

# THE BROOK APPLICATION



All information obtained is confidential and will be used for application review purposes only. The Brook maintains a firm commitment to equal opportunity for all applicants. The Brook 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 The Brook. This newly constructed building offers 24-hour security, fitness room, roof garden, computer lab and on-site laundry. Per your request, an application is enclosed.

The completed application must be returned by mail to: Breaking Ground
Central Intake Unit
520 Eighth Avenue
21st Floor, Suite 2100
New York, NY 10018

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 Brook 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.

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

Apartment Size	Household	Monthly Rent*	Total Annual Income Range** Minimum-Maximum
Studio (262 sq. ft.)	1 2	\$600	\$18,000 - \$65,220 \$18,000 - \$74,580

<sup>\*</sup> Includes Heat & Electricity \*\* Income eligibility is based on the Federal Low Income Housing Tax Credit guidelines and is subject to change.

## Additional Eligibility Requirements:

- Full-time students are not eligible for residency (there are exceptions under IRS code).
- · Pets are not allowed.

### **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 application, please contact the Intake office at 646-870-8350.

Sincerely,

Central Intake Unit Common Ground Management C/O Breaking Ground 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.

<u>A. CC</u>	DNTA	<u> ACT I</u>	<b>NFOF</b>	RMAT	<u> ION</u>

1	NAME						
2	First STREET ADDRESS	Middle			Last	APT. NO	
3	CITY	STATE			ZIP	-	
4	HOME/CELL PHONE ( )		WC	RK PHO			
5	EMAIL (if applicable)						
6	METHOD OF CONTACT: How wo Please note if no option is se				EMAIL	POSTAL	MAIL
<u>B.</u>	HOUSEHOLD COMPOSITION	ON AND CHARACTERI	<u>ISTICS</u>				
1	How many people plan on living	in the apartment (including	ng you)?				
2	Please acknowledge the co-occudoes not plan on living in the apwho attends school at least 5 moindividual qualifies for an excep	artment. ( <b>Note</b> : Full-time s onths out of a calendar yea	students are r	ot eligik	ole for residency.	A full-time stude	nt is one
	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				1.23		
5	Please specify the accommodati	on required:					
		Brook Res	idence Appli	cation			1

<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 currently have a Housing Choportable voucher (aka rental subsidy)?	ice (Section 8) Voucher or sim	nilar YES	NO
<u>D.</u>	INCOME AND ASSET INFORMATION			
1	List all full and/or part time employment. Include self-employment and	l/or freelance income earning	S.	
	If you freelance, are multiply employed, or commonly receive 1099s fro currently working, please list any positions held within the last 12 mon your company and the anticipated net income from your business.			

HOUSEHOLD MEMBER (NAME)	EMPLOYER NAME AND ADDRESS	DATES EMPLOYED	GROSS EARNINGS	
		FROM:	ċ	per
		TO:	<b>&gt;</b>	
		FROM:	ċ	per
		TO:	<b>&gt;</b>	
		FROM:	ċ	per
		TO:	<b>&gt;</b>	
		FROM:	¢	per
		TO:	<b>?</b>	
		FROM:	ć	
		TO:	Ş	per

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	
1) 2) 3)			\$	per	
3)			\$	per	
3	What is your household's	total annual income? \$			
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	your household own any real estate?	YES	NO	
	If yes, what is the current	market value?	<u>.</u>		
	What is the value less any	mortgage or lien?	-		
		your household receive any rent from tenant(s) living a	nt this property?	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	w did you learn about the	availability of these apartments? Please check and fill in	all choices that app	ly):	
	Newspaper		Sign Posted	d on Property	
	City "affordable housing	hotline" listing new ads for the month	Friend		
	Web Site/Internet		Local Orga	nization 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 <u>HEAD OF THE HOUSEHOLD.</u>				
A American Indian or Alaskan Native  Native Hawaiian/Pacific Islander  B	Asian Black or African American  White			
Hispanic or Latino	Not Hispanic or Latino			
false statements, misrepresentations, or incomplete information Ground Management to contact my agencies, offices, other ground Management Ma	ing information is true, accurate and complete. I understand that misleading or ion in this application will be grounds for rejection. I authorize Common oups or organizations to obtain any information or materials deemed necessary edit, housing and legal history. I understand that this information will be			
Brook Res	sidence Application 4			

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