



THE DOMENECH

REPLENISHING WAITLIST AT 1501 ST. MARKS AVENUE
BROOKSVILLE, BROOKLYN, NEW YORK CITY

Application Due: DECEMBER 27, 2024

Amenities: Laundry/washer & dryer in unit, Central Air-Conditioner, Computer Lab, 24-Hour Security, Library, Outdoor/Garden Space, and Green Building/Green Roof. Open to seniors, 62 years or older.

Income Restrictions Apply – No Application Fee – No Broker’s Fee

Applicants will *not* be automatically rejected based on credit or most background check info



Your household must meet these income restrictions:

AMI	Unit Size	Monthly Rent*	Household Size	Household Income**
50%	STUDIO	30% of Household Income	1 person icon	\$0 - \$54,350
	STUDIO	30% of Household Income	2 people icon	\$0 - \$62,150
50%	1 BR	30% of Household Income	1 person icon	\$0 - \$54,350
	1 BR	30% of Household Income	2 people icon	\$0 - \$62,150
	1 BR	30% of Household Income	3 people icon	\$0 - \$69,900

*Rent includes heat and hot water. Income guidelines & permitted household size are subject to change.

**Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies. Asset limits may apply.

Application Due Date: DECEMBER 27, 2024

Must be postmarked by this date. Sending more than 1 application may disqualify you.

How to Apply:

Download Application: <https://breakingground.org/our-housing/the-domenech>

Request Application By Phone or Email: 646-870-8350 or intake@breakingground.org

By Mail or In-Person: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018

Include your address & the name and address of the building where you want to apply.



YOU HAVE RIGHTS!

- If you have experienced housing discrimination: <https://dhr.ny.gov/journey-fair-housing> or call **844-862-8703**
- Learn about how your credit and background check will be individually reviewed: <https://on.ny.gov/3uLNLw4>



ACCESSIBILITY INFORMATION

- 10 units are adapted for mobility impairment
- 2 units are adapted for hearing/vision impairment
- All units are adaptable to be wheelchair accessible
- Reasonable accommodation and modifications may be requested



ESPAÑOL siguiente página ■ 中文 下一页 ■ KREYÒL AYISYEN paj kap vini an ■ 한국어 다음 페이지 ■ [বাংলা] - পরবর্তী পৃষ্ঠা ■ РУССКИЙ Следующая страница ■ POLSZCZYŃNA następna strona ■ اردو - اگلا صفحہ ■ ITALIANO pagina successiva ■ FRANÇAIS page suivante ■ אידיש - ווייטער בלאט

<p>Español (Spanish)</p> <p>Vivienda asequible disponible Fecha limite de entrega de la solicitud: DECEMBER 27, 2024 Debe entregarse por internet o por correo postal a más tardar en esta fecha. Si envía más de 1 solicitud podría quedar descalificado. Para Obtener La Solicitud: Para obtener la solicitud por internet: https://breakingground.org/our-housing/the-domenech Por telefono o email: 646-870-8350 intake@breakingground.org Por correo postal o en persona: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 Incluya su dirección y la dirección del edificio en el que quiere presentar la solicitud.</p>	<p>中文 (Simplified Chinese)</p> <p>可提供經濟適用房 申請截止日期: DECEMBER 27, 2024 請務必在此日期前線上提交申請或透過郵寄提交申請。提交超過 1 份申請將使您失去資格。 申請 欲獲得申請線上: https://breakingground.org/our-housing/the-domenech 透過電話或電子郵件: 646-870-8350 intake@breakingground.org 透過郵寄或當面索取: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 請提供您的地址和您想要申請的建築物地址</p>
<p>KREYÒL AYISYEN (Haitian Creole)</p> <p>Lojman Pri Abòdab Disponib Dat Delè Aplikasyon an: DECEMBER 27, 2024 Dwe soumèt sou entènèt oswa nan lapòs nan dat sa a. Voye plis pase 1 aplikasyon ka diskalifye ou. To Get Application: Sou entènèt: https://breakingground.org/our-housing/the-domenech Nan Telefòn oswa Imel: 646-870-8350 intake@breakingground.org Pa Lapòs oswa An-pèsòn: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 Mete adrès ou & adrès bilding kote ou vle aplike a</p>	<p>한국어 (Korean)</p> <p>임대 주택 이용 가능 신청서 제출 기한: DECEMBER 27, 2024 이 날짜까지 온라인 또는 우편으로 제출해야 합니다. 1 건 이상의 신청서 제출 시 실격 처리 됩니다 신청서 접수온라인: https://breakingground.org/our-housing/the-domenech 전화 또는 이메일: 646-870-8350 intake@breakingground.org 우편 또는 내방: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 신청자 주소 및 신청하려는 건물 주소를 포함시키십시오</p>
<p>[বাংলা] Bengali</p> <p>সামগ্রী মূল্যের হাউজিং আবেদন জমা দেওয়ার শেষ তারিখ: DECEMBER 27, 2024 এই তারিখের মধ্যে অবশ্যই অনলাইনে অথবা মেল-এর মাধ্যমে জমা দিতে হবে। 1 এর অধিক আবেদন জমা করলে আপনাকে অযোগ্য হিসেবে ধরে নেওয়া হবে। আরও তথ্য পাওয়ার জন্য অনলাইন: https://breakingground.org/our-housing/the-domenech ফোন অথবা ইমেলের মাধ্যমে: 646-870-8350 intake@breakingground.org একজন ব্যক্তির অথবা মেল-এর মাধ্যমে: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 আপনি যেখানে আবেদন করতে চান সেখানকার ঠিকানা এবং আপনার বিল্ডিংয়ের ঠিকানা অন্তর্ভুক্ত করুন।</p>	<p>Русский язык (Russian)</p> <p>Доступное жилье в наличии Срок подачи заявления: DECEMBER 27, 2024 Заявление должна быть подана онлайн или по почте к этой дате. Отправка более 1 заявления может дисквалифицировать вас. Где получить бланк заявления Онлайн: https://breakingground.org/our-housing/the-domenech По телефону или электронной почте: 646-870-8350 intake@breakingground.org По почте или лично: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 Включите ваш адрес и адрес здания, на которое вы хотите подать заявку.</p>
<p>POLSKI (Polish)</p> <p>DOSTĘPNE MIESZKANIA W PRZYSTĘPNEJ CENIE Termin składania wniosków: DECEMBER 27, 2024 Wniosek należy złożyć online. W przypadku wysyłki pocztą, z datą stempla pocztowego do tego dnia. Wysłanie więcej niż 1 wniosku może spowodować dyskwalifikację. Wniosek otrzymasz: Online: https://breakingground.org/our-housing/the-domenech Przez telefon lub e-mail: 646-870-8350 intake@breakingground.org Drogą pocztową lub osobiście: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 Podaj swój adres oraz adres budynku, którego dotyczy wniosek</p>	<p>اردو زبان (URDU)</p> <p>سستی رہائش دستیاب ہے درخواست کی آخری تاریخ: DECEMBER 27, 2024 آن لائن جمع کرانا ضروری ہے، اگر میل کیا جائے تو اس تاریخ تک پوسٹ مارک کیا جائے۔ 1 سے زیادہ درخواست بھیجنا آپ کو نااہل قرار دے سکتا ہے۔ درخواست حاصل کرنے کے لیے: آن لائن: https://breakingground.org/our-housing/the-domenech فون یا ای میل سے: 646-870-8350 intake@breakingground.org ڈاک سے یا خود آفس جا کر: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 اپنا پتہ اور عمارت کا پتہ شامل کریں جہاں آپ درخواست دینا چاہتے ہیں</p>

אִיִּשׁ (Hebrew)	العَرَبِي (Arabic)
<p>צוגענגליכע האזינג איז אוועילעבל אפליקאציע דיו דאטום: DECEMBER 27, 2024 מוז ווערן אריינגעגעבן אנליין, אדער אויב עס ווערט געשיקט דורך די פאסט, געפאסטמארק'ד ביז דעם דאטום. אויב איר שיקט מער פון 1 אפליקאציע קען עס אייך דיסקוואליפצירן. צו באקומען די אפליקאציע: אנליין: https://breakingground.org/our-housing/the-domenech דורך די טעלעפאן אדער אימעיל: 646-870-8350 intake@breakingground.org דורך די פאסט אדער פערזענליך: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 רעכנט אריין אייער אדרעס און די אדרעס פון די געביידע ווא איר ווילט זיך איינגעבן</p>	<p>יתوفر السكن ميسور التكلفة التاريخ المحدد لطلب التقديم: DECEMBER 27, 2024 يجب أن يتم تقديمه عبر الإنترنت، وفي حالة إرساله بالبريد العادي، يتم ختم البريد بحلول هذا التاريخ. قد يؤدي إرسالك لأكثر من طلب تقديم واحد إلى إلغاء أهليتك. للحصول على طلب التقديم: عبر الإنترنت: https://breakingground.org/our-housing/the-domenech عبر الهاتف أو البريد الإلكتروني: 646-870-8350 intake@breakingground.org عبر البريد العادي أو بشكل شخصي: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 عليك تضمين عنوانك وعنوان المبنى الذي تريد التقديم للسكن فيه</p>
ITALIANO (Italian)	Français (French)
<p>ALLOGGIO CONVENIENTE DISPONIBILE Data di scadenza della domanda: DECEMBER 27, 2024 Deve essere inviato online o, se spedito, con timbro postale entro tale data. L'invio di più di 1 domanda potrebbe portarti alla squalifica. Per ottenere l'applicazione: Online: https://breakingground.org/our-housing/the-domenech Per telefono o e-mail: 646-870-8350 intake@breakingground.org Per posta o di persona: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 Includi il tuo indirizzo e l'indirizzo dell'edificio per cui desideri candidarti</p>	<p>LOGEMENT ABORDABLE DISPONIBLE Date limite de dépôt des demandes: DECEMBER 27, 2024 À soumettre en ligne ou, si envoyée par courrier, doit porter un cachet de la poste ne dépassant pas la date limite. Vous pourriez être disqualifié si vous envoyez plus d'une demande. Pour postuler : En ligne: https://breakingground.org/our-housing/the-domenech Par téléphone ou e-mail: 646-870-8350 intake@breakingground.org Par courrier ou en personne: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 Indiquez votre adresse et celle de l'immeuble pour lequel vous déposez une demande</p>



THE DOMENECH

APPLICATION



All information obtained is confidential and will be used for application review purposes only. The Domenech maintains a firm commitment to equal opportunity for all applicants. The Domenech 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 Domenech which is owned and managed by Breaking Ground. This building offers 24-hour security, a roof garden, on-site laundry, a beautiful courtyard in addition to many other services/amenities. Per your request, an application for an apartment is enclosed.

Mail completed application to:

THE DOMENECH
Breaking Ground
520 8th Avenue, Suite 2100
New York, NY 10010

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 Domenech 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.

Eligibility Requirements:

- Head of household must be **62 years of age** or older.
- Income Requirements:
 - 1 Person Household with an income of *no more* than \$54,350 per year
 - 2 Person Household with an income of *no more* than \$62,150 per year
 - 3 Person Household with an income of *no more* than \$69,990 per year
- Full-time students are not eligible for residency (there are exceptions under IRS code).
- Additional eligibility requirements based on HUD Section 202 PRAC Federal Guidelines.
- 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 run a criminal background check and review our internal guest database. Applicants who pass the initial screening process may be required to update income and asset information prior to their interviews. Following the housing interview, applications will be further reviewed for criminal history. **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,

Central Intake Unit
Common Ground Management
C/O Breaking Ground

AFFORDABLE HOUSING APPLICATION

Disclaimer:

Depending on the volume of applications received, it may not be possible for all to be processed. Accordingly, it is possible that you may not receive a response.

You may be disqualified if more than one application is received for your household.

This application must be postmarked no later than Friday, December 27, 2024.

INSTRUCTIONS

1. **SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD.** You may be disqualified if more than one application is received per lottery for your household.
2. Each application will be processed in the order it was received.
3. You must complete the first four sections (Sections A, B, C, and D) as well as sign and date the application for your application to be reviewed for further processing. The application should be completed very carefully. Incomplete information for the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, do not use white-out or liquid paper anywhere on the application. If you need to correct a mistake, you should cross one line neatly through the information, write the revised information neatly next to it, and sign your initials near the change.
4. When completed, this application must be returned by regular mail ONLY to the address below. To ensure that it arrives successfully, do not use certified mail, return receipts, or any method requiring a signature confirmation.
5. Only the application should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.
6. Mail completed application to:

**THE DOMENECH
Breaking Ground
520 8th Avenue, Suite 2100
New York, NY, 10018**

7. **No payment should be given to anyone in connection with the preparation or filing of this application.** No broker or application fees may be charged.



8. **Income Eligibility:** Please review the chart in the project advertisement which breaks down the mandatory income levels for the HPD/HDC housing program of the project you are applying to, based on household size. List all current income sources for all household members on the application. In general, gross income is calculated for most applicants, except that net income is used for self-employment income. Further, please note that if your application is selected for further processing, all sources of income will need to be documented and verified. If your application is selected, you will be contacted, via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.
9. **Other Eligibility Factors:** In addition to the income requirements, other eligibility factors will be applied. Eligibility factors may include, but are not limited to:
 - a. Criminal Background Checks
 - b. Qualification as a Household – the Agency’s housing programs are designated for individuals, families and households who can document financial interdependence as a household unit. These affordable programs are not intended for “roommate situations” and so such applicants will not be eligible under this household criterion.
 - c. Continuing Need – Applicants to HPD/HDC’s affordable housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history.
 - d. Property Ownership – Applicants to rental units may not own residential property, or shares in a co-op, in or within one hundred (100) miles of New York City.
10. **Application Preferences and Set Asides:** Households outside of New York City are free to apply. A percentage of apartments is designated for persons with mobility, hearing, and vision disabilities, and there are additional preferences for persons residing in this development’s community board and persons who are municipal employees of the City of New York. Project-specific preferences may apply. Please answer the questions on the application carefully to assist in identifying such preferences.
11. **Primary Residence Requirement:** Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. If approved for an affordable housing unit, the applicant must surrender any unit where applicant is then currently residing. Each member of the applicant’s household who leases rental residential real property must terminate the lease for and surrender possession of such rental property on or before the move-in date for a rental affordable unit.
12. **Submission of False or Incomplete Information:** Prospective applicants should be aware that this is a governmentally assisted housing program. The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will not only result in an applicant’s disqualification but will be forwarded to the appropriate authorities for further action – including the possibility of criminal prosecution. All paperwork and documents submitted by applicants are subject to review by the New York City Department of Investigation, a fully empowered law enforcement agency of the City of New York.

If you have any questions or experience difficulty completing the forms, please contact the Intake office at 646-870-8340.



FAQ

1. Are there any residency requirements?

Non-New York City residents can apply. Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. If approved for an affordable housing unit, the applicant must surrender any unit where the applicant is then currently residing. Each member of the applicant's household who leases rental residential real property must terminate the lease for and surrender possession of such rental property on or before the move-in date for a rental affordable unit.

2. What is Area Median Income (AMI) and how is it calculated?

Area Median Income refers to income levels modified by household size for the New York metropolitan area, as determined by the United States Department of Housing and Urban Development (HUD). To view the current income limits based on your family size, or for more information, visit www.hud.gov.

3. What are the eligibility factors?

- a. Income Eligibility: All units will serve seniors, aged 62 and older upon move-in.
- b. Qualification as a Household: The New York City Department of Housing Preservation and Development (HPD) and Housing Development Corporation (HDC) provide affordable housing opportunities for individuals, families and households who can document financial interdependence as a household unit.
- c. Criminal Background Checks.

4. What happens if I get to the next step in this process?

If you appear eligible after your application has been processed, prepare for moving – if approved, you may have to move into your new unit very quickly. You will also be required to provide first month's rent plus a security deposit of the same amount.



A. Name & Address

Current Living Address:

(If you are living in a City-run homeless shelter, please list your current shelter address)

First Name Middle Initial Last Name

Street Address Apartment #

City State Zip

Is this a NYCHA property? Yes No

If yes, is your name on the NYCHA household form? Yes No

Is this a City-run homeless shelter? Yes No

If yes, provide your last permanent address:

Building (House) # Street Apartment #

City State Zip

Your Pronouns (he/she/they) (optional): _____

What is your preferred method of contact? Postal Mail Email

Phone Numbers:

Cell Phone Home Phone Work Phone

Email Address:



Check if mailing address is **different** than Current Living Address, above.

Mailing Address (if different):

Building (House) #	Street	Apartment #
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P.O. Box

City	State	Zip
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Language Contact Preference: In what language would you prefer to receive written communications about your application? Check one. (If you do not check a language, written communication will be in English.)

- | | | |
|--|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Español (Spanish) | <input type="checkbox"/> 简体中文 (Chinese) |
| <input type="checkbox"/> العربية (Arabic) | <input type="checkbox"/> Français (French) | <input type="checkbox"/> Русский (Russian) |
| <input type="checkbox"/> 한국어 (Korean) | <input type="checkbox"/> اردو (Urdu) | <input type="checkbox"/> বাংলা (Bangla) |
| <input type="checkbox"/> Kreyòl Ayisyen (Haitian Creole) | | |

B. Household Information

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used.

1. How many persons (including yourself) will live in the unit for which you are applying?

2. List **ALL** the people who will live in the unit for which you are applying, starting with yourself (Self), and provide the following information.

Gender Identification: In this section, list how you identify (optional). Examples: Female; Male; Non-binary; etc.

Disability: If a household member has an ongoing mobility (M), hearing (H), or visual (V) disability and requires an accessible/adaptable unit, **please check the relevant box.** If selected for further processing, you will be mailed a form that you and a medical professional will need to immediately complete and send back. This form is to verify that your household requires an accessible or adaptable apartment. The form can be used for any other future applications for a period of up to 12 months.



First, Middle Initial & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date MM/DD/YY	Gender Identification (Optional)	Disability?		
					M	V	H
		Self					

If you checked either mobility, visual, or hearing disability, do you or a member of your household require a special accommodation?

Yes – please specify the accommodation required:

No

3. Is anyone in the table above a full-time student?

- Yes – please circle their names above and write their names here:
- _____
- No full-time students in the household

4. Are you or a member of your household a veteran of the U.S. Armed Forces? Yes No

The term “veteran” refers to those who have served in the armed forces of the United States: (i) for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable, or (ii) who have been discharged or released from service in the armed forces of the United States on the basis of their sexual orientation, gender identity or expression, consensual sexual conduct or consensual acts relating to sexual orientation, or the disclosure of statements, conduct, or acts by the individual that were prohibited by the armed forces of the United States at the time of discharge, or (iii) are the surviving spouses of either categories (i) or (ii).



C. Income and Assets

Note: Be sure to check page 2 of the cover sheet to see if your income qualifies.

Question 1	
Are you or a member of your household an employee of the City of New York, the New York City Housing Development Corporation, the New York City Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please specify the agency or entity at which you or a member of your household is employed.	
Question 2	
If you answered "yes" to Question 1 above, have you personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If you answered "yes" to Question 1 above, you may be required to submit a statement from your employer that your application does not create a conflict of interest. If you answered "yes" to Question 2 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement would not be required until later in the application process, after you have been selected through the lottery, when you will also be required to provide other documents to verify income and eligibility.

HPD EMPLOYEES ONLY: If you are an HPD employee, please read the Commissioner's Order regarding conflicts of interest and consult with the agency's Office of Legal Affairs if you receive a request to confirm your eligibility.

1. Income from Employment

Note: A "household member" is a person who will be living in the affordable unit.

For any job that is not self-employed, list the amount you make before taxes (Gross Income). For self-employed individuals, use the amount you make after deductions (Net Income). If your application is selected for further processing, you will be contacted with a list of documentation that you will need to provide.



List all full and/or part time employment income for **ALL** Household Members, including yourself. Include self-employment earnings:

Household Member	Employer Name & Address	Length of Employment		Amount Paid (\$)	How Often? (Ex: weekly, bi-weekly, monthly, annually)	Annual Income
		Yrs.	Mos.			
Self						

1A. TOTAL ANNUAL INCOME FROM EMPLOYMENT AND SELF-EMPLOYMENT add all amounts from “Annual Income” column in this table):



2. Income from Other Sources

List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.

Household Member	Type of Income	Amount Paid (\$)	How Often? (Ex: weekly, bi-weekly, monthly, annually)	Annual Income
Self				
<p>2A. TOTAL ANNUAL INCOME FROM OTHER SOURCES (add all amounts from "Annual Income" column in this table):</p>				

3. TOTAL ANNUAL HOUSEHOLD INCOME

Add together the total annual income amounts from **1A** and **2A**, above:



4. Assets

<p>Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "yes," please indicate assets for each household member:</p>		
Household Member	Type of Asset or Account	Bank/Institution
Self		

D. Rental Subsidy

<p>Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? Please check the appropriate box at right.</p> <p>Examples of other rental subsidies/certificates include CITYFHEPS, NHTD (Medicaid Waiver), Individual Services and Supports (ISS), and VASH.</p> <p>This information is not used as a basis for eligibility. New York State Human Rights Law prohibits the discrimination in housing based on lawful source of income like whether you have a Section 8 background. Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes – HPD Section 8 voucher <input type="checkbox"/> Yes – NYCHA Section 8 Voucher <input type="checkbox"/> Yes – Other Rental Subsidy/Certificate: <hr/>
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E. Ethnicity

<p>This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:</p>		
<input type="checkbox"/>	Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/>	Choose not to answer	



F. Race

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:			
<input type="checkbox"/>	White	<input type="checkbox"/>	Black or African-American
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	American Indian or Native Alaskan	<input type="checkbox"/>	Choose not to answer
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

G. Signatures (Required for All Household Members 18 and over)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (We) have not withheld, falsified, or otherwise misrepresented any information. I (We) fully understand that any and all information I (we) provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I (WE) DECLARE THAT NEITHER I (WE), NOR ANY MEMBER OF MY (OUR) IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

