

THE LEE APPLICATION



All information obtained is confidential and will be used for application review purposes only. The Lee maintains a firm commitment to equal opportunity for all applicants. The Lee 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 Lee. This newly constructed building offers 24-hour security, fitness room, roof garden, computer lab and on-site laundry. 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 21st 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 Lee 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 (206 - 230 sq. ft.)	1 2	\$640	\$21,945 - \$65,220 \$21,945 - \$74,580

^{*}Includes Heat & Electricity

Additional Eligibility Requirements:

- Assets must be evaluated in determining eligibility. If your assets are equal to or greater than \$74,580 you will not be eligible. Assets do not include personal property such as furniture, automobiles, and clothing.
- 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; (3) 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. (4) 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. (5) 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. (6) Asset Limits –There is a limit to the amount of total household assets allowed (excluding specifically designated retirement and college savings accounts). The household asset limit for rental units is equal to the maximum income limit for a four person household at the area median income (AMI) level for which the unit is designated. Household Asset Limits: Area Median Income (AMI): 60%, Asset Limit: \$71,580. 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

^{**} Income eligibility is based on the Federal Low Income Housing Tax Credit guidelines and is subject to change.

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.	CON	TA	CT II	NFOR	MA	TION	١
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1	NAME						
2	First STREET ADDRESS	Middle			Last	APT. NO	
3	CITY	STATE			ZIP	_	
4	HOME/CELL PHONE ()	wo	RK PHO			
5	EMAIL (if applicable)						
6		would you perfer to be contactions selected, you will be contactions			EMAIL	POSTAL	MAIL
<u>B.</u>	HOUSEHOLD COMPOSI	TION AND CHARACTER	<u>ISTICS</u>				
1	How many people plan on liv	ving in the apartment (includi	ng you)?				
2	does not plan on living in the	ccupant that plans on living in e apartment. (Note : Full-time is months out of a calendar yea ception under IRS code).	students are r	ot eligib	le for residency.	A full-time studer	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 cu	urrently who is not listed abov	ve?				YES NO
4	Does anyone plan to live with you in the future who is not listed above?						
4	Do you or any member of you	ur household require a special	l accommoda	tion in y	our residence?		
	If yes, please check which dis	ability applies:	Visual impai	rment	Hea	aring impairment	YES NO
5	Please specify the accommod	dation required:					
		L	ee Residence				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 portable voucher (aka rental subsidy)?	currently have a Housing Choice (Secti	on 8) Voucher or sim	ilar YES	NO
D.	INCOME AND ASSET INFORMATIO	ON			
1	List all full and/or part time employment.	Include self-employment and/or freela	ance income earnings		
	If you freelance, are multiply employed, o currently working, please list any position your company and the anticipated net inc	s held within the last 12 months. If yo		-	
	HOUSEHOLD MEMBER (NAME)	EMPLOYER NAME AND ADDRESS	DATES EMPLOYED	GROSS EA	RNINGS

HOUSEHOLD MEMBER (NAME)	EMPLOYER NAME AND ADDRESS	DATES EMPLOYED	GROSS	EARNINGS
		FROM:	4	per
		TO:	7	pei
		FROM:	¢	per
		TO:	?	
		FROM:	<u> </u>	per
		TO:	>	
		FROM:	À	
		TO:	\$	per
		FROM:	Á	
		TO:	?	per

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4	

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	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.)		OSIT FINANCIAL INSTITUTION		
5	List any assets disposed o	f for less than their fair market value during the past tw	o years:			
6	Do you or any member of	fyour household own any real estate?	YE	S NO		
	If yes, what is the current	market value?	.			
	What is the value less any	mortgage or lien?	-			
	Do you or any member of lfyes, how much?	fyour household receive any rent from tenant(s) living a	t this property?			
7	•	income that you are not currently receiving?	YE.	S 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	apply):		
	Newspaper		Sign Po	osted on Property		
	City "affordable housing	hotline" listing new ads for the month	Friend			
	Web Site/Internet		Local C	Organization or Church		
	Other					

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F. RACIAL GROUP / ETHNICITY IDENTIFICATION

the processing of this application. Please check one box in each "a	a" and "b" of which identifies the <u>HEAD OF THE HOUSEHOLD.</u>
A American Indian or Alaskan Native Native Hawaiian/Pacific Islander	Asian Black or African American White
B Hispanic or Latino	Not Hispanic or Latino
false statements, misrepresentations, or incomplete information Ground Management to contact my agencies, offices, other group	formation is true, accurate and complete. I understand that misleading or in this application will be grounds for rejection. I authorize Common as or organizations to obtain any information or materials deemed necessary the housing and legal history. I understand that this information will be

Lee Residence

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