADULTS 18 AND OVER)

I/WE DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY 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 The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I/We 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/WE DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY IS EMPLOYED BY THE NEW YORK CITY HOUSING DEVELOPMENT CORPORATION OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.

Signed: _____ Date: _____

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 _____
Person with Disability Mobility Visual Hearing
TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ per Year