

APPLICATION COVER LETTER

OPEN MARKET – WAITING LIST

RE: 66 Rockwell Place

Dear Prospective Applicant:

Enclosed is an application for the above-referenced building, which participates in a governmentally assisted affordable housing program supervised by The New York State Housing Finance Agency (HFA). Please note the following before completing and returning this application:

1. Applications are selected in a first come, first serve basis. Units are limited.
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 selected for further processing, the management/consultant company will collect a non-refundable credit/criminal background check fee. Again, this should NOT be sent with your application.
6. Income Eligibility: 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, all household members income information will be considered to evaluate eligibility and document a continuing need for housing assistance. Further, please note that all sources of income must 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.



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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. Qualifications 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: Student Rule
Generally, households comprised entirely of full time students are not eligible for tax credit units. There are five exceptions to this rule:
 - I. a student receiving assistance under Title IV of the Social Security Act,
 - II. a student who was previously under the care and placement responsibility of the State agency responsible for administering a plan under part B or part E of title IV of the Social Security Act, or
 - III. a student enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State or local laws.
 - IV. single parents and their children and such parents are not dependents (as defined in IRC §152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof) of another individual and such children are not dependents (as so defined) of another individual other than a parent of such children, or
 - V. married and file a joint return.
8. Application Preferences: (Open Market Waiting List Applications): New York City Residents.



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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 Internal Revenue Service and other governmental agencies.

Once you have reviewed all of this information, and would still like to apply, please complete and return the enclosed application.



66 ROCKWELL PLACE
OPEN MARKET APPLICATION

Instructions:

1. Email, fax or 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 email (66rockwellpl@cmpconsultants.com), fax (516-792-6744) or regular mails only; do not send registered or certified mail.
3. Mail completed application to:

66 ROCKWELL PLACE
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.
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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 _____
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
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SELF



C. Income from Employment

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 _____
 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
 How long have you lived at this address? _____ Years _____ Months

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
- Living in shelter or on the streets
- Rent too high
- Bad housing conditions
- Increase in family size (marriage, birth)
- Health Reasons
- Other _____
- Disability access problems

I. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certificate? Yes No
 Do you have a valid portable/transferable Section 8 voucher? Yes No
 If yes, how long have you had your voucher? _____
 Have you obtained the approval from Section 8 Department for your transfer? Yes No
 If yes, please provide the expiration date on the transferable Section 8 Voucher:
 Voucher # _____ Expiration date _____



J. Assets

Checking Account/Bank or Branch _____
Passbook Savings/Bank or Branch _____
Savings Certificates/Bank or Branch _____
Mutual Funds _____
Stocks _____
Bonds _____
IRA Account(s) _____
401K Account(s) _____
Annuities _____
Other Retirement Account(s) _____
Real Estate _____
Life Insurance: Please circle (Term, Universal, Whole) and name of Agency: _____
Other Asset(s) _____

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 Web Site/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) Black
 Hispanic origin Asian or Pacific Islander
 American Indian/Alaskan Native 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 that 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.

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION IS RECEIVED.

APPLICANT(S) MUST MEET THE INCOME AND FAMILY SIZE REQUIREMENTS AT THE TIME OF SUBMITTING THIS APPLICATION. APPLICANTS CANNOT ADD OR REMOVE OCCUPANTS OR ADD OR REMOVE INCOME IN ORDER TO BE ELIGIBLE FOR AN APARTMENT.

I/WE DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY IS EMPLOYED BY THE NEW YORK STATE HOUSING FINANCE AGENCY OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS, CONSULTANTS AND AGENTS.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Warning: Willful false, misleading or incomplete information will be grounds for rejection of this application and/or termination of lease.

