

## APPLICATION COVER LETTER

RE: RIVER PLACE II AFFORDABLE HOUSING

Dear Prospective Applicant:

Enclosed is an application for the above-referenced building, which participates in a governmentally assisted affordable housing program, supervised by The City of New York's Department of Housing Preservation and Development (HPD). Please note the following before completing and returning this application.

1. Each applicant may submit only one application. Duplicate applications/submissions will result in disqualification.
2. 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 USES 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.
3. **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.
4. 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.
5. 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 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.

6. 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 is 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 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 household assets (excluding specifically designated retirement accounts such as IRAs and 401Ks).
  - E. OTHER: Will be explained If your application is selected for furthering processing

7. 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 residence 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.

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 Fact Sheet.

LOG # \_\_\_\_\_  
(For office use only)

**APPLICATION FOR  
RIVER PLACE II AFFORDABLE HOUSING**

**FAX COMPLETED APPLICATION TO: 646-336-5148  
RIVER PLACE II AFFORDABLE HOUSING**

**FAX ONLY ONE (1) APPLICATION PER FAMILY**

**Not every application received by RIVER PLACE II AFFORDABLE HOUSING will be opened. Each selected application will be recorded. Since so many families/elderly need housing, this Development will not be able to accommodate all who are eligible. Each selected applicant will be contacted regarding the status of his or her application.**

**NO PAYMENT & OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION PREPARATION FILING OR PROCESSING OF THIS APPLICATION FOR HOUSING. (CREDIT REPORT FEE OF MAY BE CHARGED DURING APPLICATION PROCESSING)**

**THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
Cell Phone No.: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_

\*List **everyone** who will live in the unit for which you are applying:

**ALL LISTED HOUSEHOLD MEMBERS (18 YEARS OR OLDER) MUST BE PRESENT AT OFFICE INTERVIEW**

Name	Relationship to Head	Sex (M/F)	Age	Birth Date	Occupation (write "in school" if attending school)
1.	Head				

Information is used to determine apartment size only.

Have you or any 18 year or older family members been a full-time student during the current calendar year or last five calendar months?  YES  NO

If yes, please list name of the household and school they are attending \_\_\_\_\_

Are you or any 18 year or older family members a current part-time student?  YES  NO

If yes, please list name of the household and school they are attending \_\_\_\_\_

**Housing Information**

Do you live in Public Housing, City/State Assisted Housing or other Federally-Assisted Housing?  
YES  NO If YES, Name of Development \_\_\_\_\_

Project. # \_\_\_\_\_

Is your rent presently being subsidized through Section 8?  YES  NO

Do you have a 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: \_\_\_\_\_

and applicant must provide a valid transferable section 8 voucher at the time your application is being process.

Current Landlord's Name: \_\_\_\_\_

Current Landlord's Address: \_\_\_\_\_ (Number, Street, Apt #)  
\_\_\_\_\_ (City, State, ZIP)

Landlord's Phone No.: \_\_\_\_\_

What is your present monthly rent? \$ \_\_\_\_\_

How much do you contribute to the monthly rent? \$ \_\_\_\_\_

(If you do not contribute anything write "0") \_\_\_\_\_

How many persons are in your household? \_\_\_\_\_

How many bedrooms do you have? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Name/address of prior landlord: \_\_\_\_\_

Name/address of landlords for past five years: \_\_\_\_\_

Check the utilities paid by you monthly and indicate the average monthly amount:

Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Heat \$ \_\_\_\_\_ Water \$ \_\_\_\_\_

Are you or a member of your household disabled? ( ) Yes ( ) No

If yes, would you describe the disability as ( ) mobility? ( ) visual? ( ) hearing

If you checked either mobility impairment, visual impairment, or hearing impairment, do you or a member of your household require a special accommodation? ( ) Yes ( ) No

If yes, please remember to place a check mark on the outside of your envelope, and please specify the special accommodation required: \_\_\_\_\_

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**If there are members of your household who are disabled, REMEMBER TO CHECK THE BOX ON THE FRONT OF THE RETURN ENVELOPE.**

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 employment): \_\_\_\_\_

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.**

**INCOME FROM EMPLOYMENT:**

List all current 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-employed earnings.

Household Member	Name & Address of Employer	How Long Employed (From/To)	Status F=Full Time P= Part-Time S= Self Employed	Gross Annual Earnings
1.				\$

Total Gross Annual Employment Income =

\$
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**INCOME FROM OTHER SOURCES:** List all other income, for example, welfare (including housing allowance), AFDC, Social Security, S.S.I., pension, disability compensation, unemployment compensation, Interest Income, babysitting, caretaking, alimony, child support, Income from rental property, and Armed Forces Reserves.

Household Member	Source of Income	Gross Amount		Period Received Weekly, Bi-weekly, Semi-monthly, Monthly, Quarterly	Annual Gross Amount
1.		\$	Per		\$
		\$	Per		\$

Total Gross income From Other Sources =

\$
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**GRAND TOTAL GROSS ANNUAL INCOME:** (Employment & Other Income) =

\$
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**ASSETS:**

List below the current cash value of all assets held by ALL household members, including yourself. Include below: checking accounts, savings accounts, savings bonds, certificates of deposit, money market funds, mutual funds, stocks, bonds, IRA accounts, 401K accounts, other retirement and pension accounts, trust funds, life insurance policies (except Term), personal property held as an investment (e.g. jewelry, antiques or art), equity in real estate and all other assets.

Household Member	Institution Name	Type of Asset	Current \$ Value/ Account Balance

TOTAL VALUE OF ASSETS =

\$
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Do you NOW own Real Estate?  
If YES, what is the value?

YES  NO

\_\_\_\_\_

Have you EVER owned Real Estate?  
If YES, When?

YES  NO

\_\_\_\_\_

**GENERAL**

How did you hear about this development? (Please check one)

- Newspaper
- Local Organization or Church
- City "Affordable Housing hotline" listing new ads for the month
- Sign Posted on Property
- Friend
- other \_\_\_\_\_

**ETHNIC IDENTIFICATION** (Used for statistical purposes only)

This information is optional and will not affect the processing of the application.  
Please Check one group which best identifies the applicant.

- White (non Hispanic origin)
- Hispanic origin
- American Indian or Alaska Native
- Black
- Asian or Pacific Islander
- Other

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

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

**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 the 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 CITY OF NEW YORK DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS**

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_



**RIVER PLACE II AFFORDABLE HOUSING  
Fact Sheet**

**RIVER PLACE II AFFORDABLE HOUSING** is pleased to announce that applications are now being accepted for 82 affordable housing rental apartments now under construction at **610-620 W. 42nd Street** in the **Clinton** section of **Manhattan**. The size, rent and income requirements of the 82 units are as follows:

**To request an application:**

**Download the Application at [www.phippsny.org/housing\\_app.html](http://www.phippsny.org/housing_app.html)**

**FAX COMPLETED APPLICATION TO: 646-336-5148**

**RIVER PLACE II AFFORDABLE HOUSING**

SET ASIDE FOR HOUSEHOLDS WITH INCOMES AT OR BELOW 40% OF AREA MEDIAN INCOME

No. Of Units	Unit Size	Family Size*	Monthly Rent**	Total Gross Annual Income Range*** Minimum-Maximum
5	Studio	1	\$503	\$19,029 - \$22,200

SET ASIDE FOR HOUSEHOLDS WITH INCOMES AT OR BELOW 50% OF AREA MEDIAN INCOME

No. Of Units	Unit Size	Family Size*	Monthly Rent**	Total Gross Annual Income Range*** Minimum- Maximum
77	Studio	1	\$641	\$23,760 - \$27,750

\*subject to occupancy standards    \*\*includes cooking gas    \*\*\*income guidelines adjusted for family size

Applicants will be required to meet income and additional criteria. **Completed applications must be faxed to (646) 336-5148.** Applicants who submit more than one application will be disqualified. Duplicated applications will not be accepted.

No Broker's Fee or Application Fee Should Be Paid At Anytime in Connection With These Applications.

DAVID PATERSON, Governor  
MICHAEL R. BLOOMBERG, Mayor  
The City of New York  
Department of Housing Preservation and Development  
RAFAEL E. CESTERO, Commissioner

[www.nyc.gov/hpd](http://www.nyc.gov/hpd)

FINANCING PROVIDED BY NYS HOUSING FINANCE AGENCY



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