

## INSTRUCTIONS:

1. **SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD.** You may be disqualified if more than one application is received per lottery for your household. If you submit an application online, you may NOT submit an application via mail. If you submit an application via mail, you may NOT submit an application online. If you prefer to apply online now rather than completing this paper application, please visit [NYHousingSearch.gov](http://NYHousingSearch.gov).
2. All applicants are encouraged to monitor the online housing resource center established by The City of New York ([nyc.gov/housing](http://nyc.gov/housing)) to keep up with new housing opportunities.
3. You must complete ALL sections as well as sign and date the application in order for your application to be reviewed if it is selected 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:

**SUTPHIN SENIOR HOUSING  
C/O Breaking Ground  
520 8<sup>th</sup> Avenue, Suite 2100  
21<sup>ST</sup> Floor  
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. If your application is selected for further processing, you have the option to provide evidence of 12 months of full rent payments or consent to a credit check. If the management company runs a credit check, a non-refundable credit check fee of a maximum of \$20 per application may be collected by the company at that time. Alternatively, you may provide a credit check run in the past 30 days to avoid a credit check and fee.
8. **Income Eligibility:** Please review the chart in the project advertisement which breaks down the mandatory income levels for the HFA 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. Open to seniors, 62 years or older.
  - b. Criminal Background Checks
  - c. 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.



10. 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 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.
11. 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 NYC Department of Investigation, a fully empowered law enforcement agency of the City of New York.
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Sutphin Senior Housing, 97-04 Sutphin Boulevard, Jamaica, Queens, New York City

Contact Information: Breaking Ground 520 8th Avenue, Suite 2100, New York, NY 10018 Phone: 646-870-8340 or 646-870-8350 Email: [intake@breakingground.org](mailto:intake@breakingground.org)

Units and Eligibility Chart:

AMI	Unit Size	# Units	Monthly Rent*	Household Size	Household Income**
50%	STUDIO	107	30% of Household Income	1	\$0 - \$56,700
50%	STUDIO	107	30% of Household Income	2	\$0 - \$64,800
50%	1 BR	65	30% of Household Income	1	\$0 - \$56,700
50%	1 BR	65	30% of Household Income	2	\$0 - \$64,800
50%	1 BR	65	30% of Household Income	3	\$0 - \$72,900

\* Rent includes heat, hot water, and broadband internet. 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.

### Applicant and Contact Information:

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First Name Middle Initial Last Name

### Current Living Address:

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Street Address Apartment #

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City State Zip

### Mailing Address (if different from above):

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Street Address Apartment # or PO Box #

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City State Zip

Email: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_  
Cell Phone Home Phone Work Phone

Preferred Method of Contact: (Email/Paper Mail/Phone Call/Text Message)

\_\_\_\_\_

Preferred Language of Contact: In what language would you prefer to receive written communications about your application? \_\_\_\_\_

(Optional) Contact Person or Organization Information (If we are unable to reach you):

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: ☐ Friend ☐ Family ☐ Case Manager ☐ Housing Counselor ☐ Other \_\_\_\_\_

Household Information:

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

2. Do you anticipate any changes in the size of your household within the next 12 months? (Future spouse, a minor entering the home through adoption, child returning from foster care, etc.) If yes, please describe any changes here:

\_\_\_\_\_  
\_\_\_\_\_

3. Which bedroom size(s) do you prefer? (You can be considered for more than 1 bedroom size, subject to availability and eligibility)

☐ Studio ☐ 1 bedroom ☐ 2 bedroom ☐ 3 bedroom ☐ 4 bedroom ☐ 5+ bedroom

4. List ALL the people who will live in the unit for which you are applying (household members), starting with yourself as "Self" on chart below.

Unit with Additional Accessible Features: If a household member has an ongoing mobility (M), hearing (H), or visual (V) disability and can benefit from a unit adapted for these disabilities, **check the relevant box on the chart below**. If selected for further processing, you may be required to provide supporting documentation

First, Middle Initial & Last Name, Suffix	SSN/TIN (Optional )	Relationship to Applicant	Birth Date MM/DD/YY	Student Status (Specify No, Fulltime or Part-time)	Have a Disability?		
					Mobility	Visual	Hearing

		Self					

**Reasonable Accommodations/Modifications:** You have a right to request a reasonable accommodation or modification for the disability of someone in your household. To learn more, read the attached Notice Disclosing Tenant's Rights to Reasonable Accommodation also available here:

<https://dhr.ny.gov/legalupdates#notice-of-tenant's-rights-to-reasonable-accommodation>

If you are seeking a reasonable accommodation/modification, please describe:

### Information About Tenant Screening

**Criminal Legal System and Credit History:** The landlord must consider individual circumstances regarding most criminal legal events or negative credit history you may have. You have rights! Find out more in the attached Know Your Rights documents and here: <https://hcr.ny.gov/marketingplans-policies#credit-&-criminal-history-assessment-policies>

**Domestic Violence:** If you otherwise qualify for the rental housing or program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. To learn more, read the Notice of Occupancy Rights attached to this application.

## Rental Subsidy

- 1. Does your household have a transferable rental subsidy like Section 8, VASH or NYC FHEPS?** NOTE: This information *will not affect the processing of the application*. Rental subsidy information may make your household eligible for more units (example: units with higher income requirements than your current household income).

- ☐ No
- ☐ Yes – Section 8 Voucher
- ☐ Yes – NYC FHEPS
- ☐ Yes – Other Rental Subsidy/Certificate: \_\_\_\_\_

NOTE: Housing providers in New York State cannot discriminate against you based on the lawful source of your income, including rental subsidies.

## Income and Assets

**Note: Be sure to review the lottery advertisement or income chart to see if your income qualifies for this project.**

### 1. Income from Employment

List all full-time and/or part-time employment income (for example: wages and self-employment) for **ALL** household members. All wages listed must be GROSS income except for self-employment income. Self-Employment must be listed as NET income, which is the amount made after deductions.

Household Member	Income Source or Employer Name & Address	Length of Time Receiving this Income		Income Amount (\$)	Frequency? (Ex: weekly, bi-weekly, semimonthly, monthly, annually)	Annual Income
		Yrs.	Mos			
Self				\$		\$
				\$		\$
				\$		\$
				\$		\$

				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
<b>TOTAL ANNUAL HOUSEHOLD INCOME FROM EMPLOYMENT</b> (Add all amounts from "Annual Income" column):						\$

## 2. Income from Other Sources

List all other income sources for **ALL** household members. For example, welfare (including housing allowance), Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc. This must be GROSS income.

Household Member	Income Source or Employer Name & Address	Length of Time Receiving this Income		Income Amount (\$)	Frequency? (Ex: weekly, bi-weekly, semimonthly, monthly, annually)	Annual Income
		Yrs.	Mos			
Self				\$		\$
				\$		\$
				\$		\$
				\$		\$



				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
<b>TOTAL ANNUAL HOUSEHOLD INCOME FROM OTHER SOURCES</b> Add all amounts from “Annual Income” column)					\$	

**3. Total Annual Household Income from Employment and Other Sources Add total amounts from Table 1 and 2, above**

#### 4. Total Current Household Assets

[illegible]

### Race and Ethnicity (OPTIONAL)

This information is optional and will not affect the processing of the application. You can choose to **SKIP** all or any part of this section.

1. [OPTIONAL] **Ethnicity:** Please check the group(s) that best identifies the household:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Choose not to answer

2. [OPTIONAL] **Race:** 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"/> Other _____
<input type="checkbox"/> Choose not to answer	

#### 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) 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 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