



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 - \$71,280.00

* 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 INFORMATION

1NAME

FirstMiddleLast

2STREET ADDRESS

APT. NO

3CITY

STATE

ZIP

-

4HOME/CELL PHONE

()

WORK PHONE

()

5EMAIL (if applicable)

6METHOD OF CONTACT: How would you prefer to be contacted (check one)?

EMAIL

POSTAL MAIL

Please note if no option is selected, you will be contacted by postal mail.

B. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

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

2Please 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					

3Does anyone live with you currently who is not listed above?

YES

NO

4Does anyone plan to live with you in the future who is not listed above?

YES

NO

4Do 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

5Please 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 (aka rental subsidy)? ☐ 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:	\$		per
		TO:	\$		per
		FROM:	\$		per
		TO:	\$		per
		FROM:	\$		per
		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 | ☐ Sign Posted on Property |
| ☐ City "affordable housing hotline" listing new ads for the month | ☐ Friend |
| ☐ Web Site/Internet _____ | ☐ Local Organization or Church |
| ☐ Other _____ | |

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