



Unit Size	30% AREA MEDIAN INCOME (AMI) UNITS	Monthly Rent <sup>1</sup>	Units Available	Household Size <sup>2</sup>	Annual Household Income <sup>3</sup> <i>Minimum – Maximum<sup>4</sup></i>	40% AREA MEDIAN INCOME (AMI) UNITS	Monthly Rent <sup>1</sup>	Units Available	Household Size <sup>2</sup>	Annual Household Income <sup>3</sup> <i>Minimum – Maximum<sup>4</sup></i>
Studio			\$397	11	→ 1 person		\$ 15,806 - \$ 23,880		\$567	11
1 bedroom		\$503	20	→ 1 person	\$ 19,715 - \$ 23,880		\$717	20	→ 1 person	\$ 27,052 - \$ 31,840
				→ 2 people	\$ 19,715 - \$ 27,300				→ 2 people	\$ 27,052 - \$ 36,400
2 bedroom		\$598	10	→ 2 people	\$ 23,692 - \$ 27,300		\$854	10	→ 2 people	\$ 32,469 - \$ 36,400
				→ 3 people	\$ 23,692 - \$ 30,720				→ 3 people	\$ 32,469 - \$ 40,960
				→ 4 people	\$ 23,692 - \$ 34,110				→ 4 people	\$ 32,469 - \$ 45,480
3 bedroom		\$683	2	→ 3 people	\$ 27,360 - \$ 30,720		\$978	2	→ 3 people	\$ 37,475 - \$ 40,960
				→ 4 people	\$ 27,360 - \$ 34,110				→ 4 people	\$ 37,475 - \$ 45,480
				→ 5 people	\$ 27,360 - \$ 36,840				→ 5 people	\$ 37,475 - \$ 49,120
				→ 6 people	\$ 27,360 - \$ 39,570				→ 6 people	\$ 37,475 - \$ 52,760
Unit Size	60% AREA MEDIAN INCOME (AMI) UNITS	Monthly Rent <sup>1</sup>	Units Available	Household Size <sup>2</sup>	Annual Household Income <sup>3</sup> <i>Minimum – Maximum<sup>4</sup></i>	80% AREA MEDIAN INCOME (AMI) UNITS	Monthly Rent <sup>1</sup>	Units Available	Household Size <sup>2</sup>	Annual Household Income <sup>3</sup> <i>Minimum – Maximum<sup>4</sup></i>
Studio			\$909	30	→ 1 person		\$ 33,360 - \$ 47,760		\$1,302	20
1 bedroom		\$1,143	75	→ 1 person	\$ 41,658 - \$ 47,760		\$1,634	40	→ 1 person	\$ 58,492 - \$ 63,680
				→ 2 people	\$ 41,658 - \$ 54,600				→ 2 people	\$ 58,492 - \$ 72,800
2 bedroom		\$1,366	63	→ 2 people	\$ 50,023 - \$ 54,600		\$1,955	22	→ 2 people	\$ 70,218 - \$ 72,800
				→ 3 people	\$ 50,023 - \$ 61,440				→ 3 people	\$ 70,218 - \$ 81,920
				→ 4 people	\$ 50,023 - \$ 68,220				→ 4 people	\$ 70,218 - \$ 90,960
3 bedroom		\$1,570	15	→ 3 people	\$ 57,772 - \$ 61,440		\$2,250	3	→ 3 people	\$ 81,086 - \$ 81,920
				→ 4 people	\$ 57,772 - \$ 68,220				→ 4 people	\$ 81,086 - \$ 90,960
				→ 5 people	\$ 57,772 - \$ 73,680				→ 5 people	\$ 81,086 - \$ 98,240
				→ 6 people	\$ 57,772 - \$ 79,140				→ 6 people	\$ 81,086 - \$ 105,520

<sup>1</sup> Rent includes gas for cooking and heating. Tenant is responsible for electricity

<sup>2</sup> Household size includes everyone who will live with you, including parents and children. Subject to occupancy criteria.

<sup>3</sup> Household earnings includes salary, hourly wages, tips, Social Security, child support, and other income. Income guidelines subject to change.

<sup>4</sup> Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.

**Other Eligibility Factors:** In addition to the income requirements, other eligibility factors will be applied.

These include, but are not limited to:

- a. Credit History
- 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.
- d. Continuing Need – Applicants to the Agency’s low-income housing programs must demonstrate a continuing need for housing assistance though an analysis of their assets and recent income history.

**Application Preferences:** There is a general preference in the lottery for current New York City residents. Household outside of New York City are free to apply, but their applications will be assigned a low priority and processed only after all NYC resident applicants. There are additional preferences for persons with disabilities, and persons residing in this development’s community board. Please answer the questions on the application carefully to assist in identifying such preferences.

The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. This apartment community does not discriminate on the basis of handicap/disability status. The management coordinates compliance with the nondiscrimination requirements contained in HUD’s Regulations implementing Section 504 (24 CFR part 8 dated June 2, 1988)

Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. Therefore any approved tenant will need to surrender any other primary residences prior to signing a lease for this program. While this is true of all other apartments, maintaining more than one unit which participates in any governmental/state/city housing program is a particularly egregious violation of this requirement. If you are presently residing in another governmentally/state/city assisted unit, you are free to apply to an NYS Homes and Community Renewal housing development provided that you comply with this requirement and give up your current such unit before signing a lease once you are selected and have been approved. Violation of this requirement may lead to the loss of the apartments and leases in question, as well as referral to the appropriate authorities for potential criminal charges.

Submission of False or incomplete Information: Prospective applicants should be aware that this is a state 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 New York City Department of Investigation, a fully empowered law enforcement agency of the City of New York.

The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. This apartment community does not discriminate on the basis of handicap/disability status. The management coordinates compliance with the nondiscrimination requirements contained in HUD's Regulations implementing Section 504 (24 CFR part 8 dated June 2, 1988)

## APPLICATION FOR RENTAL APARTMENT

Please mail completed applications to:

**FOUNTAIN SEAVIEW LP – B6**  
**P.O.BOX 269047**  
**Bellerose, NY 11426**

- Application must be postmarked no later than **December 28, 2020**. Applications postmarked after this date will be set aside for future consideration.
- The completed application must be returned by **REGULAR MAIL ONLY**; do not send priority, registered, express, overnight mail or certified mail.
- Mail only (1) one application per family. If more than one application is received the application will be automatically disqualified.

**A. Name & Address (Required)****Home Address:**

First Name	Middle Initial	Last Name
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Building (House) #	Street	Apartment #
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City	State	Zip
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How long have you lived at this address? \_\_\_\_\_ Years    \_\_\_\_\_ Months

**Phone Numbers:**

Cell Phone	Home Phone	Work Phone
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 Check if mailing address is **different** than Home Address, above**Mailing Address** (if different):

Building (House) #	Street	Apartment #
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P.O. Box
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City	State	Zip
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**Method of Contact:** How would you prefer to be contacted for ALL future communication about your application (check one)?

Email (enter address): \_\_\_\_\_

Postal Mail

**Language Contact Preference:** In what language would you prefer receive written communications about your application? Check one. (If you do not check a language, written communication will be in English.)

English  Español (Spanish)  简体中文 (Chinese)

Русский (Russian)  한국어 (Korean)

Kreyòl Ayisyen (Haitian Creole)  العربية Arabic

**B. Household Information (Required)**

**PRIVACY ACT NOTIFICATION** - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used. Providing Social Security Numbers and/or Taxpayer Identification Numbers on this application is voluntary. Social Security Numbers and Taxpayer Identification Numbers which are voluntarily disclosed on this application will be used only to establish an organized and specific method of identifying applicants who are seeking affordable housing within the City of New York, will be kept in a secure location, and will not be used or disclosed for any other purpose. Failure to provide a Social Security Number or Taxpayer Identification Number on this application will not result in an applicant’s disqualification at this time. If your application is selected for further processing, the building’s landlord will have the right to require this information at that time in order to perform a credit check.

**How many persons, 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 (Head of Household), and provide the following information.  
 If a household member has a mobility (M), hearing (H), or visual (V) disability and requires an accessible/adaptable unit, please check the relevant box. If your application is selected for further processing, you and a medical professional will need to complete a form to verify that your household requires an accessible or adaptable apartment.

First, Mid. Initial, & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date MM/DD/YY	Sex	Occupation	Disabled?		
						M	V	H
		<b>Head of Household</b>						



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If you checked either mobility, visual, or hearing disability, do you or a member of your household require a special accommodation?

- Yes – please specify the accommodation required: \_\_\_\_\_
- No

**Are you or a member of your household a veteran of the U.S. Armed Forces? \***  Yes  No

\*Definition of veteran from 38 U.S.C. 101(2): The term “veteran” means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.

### C. Income (Required)

#### 1. Income from Employment

List all full and/or part time employment income 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	Employer Name & Address	Length of Employment		Earnings	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
		Yrs.	Mos.			
Head of Household						

Do all adult household members file federal and state tax returns?  Yes  No If “NO” please explain: \_



## 2. Income from Other Sources

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

Household Member	Type of Income	Dollar Amount	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
Head of Household				

## 3. Total Annual Household Income

Add ALL Annual Gross Income (Sections 1 & 2 above) and enter the TOTAL ANNUAL HOUSEHOLD INCOME:

## 4. Assets

<b>Are there assets for this household?</b> Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please indicate assets for each household member:		
Household Member	Type of Asset/Account	Branch
Head of Household		




**D. Rental Subsidy**

<p>Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? Please check the appropriate box at right.</p> <p>Examples of other rental subsidies/certificates include CITYFEPS, FHEPS, NHTD (Medicaid Waiver), Individual Services and Supports (ISS), Traumatic Brain Injury (TBI) Waiver, SEPS, and VASH.</p> <p>This information will not affect the processing of the application. Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – HPD Section 8 voucher</p> <p><input type="checkbox"/> Yes – NYCHA Section 8 Voucher</p> <p><input type="checkbox"/> Yes – Other Rental Subsidy/Certificate</p>
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**E. Current Landlord**

- New York City Housing Authority (NYCHA)       A Company or Organization
- Other City Owned (In Rem)       An Individual

Landlord Name (Company, Organization, or Individual Name)	Landlord Address	Landlord Phone #
<b>What is the total rent on the apartment where you currently live or are temporarily staying?</b>	_____	monthly
<b>How much do you contribute to the total rent of the apartment? If nothing, write "0."</b>	_____	monthly

**F. Reason for Moving**

Why are you moving? Please check all that apply:	
<input type="checkbox"/> Living with Parents	<input type="checkbox"/> Not Enough Space
<input type="checkbox"/> Bad Housing Conditions	<input type="checkbox"/> Health Reasons
<input type="checkbox"/> Disability Access Problems	<input type="checkbox"/> Living with Relative/Other Family Members
<input type="checkbox"/> Do not like Neighborhood	<input type="checkbox"/> Rent Too High
<input type="checkbox"/> Increase in Family Size (Marriage, Birth)	<input type="checkbox"/> Other:





## G. Ethnic Identification

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:

<input type="checkbox"/>	White	<input type="checkbox"/>	Asian ( <i>Asian India, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian</i> )
<input type="checkbox"/>	Black or African-American	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander ( <i>Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander</i> )
<input type="checkbox"/>	American Indian or Native Alaskan	<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

## H. Signature (Required)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (We) have not withheld, falsified, or otherwise misrepresented any information. I (We) fully understand that any and all information I (we) 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 (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 criminal 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

### OFFICE USE ONLY:

Person with Disability:  Mobility  Visual  Hearing

Community Board Resident:  Yes  No

Municipal Employee:  Yes  No

Size of Apartment Assigned:  Studio  1BR  2 BR  3 BR  4 BR

Family Composition: Adult (Males) \_\_\_\_\_ Adult (Females) \_\_\_\_\_

Children (Males) \_\_\_\_\_ Children (Females) \_\_\_\_\_

TOTAL VERIFIED HOUSEHOLD INCOME: \$ \_\_\_\_\_ PER YEAR

