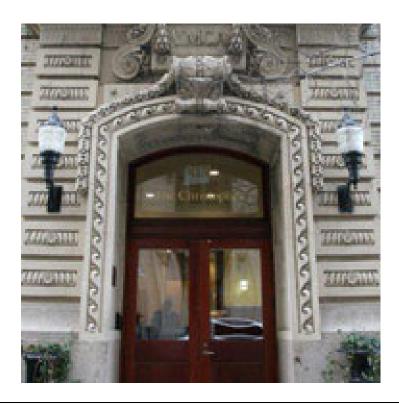


THE CHRISTOPHER APPLICATION



All information obtained is confidential and will be used for application review purposes only. Breaking Ground maintains a firm commitment to equal opportunity for all applicants. Breaking Ground 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 Christopher. This beautifully renovated residence is in the heart of Manhattan close to public transportation. The building offers 24-hour security, fitness room, roof garden, 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 bed and mattress, furniture is not removable. Per your request, an application is enclosed.

The completed application must be returned by mail only 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 Christopher 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 (111 - 116 sq. ft.)	1	\$625	\$19,250 - \$65,220.00

- 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 forms, 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.

A. CONTACT INFORMATI	ON
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2 3 4 5	First STREET ADDRESS CITY HOME/CELL PHONE () EMAIL (if applicable)	Middle STATE			ZIP	APT. NO	
4	HOME/CELL PHONE ()	STATE	WO		ZIP		
	<u> </u>		WO			-	
5	EMAIL (if applicable)			RK PHOI	NE ()		
6	METHOD OF CONTACT: How wor Please note if no option is se		•	•	EMAIL	POSTAL	MAIL
<u>B.</u>	HOUSEHOLD COMPOSITION	ON AND CHARACTER	<u>ISTICS</u>				
1	How many people plan on living	in the apartment (includi	ng you)?				
2	Please acknowledge the co-occu does not plan on living in the apa who attends school at least 5 mo individual qualifies for an except	artment. (Note : Full-time sonths out of a calendar yea	students are r	ot eligib	le 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					
	Donas di contabi		-2		<u> </u>		VEC NO
3							
4	Does anyone plan to live with you in the future who is not listed above?						
4	Do you or any member of your h	ousehold require a special	accommoda	tion in y	our residence?		YES NO
	If yes, please check which disability applies: Mobility impairment Visual impairment Hearing impairment						
5	Please specify the accommodation	Please specify the accommodation 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?	YearsM	1onths	
6	Do you or any member of your household portable voucher (aka rental subsidy)?	currently have a Housing Choice (Section 8) Voucher or simila	r YES	NO
D.	INCOME AND ASSET INFORMATI	N.		
1	List all full and/or part time employment	nclude self-employment and/or freelance income earnings.		
		commonly receive 1099s from employers, please list all curre held within the last 12 months. If you are self-employed, ple ome from your business.		
	HOUSEHOLD MEMBER (NAME)	EMDLOVED NAME AND ADDRESS	GPOSS EA	ADMINICS

HOUSEHOLD MEMBER (NAME)	EMPLOYER NAME AND ADDRESS	DATES EMPLOYED	GROSS	EARNINGS
		FROM:	¢	per
		TO:	?	
		FROM:	ċ	per
		TO:	· ·	
		FROM:	\$	per
		TO:		
		FROM:	¢ nor	ner
		TO:	,	per
		FROM:	Ć nor	
		TO:	Q	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)			\$	per	
3)			\$	per	
3	What is your household's	stotal 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	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	fyour household receive any rent from tenant(s) living a	t 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>	E. MARKETING INFORMATION				
Нс	ow 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 Organ	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 inform Ground Management to contact my agencies, offices, other	poing information is true, accurate and complete. I understand that misleading or nation in this application will be grounds for rejection. I authorize Common r groups or organizations to obtain any information or materials deemed necessary, credit, housing and legal history. I understand that this information will be
Christop	her 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