Affordable Senior Apartments For Rent

Quincy Senior Residence is pleased to announce that applications are now being accepted for a limited number of affordable senior housing apartments and for its waiting list at 625 Quincy Street in the Bedford-Stuyvesant section of Brooklyn. This building was constructed through the Low Income Housing Tax Credit program of New York State Homes & Community Renewal. The size, rent and targeted income distribution for the available senior apartments are as follows:

Apartments are designated for the elderly, one of whom must be at least 62 years of age.

<table>
<thead>
<tr>
<th>Apartment Size</th>
<th>Household Size</th>
<th>Monthly Rent*</th>
<th>Total Annual** Income Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Bedroom</td>
<td>1</td>
<td>$756</td>
<td>$24,180 – $30,100</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td>$24,180 – $34,400</td>
</tr>
</tbody>
</table>

*Includes gas for cooking

**Income guidelines subject to change

Qualified senior applicants will be required to meet income guidelines and additional selection criteria.

Applications will be accepted until all remaining units are filled and the waiting list is replenished. Applications may be requested by regular mail from:

Quincy Senior Residence  
C/O Wavecrest Management Team  
87-14 116th Street  
Richmond Hill, NY 11418

Please include a self-addressed envelope with your request.

You may also download an application by visiting  
www.wavecrestrentals.com

No Broker’s Fee. No Application Fee.

ANDREW M. CUOMO, Governor  
New York State Homes and Community Renewal  
DARRYL C. TOWNS, Commissioner/CEO  
www.nyshcr.org
FREE APPLICATION FOR APARTMENT-
No broker’s or application fee should be paid to anyone regarding these applications.
No payment should be given to anyone in connection with the preparation or filing of this application.

Instructions:

Mail completed application to:

Quincy Senior Residence
C/O The Wavecrest Management Team
8714 116th Street, Richmond Hill, NY 11418

This information to be filled out by the Applicant:

A. 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

B. Income from Employment

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.

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER</th>
<th>Name and Address of Employer</th>
<th>Years Employed</th>
<th>Gross Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$_____________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$_____________</td>
</tr>
</tbody>
</table>

C. 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.

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER</th>
<th>Type of Income</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$______ per_______</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$______ per_______</td>
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<td></td>
<td></td>
<td>$______ per_______</td>
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<tr>
<td></td>
<td></td>
<td>$______ per_______</td>
</tr>
</tbody>
</table>

D. Total Annual Household Income

Add All Income Listed Above and Indicate the Total Earned for the Year $________________________per year
E. 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________________________________________________________________________

F. 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

G. Reason for Moving
Why are you moving? Please check all that apply.

{ }Living with parents
{ }Not enough space
{ }Living in shelter or on the streets
{ }Bad housing conditions
{ }Health Reasons
{ }Disability access problems
{ }Do not like neighborhood
{ }Living with relatives/other family members
{ }Rent too high
{ }Increase in family size (marriage, birth)
{ }Other

H. 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.

I. 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:
_____________________________________________________________________________________________
_____________________________________________________________________________________________

J. Assets
Checking Account/Bank or Branch
Passbook Savings/Bank or Branch
Savings Certificates/Bank or Branch
K. 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
____________________________________________________________________________________

L. 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

M. Signature
I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. (All Adult household members who wish to reside in the unit must sign and date)

Signed:_________________________________________       Date:____________________

Signed:_________________________________________       Date:____________________

Signed:_________________________________________       Date:____________________

Signed:_________________________________________       Date:____________________