

# 988 East 180th Street - Rental Application

**Dear Applicant;**

Thank you for your interest in 988 East 180th Street Associates, LLC. Enclosed is the application package sign and return to 902 Broadway, 13th Fl New York, New York 10010. ***Please do not send in your documents at this time.***

All household members must sign the application form. **PLEASE ONLY SUBMIT ONE APPLICATION PER HOUSEHOLD. (DO NOT SEND BY REGISTERED OR CERTIFIED MAIL.)**

**Not every application received by 988 East 180th Street Associates, LLC will be processed. 988 East 180th Street Associates, LLC will not be able to accommodate everyone that has applied. Each selected applicant will be contacted regarding the status of their application.**

**NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION FILING OR PROCESSING OF THIS APPLICATION FOR HOUSING.**

## A. Name & Address (Required)

<b>First, Middle Initial, &amp; Last Name, Suffix:</b>	
<b>Current Address Line 1:</b>	
<b>Current Address Line 2:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Cell Phone:</b>	
<b>Contact Email:</b>	
<b>Work Phone:</b>	
<b>Home Phone:</b>	

OFFICE USE ONLY:

LOG: \_\_\_\_\_

HH: \_\_\_\_\_

INC: \$ \_\_\_\_\_

AMI: % \_\_\_\_\_

NOTES: \_\_\_\_\_

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Phipps will be communicating with you via email, phone and or postal mail. If your preferred mailing address is different than the one listed above, please indicate the preferred mailing address in the space provided:

Paper Mail (specify if mailing address is different than above): \_\_\_\_\_

### B. Household Information (Required)

**PRIVACY ACT NOTIFICATION** - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used. Providing Social Security Numbers and/or Taxpayer Identification Numbers on this application is voluntary. Social Security Numbers and Taxpayer Identification Numbers which are voluntarily disclosed on this application will be used only to establish an organized and specific method of identifying applicants who are seeking affordable housing within the City of New York, will be kept in a secure location, and will not be used or disclosed for any other purpose. Failure to provide a Social Security Number or Taxpayer Identification Number on this application will not result in an applicant's disqualification at this time. If your application is selected for further processing, the building's landlord will have the right to require this information at that time.

**How many persons, including yourself, will live in the unit for which you are applying?** \_\_\_\_\_

**Are all of the persons who will be living with you currently living with you?** \_\_\_\_\_

List ALL OF THE PEOPLE who will live in the unit for which you are applying, starting with yourself (Head of Household), and provide the following information.

If a household member has a mobility (**M**), hearing (**H**), or visual (**V**) disability and requires an accessible/adaptable unit, please check the relevant box. If your application is selected for further processing, you and a medical professional will need to complete a form to verify that your household requires an accessible or adaptable apartment

First, Middle Initial, Last Name & Suffix	SSN/TIN (Optional)	Relationship To Applicant	Birth Date (MM/DD/YY)	Gender Identification (Optional)	Occupation	Disability?		
						MI	VI	HI
		Head of Household						

Do you anticipate any change(s) in your household within the next 12 months? If yes, please explain: \_\_\_\_\_

If you checked either mobility, visual, or hearing impairment, do you or a member of your household require a special accommodation? Y/N

Yes – please specify the accommodation required: \_\_\_\_\_

Are you or a member of your household a veteran of the U.S. Armed Forces?  Yes  No Definition of veteran from 38 U.S.C. 101(2): The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.

Exceptions to disclosure of SSN: (1) Individuals who do not contend immigration status. (2) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

How many persons, including yourself, will live in the unit for which you are applying? \_\_\_\_\_

\*Information used to determine apartment size only.

Are there any adult members of your household that are attending technical, trade school on a full-time basis? If yes, please list name and school they are attending \_\_\_\_\_





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### D. Rental Subsidy

<p>Do you live in Public Housing/HUD/ City/ State Assisted Housing or other Federally-Assisted Housing?</p> <p>Are you presently receiving a Section 8 Housing Voucher any other form of rental assistance? Please check the appropriate box at right.</p> <p>Examples of other rental subsidies/certificates include: CITYFEPS, FEPS, LINC, NHTD (Medicaid Waiver), Individual Services and Supports (ISS), Traumatic Brain Injury (TBI) Waiver, SEPS, and VASH.</p> <p>This information will not affect the processing of the application. Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Name of Development _____</p> <p>Project # _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – HPD Section 8 voucher</p> <p><input type="checkbox"/> Yes – NYCHA Section 8 Voucher</p> <p><input type="checkbox"/> Yes – Other Rental Subsidy/Certificate <i>If other, please specify:</i></p> <p>_____</p>
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### E. Current Landlord

- New York City Housing Authority (NYCHA) \*
- Other City Owned (In Rem) \*
- A Company or Organization \*
- An Individual

Landlord Name <small>(If you live in public housing project, enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD.")</small>	Landlord Address	Landlord Phone #
<b>What is the total rent on the apartment where you currently live or are temporarily staying?</b>	_____ Monthly	
<b>How much do you contribute to the total rent of the apartment? If nothing, write "0."</b>	_____ Monthly	

### F. Reason for Moving

Why are you moving? Please check all that apply:	
<input type="checkbox"/> Living with Parents	<input type="checkbox"/> Not Enough Space
<input type="checkbox"/> Bad Housing Conditions	<input type="checkbox"/> Health Reasons
<input type="checkbox"/> Disability Access Problems	<input type="checkbox"/> Living with Relative/Other Family Members
<input type="checkbox"/> Do not like Neighborhood	<input type="checkbox"/> Rent Too High
<input type="checkbox"/> Increase in Family Size (Marriage, Birth)	<input type="checkbox"/> Other

### G. Source of Information

How did you hear about this development? Please check all that apply:	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> City "affordable housing hotline"
<input type="checkbox"/> Local organization or church	<input type="checkbox"/> Friend
<input type="checkbox"/> Sign posted on property	<input type="checkbox"/> Elected Representative
<input type="checkbox"/> Community Board	<input type="checkbox"/> Other: _____

**H. Ethnic Identification**

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:			
<input type="checkbox"/>	White (non-Hispanic origin)	<input type="checkbox"/>	Black
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	American Indian/Native Alaskan	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/>	Not Hispanic or Latino
<input type="checkbox"/>	Prefer not to Answer		

**I. Signature (Required)**

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) 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 consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I (WE) DECLARE THAT NEITHER I (WE), NOR ANY MEMBER OF MY (OUR) IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## AGREEMENT and CONSENT FORM

I hereby authorize Phipps Houses Services and/or its Agent, On-Site Manager, Inc. to make such investigation into my previous employment, criminal history, , as well as any other related matters as may be necessary in determining the veracity of my application and verifying my suitability for tenant placement. This will be handled in accordance with the compliance of the Fair Credit Protection Act, Public Law 91-508, Title VI, and the Americans with Disabilities Act (ADA), all as amended.

I hereby release all employees, law enforcement officials, all Federal, State, and Local government agencies, and any other persons or entities contacted, from liability in responding to inquiries in connection with my application. I understand that there will be a \$9.00 fee for the criminal history/background check. Fee should be made payable to Phipps Houses.

I understand false or misleading information given in my application or during my application process or any other company record may result in denial of tenancy. I also understand that I am required to abide by all Phipps Houses Services AFFORDABLE HOUSING RULES and regulations.

All information except your signature must be printed- Total annual salary: \_\_\_\_\_

\_\_\_\_\_

Adult #1: First	Middle (Maiden)	Last	Date of Birth
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\_\_\_\_\_

Social Security #	Signature
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\_\_\_\_\_

Adult #2: First	Middle (Maiden)	Last	Date of Birth
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\_\_\_\_\_

Social Security #	Signature
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\_\_\_\_\_

Current Address	City	State	Zip Code
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Adult #1 Email \_\_\_\_\_ Phone#: \_\_\_\_\_

Adult # 2 Email: \_\_\_\_\_ Phone#: \_\_\_\_\_



**PHIPPS RENTALS**

C/O PHIPPS RENTALS, 902 BROADWAY, 13TH FLOOR, NEW YORK, NEW YORK 10010  
(TEL) 646.388.8227 | (FAX) 646.336.5142 | (EMAIL) RENTALS@PHIPPSNY.ORG

**Consent – Electronic Communications/Electronic Signatures**

Your information will be used by Phipps Rentals and may be transmitted to the owner/agent staff and contractors as appropriate, any new owner/agent, HUD, HUD’s agents, or other third parties for the purpose of the administration, evaluation and management of your application/lease as well as for the purpose of preparing reports that may be required by government agencies. The owner/agent will comply with rules established by the Department of Housing & Urban Development when transmitting or sharing your data.

**Updating Contact Information:** Please note that it is your responsibility to update the owner/agent regarding any changes to your contact information.

**Paper Copy:** You have the option to complete any document or receive any information using the traditional paper and hard copy signature process.

**Withdrawal of Consent:** You have the right to withdraw your consent to submit your lease electronically. If you choose to do so, please note that you will no longer receive information through electronic communication. You may withdraw your consent by emailing Phipps Rental at [RENTALS@PHIPPSNY.ORG](mailto:RENTALS@PHIPPSNY.ORG), or by sending a written withdrawal of consent to 902 Broadway, 13<sup>th</sup> floor, New York, NY 10010.

**Agreement:**

By signing this document, you give your consent to electronic disclosures and to the use of electronic signatures. You also consent to conducting any matters related to leasing process electronically as allowed by the Department of Housing & Urban Development (HUD) and other applicable law. By consenting to the electronic delivery of disclosures, you agree that we may provide electronically any communications to you.

You are not required to receive notices and disclosures or sign documents electronically. If you prefer not to do so, you may request to receive paper copies and withdraw your consent at any time.

You understand that certain information cannot be sent electronically because of government or HUD restrictions.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

cc: Applicant/Resident File

The owner/agent does not discriminate based on disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: James Robert Pigott, Jr.  
Address: 902 Broadway, 13<sup>th</sup> Floor  
City: New York State: NY Zip 10010  
Telephone – 646-388-8283