

Phipps Houses Rental Application



Dear Applicant,

Welcome! Phipps Houses is one of the leading affordable housing developers and owners in New York City. Our mission is to provide quality housing for our fellow New Yorkers. We have an extensive array of properties located in the Bronx, Queens, Brooklyn and Manhattan with a variety of bedroom and program types. Your eligibility will be based on your income, family size, and program requirements of the building. You can return the completed application via email (please only send attachments as a PDF) fax or by regular mail.

Phone: 646-388-8227

Fax: 646-336-5142

Email: RENTALS@PHIPPSNY.ORG

Mail: Phipps Rentals
257 Park Ave South #12TH FL
New York, New York 10010
ATTN: RENTALS DEPT

Thank you for your interest in Phipps Houses Developments.

Yours truly,
The Phipps Rentals Team

APPLICATION FOR APARTMENT RENTAL

INSTRUCTIONS:

1. **SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD.** You may be disqualified if more than one application is received for your household.
2. You must complete the first three sections (Sections A, B, and C) as well as sign and date the application for your application to be reviewed if it is selected for further processing. The application should be completed very carefully. Incomplete information for 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 cross one line neatly through the information, write the revised information neatly next to it, and sign your initials near the change.
3. Only submit your application, if your application is selected for further processing, additional information will be requested at that time.
4. Submit completed application to:

Email: RENTALS@PHIPPSNY.ORG

OR

MAIL: Phipps Rentals
257 Park Ave South #12TH FL
New York, New York 10010
ATTN: RENTALS DEPT



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5. **No payment should be given to anyone in connection with the preparation or filing of this application.** No broker or application fees may be charged. If your application is selected for further processing, there will be a criminal background check. When the management company runs a background check, a non-refundable background check fee of \$9.00 per application may be collected by the company at that time.
6. **Income Eligibility:** List all current income sources for all household members on the application. In general, gross income is calculated for most applicants, except that net income is used for self-employment income. Further, please note that if your application is selected for further processing, all sources of income will need to be documented and verified. If your application is selected, you will be contacted via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.
7. **Other Eligibility Factors:** In addition to the income requirements, other eligibility factors will be applied. Eligibility factors may include, but are not limited to:
- Criminal Background Checks
 - Qualification as a Household – the 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.
 - Continuing Need – Applicants that are selected for a property that’s overseen by HPD/HDC’s affordable housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history.
 - Property Ownership – Applicants to rental units may not own residential property, or shares in a co-op, in or within one hundred (100) miles of New York City.
 - Asset Limits –There is a limit to the amount of total household assets allowed (excluding specifically designated retirement and college savings accounts). The household asset limit for rental units is equal to the maximum income limit for a four (4)-person household at the area median income (AMI) level for which the unit is designated.

Typical Household Asset Limits:

40% AMI Asset Limit:
\$67,840

60% AMI Asset Limit:
\$101,760

80% AMI Asset Limit:
\$135,680

8. **Primary Residence Requirement:** Any applicant ultimately approved for one of our developments must maintain the new apartment as their sole primary residence. If approved for an affordable housing unit, the applicant must surrender any unit where applicant is then currently residing. Each member of the applicant’s household who leases rental residential real property must terminate the lease for and surrender possession of such rental property on or before the move-in date for a rental affordable unit.
9. **Submission of False or Incomplete Information:** Prospective applicants should be aware that most of our units are governmentally assisted housing programs. 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.



40% Area Median Income	Unit Size	Household Size	Estimated Minimum Income*	Maximum Income
	Studio	1	\$ 41,580	\$ 47,520
		2		\$ 54,280
	One Bedroom	1	\$ 44,520	\$ 47,520
		2		\$ 54,280
		3		\$ 61,080
	Two Bedroom	2	\$ 53,445	\$ 54,280
		3		\$ 61,080
		4		\$ 67,840
		5		\$ 73,280
	Three Bedroom	3	\$ 61,740	\$ 61,080
		4		\$ 67,840
		5		\$ 73,280
		6		\$ 78,720
		7		\$ 84,160
60% Area Median Income	Unit Size	Household Size	Estimated Minimum Income*	Maximum Income
	Studio	1	\$ 62,370	\$ 71,280
		2		\$ 81,420
	One Bedroom	1	\$ 66,780	\$ 71,280
		2		\$ 81,420
		3		\$ 91,620
	Two Bedroom	2	\$ 68,700	\$ 81,420
		3		\$ 91,620
		4		\$ 101,760
		5		\$ 109,920
	Three Bedroom	3	\$ 79,380	\$ 91,620
		4		\$ 101,760
		5		\$ 109,920
		6		\$ 118,080
		7		\$ 126,240
80% Area Median Income	Unit Size	Household Size	Estimated Minimum Income*	Maximum Income
	Studio	1	\$ 83,160	\$ 95,040
		2		\$ 108,560
	One Bedroom	1	\$ 76,350	\$ 95,040
		2		\$ 108,560
		3		\$ 122,160
	Two Bedroom	2	\$ 91,620	\$ 108,560
		3		\$ 122,160
		4		\$ 135,680
		5		\$ 146,560
	Three Bedroom	3	\$ 105,840	\$ 122,160
		4		\$ 135,680
		5		\$ 146,560
		6		\$ 157,440
		7		\$ 168,320

Please note:

The below information is an estimated income eligibility guideline, and is provided solely for general informational purposes. The estimated guidelines below are based on 40, 60, & 80% of New York City's Area Median Income (AMI) level, although other units are assigned alternate income limits.

The actual guidelines for income eligibility vary on an apartment unit to apartment unit basis, and all applicants will be considered on a case by case basis.

* - Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.

Income guidelines subject to change. Asset limits apply.

Subject to occupancy criteria.

Based on 2026 guidance from the U.S. Department of Housing and Urban Development (HUD), effective May 2026. Subject to change.

* Tenant pays electricity, rent includes gas for cooking, heat and hot water for most properties

Dear Applicant:

Thank you for your interest in Phipps Houses. Please complete, sign and return the completed application. All household members over the age of 18 years old must sign the application. We will review your application as soon as possible and will contact you regarding your eligibility. **Please do not send in your documents at this time.** You will need to submit them when contacted by the Phipps Rentals Dept. **PLEASE ONLY ONE APPLICATION PER HOUSEHOLD. Select your preference below.**

**Yours truly,
The Phipps Rental Team**

To be completed by you and all adult household members:

Which building/development are you applying for? _____

If you are not applying for a specific building, which boroughs are you interested in residing in?

First: _____ Second: _____

A. Name & Address

Current Living Address:

(If you are living in a City-run homeless shelter, please list your current shelter address)

First Name Middle Initial Last Name

Street Address Apartment #

City State Zip

Is this a NYCHA property? ☐ Yes ☐ No

If yes, is your name on the NYCHA household form? ☐ Yes ☐ No

Is this a City-run homeless shelter? ☐ Yes ☐ No

Your Pronouns (he/she/they) (optional): _____

OFFICE USE ONLY:

LOG: _____

HH: _____

INC: \$ _____

AMI: _____ %

NOTES:



Contact information:

Cell Phone

Home Phone

Email address

☐ Check if mailing address is **different** than Current Living Address, above

Mailing Address (if different from current living address):

Building (House) #

Street

Apartment #

P.O. Box

City

State

Zip

Language Contact Preference: In what language would you prefer to receive written communications about your application? Check one. (If you do not check a language, written communication will be in English.)

☐ English

☐ Español (Spanish)

☐ 简体中文 (Chinese)

☐ العربية (Arabic)

☐ Français (French)

☐ Русский (Russian)

☐ 한국어 (Korean)

☐ اردو (Urdu)

☐ বাংলা (Bangla)

☐ Kreyòl Ayisyen (Haitian Creole)



B. Household Information

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.

- How many people (including yourself) will live in the unit for which you are applying? _____
- Are any members of your household currently subjected to a lifetime registration requirement under a state offender registration program? Yes ☐ No ☐
Are all the people who will be living with you currently living with you? _____

- List **ALL** the people who will live in the unit for which you are applying, starting with yourself (Self), and provide the corresponding information.
Gender Identification: In this section, list how you identify (optional). Examples: Female; Male; Non-binary; etc.
Disability: If a household member has an ongoing mobility (M), hearing (H), or visual(V) disability and requires an accessible/adaptable unit, **please check the relevant box**. If selected for further processing, you will be sent a form that you and a medical professional will need to immediately complete and send back. This form is to verify that your household requires an accessible or adaptable apartment. The form can be used for any other future applications for a period of up to 12 months.

First, Middle Initial & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date MM/DD/YY	Gender Identification (Optional)	Disability?		
					M	V	H
		Self					

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



If you checked either mobility, visual, or hearing disability, do you or a member of your household require a special accommodation?

☐ Yes – please specify the accommodation required:

☐ No

• **Is anyone in the table above a full-time student?**

☐ Yes – please write their name(s): _____

☐ No full-time students in the household

C. Income and Assets

Note: Be sure to check the income requirements to see if your income qualifies.

Question	
Are you or a member of your household an employee of Phipps Houses/Phipps Neighborhoods?	☐ Yes
	☐ No

Note: Note: If you answered “Yes,” please be advised that Phipps employees are generally prohibited from residing in most Phipps properties. Employees who are interested in applying for an apartment at Phipps must notify their manager prior to submitting an application.



1. Income from Employment

Note: A “household member” is a person who will be living in the affordable unit”.

For any job that is not self-employment, list the amount you make before taxes (Gross Income). For self-employed individuals, use the amount you make after deductions (Net Income). If your application is selected for further processing, you will be contacted with a list of documentation that you will need to provide.

List all full and/or part-time employment income for ALL Household Members, including yourself. Include self-employment earnings:						
Household Member	Employer Name & Address	Length of Employment		Amount Paid (\$)	How Often? (Ex: weekly, bi-weekly, monthly, annually)	Annual Income
		Yrs.	Mos.			
Self						
1A. TOTAL ANNUAL INCOME FROM EMPLOYMENT AND SELF-EMPLOYMENT add all amounts from “Annual Income” column in this table): Total \$ _____						



2. Income from Other Sources

List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.

Household Member	Type of Income	Amount Paid (\$)	How Often? (Ex: weekly, bi-weekly, monthly, annually)	Annual Income
Self				

2A. TOTAL ANNUAL INCOME FROM OTHER SOURCES (add all amounts from "Annual Income" column in this table):

3. TOTAL ANNUAL HOUSEHOLD INCOME

Add together the total annual income amounts from **1A** and **2A**, above:

\$ _____



4. Assets

Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, Cashapp, Paypal, Venmo etc.), real estate, cash savings, miscellaneous investment holdings, etc.		☐ Yes ☐ No
If "yes," please indicate assets for each household member:		
Household Member	Type of Asset or Account	Bank/Institution
Self		

D. Rental Subsidy

Are you presently receiving a Section 8 Housing Voucher or any other form of rental assistance? Please check the appropriate box on the right. Examples of other rental subsidies include CITYFHEPS, NHTD (Medicaid Waiver), Individual Services and Supports (ISS), and VASH. 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.	☒ No ☐ Yes – HPD Section 8 voucher ☐ Yes – NYCHA Section 8 Voucher ☐ Yes – Other Rental Subsidy:
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E. Ethnicity

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:	
☐ Hispanic or Latino	☐ Not Hispanic or Latino
☐ Choose not to answer	



F. Race

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:			
☐	White	☐	Black or African-American
☐	Asian	☐	Native Hawaiian or Other Pacific Islander
☐	American Indian or Native Alaskan	☐	Choose not to answer
☐	Other:	☐	

G. Signatures (Required for All Household Members 18 and over)

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.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

THIS APPLICATION IS ONLY VALID FOR SIX (6) MONTHS, AFTER 6 MONTHS YOU MUST RE-APPLY BY SUBMITTING A NEW APPLICATION IN ORDER TO REMAIN ON OUR GENERAL WAITING LIST





PHIPPS

PHIPPS RENTALS

C/O PHIPPS RENTALS, 257 PARK AVE SOUTH, 12TH 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, or by sending a written withdrawal of consent to 257 PARK AVE SOUTH, 12th floor, New York, NY 10010 Attn: Rentals.

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

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.
Phone: 212-243-9090

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



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. And I understand that there will be a fee of \$9.00 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.

Adult #1 First	Middle (Maiden)	Last	Date of Birth
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Social Security #	Adult #1 Signature
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Adult #2: First	Middle (Maiden)	Last	Date of Birth
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Social Security #	Adult #2 Signature
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Current Street Address	City	State	Zip Code
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Adult #1 Telephone Number	Adult #1 Email address
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Adult #2 Telephone Number	Adult #2 Email address
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