

The Actors Fund, for everyone in entertainment.

# THE SCHERMERHORN APPLICATION



Photo Courtesy of David Sundberg/Esto for Ennead Architects LLP.

All information obtained is confidential and will be used for application review purposes only. Schermerhorn House maintains a firm commitment to equal opportunity for all applicants. Schermerhorn House 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 Schermerhorn. This newly constructed building offers 24-hour security, fitness room, roof garden, computer lab and on-site laundry. Per your request, an application 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 Schermerhorn 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 Size	Monthly Rent*	Total Annual Income Range** Minimum-Maximum
Studio (266 sq. ft.)	1 2	\$635	\$21,770 - \$65,220 \$21,770 - \$74,580

<sup>\*</sup> Includes Heat & Electric

## Additional eligibility requirements:

- Assets must be evaluated in determining eligibility. If your assets are equal to or greater than \$71,580 you will not be eligible. Assets do not include personal property such as furniture, automobiles, and clothing.
- Full-time students are <u>not</u> eligible for residency (there are exceptions under the 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

<sup>\*\*</sup>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").

PLE	ASE	PK	IN	i	
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<u>A.</u>	CONTACT INFORMATION						
1	NAME						
2	First STREET ADDRESS	Middle			Last A	NPT. NO	
3			ATE		ZIP		<del></del>
4	HOME/CELL PHONE (	)	wo	ORK PHC	NE ( )		
5	EMAIL (if applicable)						
6		How would you perfer to be contain ion is selected, you will be contain				EMAIL	POSTAL MAIL
<u>B.</u>	HOUSEHOLD COMPOSITION	ON AND CHARACTERISTICS					
1	How many people plan of	on living in the apartment (includi	ing you)?				
2							
	Please acknowledge the co-occupant that plans on living in the apartment; if any. <b>Do not</b> include a household member who does not plan on living in the apartment. ( <b>Note</b> : 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?						
4	Does anyone plan to live with you in the future who is not listed above?					YES NO	
5	Do you work in the performing arts and entertainment industry?					YES NO	
	If yes, please describe your employment:						
6						YES NO	
	If yes, please check which		□Visual i	airma-t		arina impairma	
7	Mobility impairment Visual impairment Hearing impairment  Please specify the accommodation required:						

C.	HOUSING INFORMATION						
1	Present landlord		Phone ( )				
	***						
2	Landlord's address						
_		_		- Luca			
3	Is your apartment leased directly to y	ou?		YES	S MO		
1	Monthly rent						
4	Monthly rend						
5	How long have you lived at this addre	ss? Years	5	Months			
-	,						
6	Do you or any member of your house	Do you or any member of your household currently have a Housing Choice (Section 8) Voucher or					
	similar portable voucher (aka rental s	ubsidy)?		YES	S NO		
_	INCOME AND ASSET INFORMATION						
1	List all full and/or part time employm	ent. Include self-employment and/or free	elance income earning	gs.			
	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.						
	name of your company and the antici	pated net income from your business.					
	HOUSEHOLD MEMBER (NAME)	EMPLOYER NAME AND ADDRESS	DATES EMPLOYED	GROSS EARNINGS			
			FROM:				
			то:	\$	per		
Т			FROM:	¢.			
			TO:	\$	per		
			FROM:	Ś	200		
			TO:	۶	per		
			FROM:	Ś	per		
			TO:	۲	pei		

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		
What is your household	s total annual income? \$				
HOUSEHOLD MEMBER (NAME)	TYPE (CHECKING, SAVINGS, MONEY MARKET/ DEPOSIT ACCOUNTS, IRA/RETIREMENT ACCOUNTS, STOCKS/BONDS, ET	JNTS, CREDIT UNION	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 If yes, what is the currer	<del>!!</del>	YES	NO		
	f your household receive any rent from tenant(s)	iving at this property?	NO		
7 Do you expect to receive	income that you are not currently receiving?	YES	NO		
E. MARKETING INFORMATION	<u>DN</u>				
How did you learn about the	availability of these apartments? Please check ar	nd fill in all choices that a	oply):		
Newspaper		Sign Poste	d on Property		
City "affordable housing	hotline" listing new ads for the month	Friend			
Web Site/Internet		Local Orga	nization or Church		
Other		<u> </u>			
	Schermerhorn Housing Applic	ation			

# F. RACIAL GROUP / ETHNICITY IDENTIFICATION

	cical purposes by the U.S. Department of Housing and Urban Development. It will not be check one box in each "a" and "b" of which identifies the HEAD OF THE HOUSEHOLD.	
A American Indian or Alaskan Native  Native Hawaiian/Pacific Islander	Asian Black or African American White	
B Hispanic or Latino	Not Hispanic or Latino	
misleading or false statements, misrepresenta authorize Common Ground Management to cor	ge, the foregoing information is true, accurate and complete. I understand that tions, or incomplete information in this application will be grounds for rejection. I tact my agencies, offices, other groups or organizations to obtain any information or lication, including verifying my financial, credit, housing and legal history. I understand etermining my eligibility.	
APPLICANT'S SIGNATURE	DATE	
	Schermerhorn Housing Application	Ž