

Boston Road

Application



All information obtained is confidential and will be used for application review purposes only. Boston Road maintains a firm commitment to equal opportunity for all applicants. Boston Road does not discriminate based on race, sex, age, color, national origin, religion, sexual orientation, HIV status, or disability.



Dear Applicant,

Thank you for your interest in Boston Road which is owned and managed by Breaking Ground in partnership with Services for the Underserved. This newly constructed building offers 24-hour security, fitness room, outdoor gardens, computer lab and on-site laundry. Each studio apartment has a private bath, a kitchenette with cooking facilities, and a refrigerator. All units are partially furnished with a full-size bed and mattress, furniture is not removable. Per your request, an application is enclosed.

Mail only one application per household for the respective building; you will be disqualified if more than one application per household is received for The Boston Road Residence. When completed, this application must be returned by regular mail only; please do not send registered or certified mail.

Do not give a broker's or an application fee to anyone in connection with the obtaining, preparing or filing of this application for housing.

Completed applications must be returned by mail to:

Breaking Ground Central Intake Unit 520 Eighth Avenue 21st Floor, Suite 2100 New York, NY 10018

The rent, household size, studio size and income distribution for these apartments is as follows:

Apartment Size	Household Size	Monthly Rent*	Total Annual Income Range** Minimum-Maximum
Studio (315 sq. ft.)	1 2	\$550	\$18,000 - \$65,220 \$18,000 - \$74,580

^{*}Includes Heat

Additional Eligibility Requirements:

- Full-time students are <u>not</u> eligible for residency (there are exceptions under IRS code).
- Pets are allowed, certain restrictions apply.

Application Process:

Each application will be processed in the order it was received. Applicants will be notified of their status by mail. When a vacancy arises, the Central Intake Unit will contact you to collect documentation to confirm your income and program eligibility. In addition to the income requirements, other eligibility factors will be applied, which may include, but are not limited to: (1) Credit Review or Rent Payment History—applicants may choose to consent to a credit review or, instead, provide evidence of full payment of rent for the past 12 months; (2) Criminal Background Checks. AT NO TIME IN THE APPLICATION PROCESS ARE YOU GUARANTEED AN APARTMENT UNTIL YOU HAVE SIGNED A LEASE.

Please note that once your application and supporting documents have been submitted, they are property of Breaking Ground. It is the responsibility of the applicant to keep a copy of the application and documents being submitted.

If you have any questions or experience difficulty completing the forms, please contact the Intake office at 646-870-8350.

Sincerely,

Intake Department Boston Road

^{**} Income eligibility and rent is based on the Federal Low Income Housing Tax Credit guidelines and is subject to change. If your income is less than the minimum requirements listed above, you must have a transferable rental subsidy (such as Section 8) to qualify. You will be required to submit proof of your rental subsidy (e.g., Rent Breakdown Letter or a copy of your voucher) at the time of interview.

^{**}Tenants pay for electricity independently to Con Edison, account expected to be open in tenant's name for day of lease signing

Please complete all sections and questions and sign the last page. If one does not apply, please draw a line through the question or write "N/A." If additional space is required please use blank space and/or attach a sheet of paper and clearly label the specific question you are answering (i.e. "Continuation from Question D1").

PLEASE PRINT.

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1	NAME							
2	First STREET ADDRESS	Middle			Last		APT. NO	<u> </u>
					710	_	AFT. NO	
3	CITY	STATE			ZIP			
4	HOME/CELL PHONE ()		wo	RK PHON	NE <u>(</u>)		
5	EMAIL (if applicable)							
6	METHOD OF CONTACT: How we Please note if no option is s			-	EMAI	L	POSTAL	MAIL
<u>B.</u>	HOUSEHOLD COMPOSITI	ON AND CHARACTER	<u>ISTICS</u>					
1	How many people plan on livin	g in the apartment (includi	ng you)?					
2	Please acknowledge the co-occupant that plans on living in the apartment; if any. Do not include a household member who does not plan on living in the apartment. (Note : Full-time students are not eligible for residency. A full-time student is one who attends school at least 5 months out of a calendar year and has full-time student status for those 5 months, unless the individual qualifies for an exception under IRS code).							nt is one
	HOUSEHOLD MEMBER (NAME)	RELATIONSHIP	BIRTH DATE	SEX	FULL-TI STUDENT?		PART-TIME STUDENT? (Y/N)	FULL-TIME STUDENT AT ANY POINT IN THE CURRENT CALENDAR YEAR? (Y/N)
		HEAD/SELF						
3	Does anyone live with you curr	ently who is not listed abov	re?					YES NO
4	Does anyone plan to live with you in the future who is not listed above?						YES NO	
4	Do you or any member of your	nousehold require a special	accommoda	tion in yo	our residen	ice?		YES NO
	If yes, please check which disab Mobility i	ility applies: mpairment	Visual impai	rment		Hea	aring impairment	
5	Please specify the accommodat	ion required:						

<u>C.</u>	HOUSING INFORMATION				
1	Present landlord		Phone ()		
2	Landlord's address				
3	Is your apartment leased directly to you?			YES	NO
4	Monthly rent				
5	How long have you lived at this address?	Years		Months	
6	Do you or any member of your household portable voucher (aka rental subsidy)?	currently have a Housing Choice (Secti	on 8) Voucher or simi	ilar YES	NO
<u>D.</u>	INCOME AND ASSET INFORMATION	<u>ON</u>			
1	List all full and/or part time employment.	Include self-employment and/or freela	nce income earnings.		
	If you freelance, are multiply employed, or currently working, please list any position your company and the anticipated net inc	s held within the last 12 months. If yo			
	HOUSEHOLD MEMBER (NAME)	EMPLOYER NAME AND ADDRESS	DATES EMPLOYED	GROSS EA	ARNINGS

HOUSEHOLD MEMBER (NAME)	EMPLOYER NAME AND ADDRESS	DATES EMPLOYED	GROSS EARNINGS	
		FROM:	ċ	per
		TO:	>	
		FROM:	¢	per
		TO:	\$ 	
		FROM:	ć	per
		TO:	\$	
		FROM:		per per
		TO:		
	FROM:	FROM:		
		TO:		

List other income that you currently receive, such as public assistance, Social Security, Supplemental Security Income, pension, disability, unemployment compensation, alimony, child support, Armed Forces Reserves, regular financial support and/or grants.

TYPE OF INCOME			AMOUNT				
1)			\$ per				
2)			\$	per			
3)			\$	per			
3	What is your household's			<u>.</u>			
4	List all assets of househol	d members who will live in the apartment:					
	HOUSEHOLD MEMBER (NAME)	TYPE (CHECKING, SAVINGS, MONEY MARKET/TRUSTS, C ACCOUNTS, IRA/RETIREMENT ACCOUNTS, CREDIT STOCKS/BONDS, ETC.)	FINANCIAL INSTITUTION				
5	List any assets disposed o	f for less than their fair market value during the past two	o years:				
6	Do you or any member of	f your household own any real estate?	YES	NO			
	If yes, what is the current market value?						
	What is the value less any	mortgage or lien?					
	Do you or any member of your household receive any rent from tenant(s) living at this property? YES NO						
	If yes, how much?						
7	Do you expect to receive	income that you are not currently receiving?	YES	NO			
<u>E.</u>	MARKETING INFORM	<u>MATION</u>					
Но	How did you learn about the availability of these apartments? Please check and fill in all choices that apply):						
	Newspaper		Sign Posted	on Property			
	City "affordable housing	hotline" listing new ads for the month	Friend				
	Web Site/Internet		Local Organ	ization or Church			
	Other						

F. RACIAL GROUP / ETHNICITY IDENTIFICATION

the processing of this application. Please check one box in each "a" and "b" of which identifies the HEAD OF THE HOUSEHOLD.					
A [American Indian or Alaskan Native Native Hawaiian/Pacific Islander Hispanic or Latino	Asian Black or African American White Not Hispanic or Latino			
false Grou to p	statements, misrepresentations, or incomplete in und Management to contact my agencies, offices, of	oregoing information is true, accurate and complete. I understand that misleading or a formation in this application will be grounds for rejection. I authorize Common other groups or organizations to obtain any information or materials deemed necessancial, credit, housing and legal history. I understand that this information will be			
	APPLICANT'S SIGNATURE	DATE			
	Bost	on Road Residence Application	4		

The following information is required for statistical purposes by the U.S. Department of Housing and Urban Development. It will not affect