

**MODERATE INCOME APPLICATION FOR APARTMENT**  
**\*\*Income Restrictions Apply\*\***

Please place X for Borough of preference: \_\_\_\_\_ Bronx \_\_\_\_\_ Brooklyn  Manhattan

If known, please tell us which building you prefer: East 124<sup>th</sup> Street LLC

Bedroom size preferred: \_\_\_\_\_

Mail completed application to:

**East 124<sup>th</sup> Street LLC C/O**  
**WinnResidential NY LLC**  
 245 East 124<sup>th</sup> Street  
 New York, NY 10035

1. This information to be filled out by the Applicant:

**A. Name and Address (Required)**

Name \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

**B. Household Information**

How many persons, 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.

Full Name	Relation to Applicant	Birth Date	Age	Sex	Occupation
	Self				

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, visual, 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 (Required)

Question 1	
<b>Are you or a member of your household 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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If "yes" please specify the agency or entity at which you or a member of your household is employed.</b>	
Question 2	
<b>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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

**HPD EMPLOYEES ONLY:** If you are an HPD employee, please read the Commissioner's Order regarding conflicts of interest and consult with the agency's Office of Legal Affairs before you submit your application.

#### 1. Income From Employment

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.

Household Member:	Employer Name and Address:	Years Employed	Gross Annual Income

#### 2. 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:	Dollar Amount	Gross Annual Income

#### 3. Total Annual Household Income

Add All Gross Annual Income (Sections 1 & 2 above) and list the Total Annual Household Income: \$ \_\_\_\_\_

**4. Assets**

<b>Are there assets for this household?</b> Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holds, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please indicate assets for each household member:		
<b>Household Member:</b>	<b>Type of Asset/Account</b>	<b>Location</b>

**D. Section 8 Housing Assistance**

<b>Are you presently receiving a Section 8 Housing Voucher or Certificate</b> , or any other form of rental assistance? (This information will not affect the processing of the application.)	<input type="checkbox"/> Yes – Section 8 <input type="checkbox"/> Yes – Other (Specify) _____ <input type="checkbox"/> No
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**E. 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 \_\_\_\_\_

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

**F. Reason for Moving**

Why are you moving? Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Living with parents<br><input type="checkbox"/> Not enough space<br><input type="checkbox"/> Living in shelter or on the streets<br><input type="checkbox"/> Bad housing conditions<br><input type="checkbox"/> Health Reasons<br><input type="checkbox"/> Disability access problems | <input type="checkbox"/> Do not like neighborhood<br><input type="checkbox"/> Living with relatives/other family members<br><input type="checkbox"/> Rent too high<br><input type="checkbox"/> Increase in family size (marriage, birth)<br><input type="checkbox"/> Other _____ |
|--|--|

**G. Source of Information**

How did you hear about this development?

- |   |   |
|---|---|
| <input type="checkbox"/> Newspaper<br><input type="checkbox"/> Local Organization or Church<br><input type="checkbox"/> City "affordable housing hotline" listing new ads for the month<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Sign Posted on Property<br><input type="checkbox"/> Friend<br><input type="checkbox"/> Web Site/Internet |
|---|---|

**H. 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.

- |   |  |
|---|--|
| <input type="checkbox"/> White (non Hispanic origin)    | <input type="checkbox"/> Black                     |
| <input type="checkbox"/> Hispanic origin                | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other                     |

**I. 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.

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

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

**OFFICE USE ONLY:**

- |                             |                                   |                                 |                                  |                               |                               |
|-----------------------------|-----------------------------------|---------------------------------|----------------------------------|-------------------------------|-------------------------------|
| Community Board Resident    | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |                                  |                               |                               |
| Municipal Employee          | <input type="checkbox"/> Yes      | <input type="checkbox"/> No     |                                  |                               |                               |
| Size of Apartment Assigned: | <input type="checkbox"/> Studio   | <input type="checkbox"/> 1 BR   | <input type="checkbox"/> 2 BR    | <input type="checkbox"/> 3 BR | <input type="checkbox"/> 4 BR |
| Family Composition:         | Adult Males _____                 | Adult Females _____             |                                  |                               |                               |
|                             | Male Children _____               | Female Children _____           |                                  |                               |                               |
| Person with Disability      | <input type="checkbox"/> Mobility | <input type="checkbox"/> Visual | <input type="checkbox"/> Hearing |                               |                               |

TOTAL VERIFIED HOUSEHOLD INCOME: \$ \_\_\_\_\_ per Year