



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.



Boston Road

Sponsored by
Breaking Ground

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	\$550	\$18,000 - \$50,160
	2		\$18,000 - \$57,300

*Includes Heat

** 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

Additional Eligibility Requirements:

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

Application Process:

Applications for these apartments will be randomly selected. If your application is selected, we will notify you to schedule an interview. Applicants will be asked to participate in at least two interviews. **At the time of the interviews, the Intake Unit will review your financial, credit, housing and employment histories. Please be aware that acceptance for our housing is based on all these criteria.** AT NO TIME IN THE APPLICATION PROCESS ARE YOU GUARANTEED AN APARTMENT UNTIL YOU HAVE SIGNED A LEASE.

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

We Provide Housing in Compliance with Federal Fair Housing Laws

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.

A. CONTACT INFORMATION

1 NAME _____
First Middle Last
2 STREET ADDRESS _____ APT. NO _____
3 CITY _____ STATE _____ ZIP _____ - _____
4 HOME/CELL PHONE () _____ WORK PHONE () _____
5 EMAIL (if applicable) _____

B. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1 How many people plan on living in the apartment (including 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).

HOUSEHOLD MEMBER (NAME)	RELATIONSHIP	BIRTH DATE	SEX	FULL-TIME STUDENT? (Y/N)	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 currently who is not listed above? 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 household require a special accommodation in your residence? YES NO

If yes, please check which disability applies:
 Mobility impairment Visual impairment Hearing impairment

5 Please specify the accommodation required: _____

C. 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 currently have a Housing Choice (Section 8) Voucher or similar portable voucher? YES NO

D. INCOME AND ASSET INFORMATION

- 1 List all full and/or part time employment. Include self-employment and/or freelance income earnings.

If you freelance, are multiply employed, or commonly receive 1099s from employers, please list all current contracted positions. If not currently working, please list any positions held within the last 12 months. If you are self-employed, please provide us with the name of your company and the anticipated net income from your business.

HOUSEHOLD MEMBER (NAME)	EMPLOYER NAME AND ADDRESS	DATES EMPLOYED	GROSS EARNINGS	
		FROM: _____ TO: _____	\$ _____	per _____
		FROM: _____ TO: _____	\$ _____	per _____
		FROM: _____ TO: _____	\$ _____	per _____
		FROM: _____ TO: _____	\$ _____	per _____
		FROM: _____ TO: _____	\$ _____	per _____

2

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 total annual income? \$ _____

4 List all assets of household members who will live in the apartment:

HOUSEHOLD MEMBER (NAME)	TYPE (CHECKING, SAVINGS, MONEY MARKET/TRUSTS, CDS, DIRECT DEPOSIT ACCOUNTS, IRA/RETIREMENT ACCOUNTS, CREDIT UNION SHARES, STOCKS/BONDS, ETC.)	FINANCIAL INSTITUTION

5 List any assets disposed of for less than their fair market value during the past two years:

6 Do you or any member of 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

E. MARKETING INFORMATION

How did you learn about the availability of these apartments? Please check and fill in all choices that apply):

- Newspaper
- City "affordable housing hotline" listing new ads for the month
- Web Site/Internet _____
- Other _____
- Sign Posted on Property
- Friend
- Local Organization or Church

F. RACIAL GROUP / ETHNICITY IDENTIFICATION

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

Asian

Black or African American

Native Hawaiian/Pacific Islander

White

B

Hispanic or Latino

Not Hispanic or Latino

I hereby affirm that, to the best of my knowledge, the foregoing information is true, accurate and complete. I understand that misleading or false statements, misrepresentations, or incomplete information in this application will be grounds for rejection. I authorize Common Ground Management to contact my agencies, offices, other groups or organizations to obtain any information or materials deemed necessary to process my application, including verifying my financial, credit, housing and legal history. I understand that this information will be considered when determining my eligibility.

APPLICANT'S SIGNATURE

DATE