

Boston Tremont HDFC / Lambert Houses – Waiting List Application



Dear Applicant;

Enclosed is the wait list application for Boston Tremont HDFC/ Lambert North location.

Please complete, sign and return the completed application to

PHIPPS 257 Park Avenue South, 12th Floor, New York, NY 10010 Att: Rentals

All adult household members must sign the application form.

PLEASE ONLY SUBMIT ONE APPLICATION PER HOUSEHOLD.

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)

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

OFFICE USE ONLY:

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 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.

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Do you or any member of your household have a disability as defined in Section 223 of the Social Security Act?

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 special accommodation? ☐ YES ☐ NO

If you or any member of your household has a disability, as defined in Section 223 of the Social Security Act, please note below as to how Boston Tremont/Lambert North may accommodate your needs. If applicable, please include any special unit features which may be required, such as, i.e. a wheelchair accessible unit, grab bars, a service animal. If so, please indicate: _____

Are you or any members of your household subject to a lifetime registration requirement under any state sex offender registration program? ☐ Yes ☐ NO

If YES, please explain: _____

Provide a complete list of all states in which the applicant and any household members have resided:

Please answer the following: Do all prospective residents who are not US citizens have an Alien Registration card?

Yes ☐ No ☐ if yes, list names and registration card number: _____

Are you and/or the 18yr. old occupants eligible for employment in this country? _____

C. Income (Required)

C-1. Income from Employment

[illegible]

C-2. Income from Other Sources

Household Member	Type of Income	Amount paid (\$) Gross	How often (weekly, bi-weekly, monthly, annually)	Annual Gross Income
Head of Household				

\$ _____

[illegible]

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D1. Ethnicity

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"/>	Hispanic or Latino	<input type="checkbox"/>	Not Hispanic or Latino
<input type="checkbox"/>	Choose not to answer	<input type="checkbox"/>	

D2. Race

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	<input type="checkbox"/>	Black or African-American
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	American Indian or Native Alaskan	<input type="checkbox"/>	Choose not to answer
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

E. 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: _____

Signature: _____ Date: _____



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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 Boston-Tremont at BTAppointments@phippsny.org, or by sending a written withdrawal of consent to Phipps Management, c/o Boston-Tremont, 1048 East 180th Street, Bronx, NY 10460

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.
Telephone – 212-243-9090

DO NOT USE THE ABOVE CONTACT INFORMATION TO SUBMIT OR TO INQUIRE ABOUT THE STATUS OF YOUR APPLICATION