

Broad Street Apartments
180 Broad Street, Staten Island, NY 10304
Leasing Office 718-524-7320

**FREE APPLICATION – YOU SHOULD NOT PAY ANYONE FOR THIS APPLICATION.
APPLICATION FOR APARTMENT**

1. Mail completed application to: **Broad Street Housing**
c/o BFC Partners
150 Myrtle Ave Suite 2
Brooklyn, NY 11201

2. **No payment should be given to anyone in connection with the preparation or filing of this application.**

3. This information to be filled out by the Applicant:

Name and Address

Name:

Current Street Address:

City, State, Zip Code:

Home Telephone/Cell Phone:

Work Phone:

How long have you lived at this address? _____ Years _____ Months

Household Information

How many persons in your household, including yourself, WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING? _____.

List all of the people WHO WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING, starting with yourself, and provide the following information. Add additional pages if necessary.

FULL NAME	Relation to Applicant	Birth Date	Age	Sex	Occupation

Are you or any member of your household disabled? [] Yes [] No
If yes, would you describe the disability as [] mobility impairment? [] visual impairment? [] hearing

impairment?

If you checked either mobility impairment, or visual impairment, or hearing impairment, do you or a member of your household require a special accommodation? [] Yes [] No

If yes, please specify the special accommodation required:

Income from Employment

1) Are you 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? Yes _____ No _____ (If Yes, please identify the agency or entity at which you are employed): Agency/Entity:

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? Yes ___ 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 your income and eligibility.

List all full and/or part time employment for ALL HOUSEHOLD MEMBERS including yourself, WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employment earnings.

HOUSEHOLD MEMBER Earnings	Name and Address of Employer	Years Employed	Gross
\$ _____	_____	_____	
\$ _____	_____	_____	
\$ _____	_____	_____	
\$ _____	_____	_____	

Income from Other Sources

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

HOUSEHOLD MEMBER	Type of Income	Amount
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

_____ \$ _____ per _____
_____ \$ _____ per _____

Total Annual Household Income

Add All Income Listed Above and Indicate the Total Earned for the Year \$ _____ per year

Current Landlord

Landlord's Name _____
(If you live in a public housing project enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD")

Landlord's Address _____
Landlord's Phone Number _____

Current Rent

What is the total rent on the apartment where you currently live or temporarily staying?
\$ _____ monthly
How much do you contribute to the total rent of the apartment? If nothing write "0"
\$ _____ monthly

Reason for Moving

Why are you moving? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Do not like neighborhood |
| <input type="checkbox"/> Not enough space members | <input type="checkbox"/> Living with relatives/other family members |
| <input type="checkbox"/> Living in shelter or on the streets | <input type="checkbox"/> Rent too high |
| <input type="checkbox"/> Bad housing conditions (marriage, birth) | <input type="checkbox"/> Increase in family size |
| <input type="checkbox"/> Health Reasons | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Disability access problems | |

Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certificate? [] Yes [] No
Please check Yes or No. This information will not affect the processing of the application.

Assets

C h e c k i n g B r a n c h _____	A c c o u n t / B a n k _____	o r
P a s s b o o k B r a n c h _____	S a v i n g s / B a n k _____	o r
S a v i n g s B r a n c h _____	C e r t i f i c a t e s / B a n k _____	o r

Source of Information

How did you hear about this development?

Newspaper Sign Posted on Property
 Local Organization or Church Friend
 City "affordable housing hotline" listing new ads for the month Web Site/Internet
 Other _____]

Ethnic Identification (Used for Statistical Purposes Only)

This information is optional and will not affect the processing of the application. Please check one group that best identifies the applicant.

White (non Hispanic origin) Black
 Hispanic origin Asian or Pacific Islander
 American Indian/Alaskan Native Other

Signature

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I 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 understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY ARE EMPLOYED BY THE NEW YORK CITY HOUSING DEVELOPMENT CORPORATION OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

OFFICE USE ONLY:

Community Board Resident [] Yes [] No

Municipal Employee [] Yes [] No

Size of Apartment Assigned: [] 1 Bedroom [] 2 Bedroom

Family Composition: Adult Males _____ Adult Females _____ Male Children _____ Female Children _____

Person with Disability [] Mobility [] Visual [] Hearing

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ per Year