



# THE HEGEMAN APPLICATION



All information obtained is confidential and will be used for application review purposes only. The Hegeman maintains a firm commitment to equal opportunity for all applicants. The Hegeman 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 Hegeman. This newly constructed 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 full-size bed and mattress, furniture is not removable. Per your request, an application for an apartment is enclosed.

The completed application must be returned by mail to:

Breaking Ground  
Central Intake Unit  
520 Eighth Avenue  
21<sup>st</sup> Floor, Suite 2100  
New York, NY 10018

Mail one application per household for the respective building; you will be disqualified if more than one application per household is received for The Hegeman 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 (269 sq. ft.)	1	\$600	\$18,000 - \$50,160
	2		\$18,000 - \$57,300

\*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 run a credit and 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 interviews, applications will be further reviewed for credit worthiness, criminal history, financial stability, and stability of housing history. **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

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.

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**APPLICANT'S SIGNATURE**

**DATE**