APPLICATION COVER LETTER

Date:

RE: COURTLANDT CRESCENT

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 City Housing Development Corporation, hereinafter referred to as the Agency. Please note the following before completing and returning this application:

1. Applications will be selected for an interview on a first come, first serve basis.

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: below 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 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.
<table>
<thead>
<tr>
<th>Unit Size</th>
<th>Family Size*</th>
<th>Monthly Rent**</th>
<th>Total Gross Annual Income Range*** Minimum- Maximum</th>
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<tbody>
<tr>
<td>Studio</td>
<td>1</td>
<td>$ 751</td>
<td>$27,669 - $34,860</td>
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<tr>
<td>1 Bedroom</td>
<td>1</td>
<td>$ 808</td>
<td>$29,692 - $34,860 $29,692 - $39,840</td>
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*subject to occupancy standards  **includes cooking gas  ***income guidelines subject to change

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 - Agency’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 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:

8. **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 governmental 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.
9. 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.

Applications will be accepted until fully rented. Return mail instructions are noted on the application.
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.

4. Mail or Drop off completed application to:

COURTLANDT CRESCENT
370 W. 162ND STREET
BRONX, NY 10451

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 Telephone/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.

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Relation to Applicant</th>
<th>Birth Date</th>
<th>Age</th>
<th>Sex</th>
<th>Occupation</th>
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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 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 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.

<table>
<thead>
<tr>
<th>Household Member:</th>
<th>Employer Name and Address:</th>
<th>Years Employed:</th>
<th>Gross Earnings:</th>
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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  [ ] 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
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  [ ] 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
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 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_________________
Person with Disability [ ] Mobility [ ] Visual [ ] Hearing
TOTAL VERIFIED HOUSEHOLD INCOME: ____________________________ per Year