

# Affordable Senior Apartments For Rent

**Canterbury House LP** 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: **1331 Bay Street** in **Staten Island, NY**. 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.**

| Apartment Size         | Household Size | Monthly Rent* | Total Annual** Income Range |         |
|------------------------|----------------|---------------|-----------------------------|---------|
|                        |                |               | Minimum                     | Maximum |
| 1 Bedroom<br>1 Bedroom | 1 Person       | \$1,012       | \$33,630 – \$56,700         |         |
|                        | 2 People       |               | \$33,630 – \$64,800         |         |
|                        | 3 People       |               | \$33,630 – \$72,900         |         |
| 1 Bedroom<br>1 Bedroom | 1 Person       | \$1,065       | \$35,220 – \$68,040         |         |
|                        | 2 People       |               | \$35,220 – \$77,760         |         |
|                        | 3 People       |               | \$35,220 – \$87,480         |         |

\*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:**

**Canterbury House LP  
C/O Wavecrest Management Team  
87-14 116<sup>th</sup> 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](http://www.wavecrestrentals.com)



*No Broker's Fee. No Application Fee.*

**Kathy Hochul, Governor**  
New York State Homes and Community Renewal  
DARRYL C. TOWNS, Commissioner/CEO  
[www.nyshcr.org](http://www.nyshcr.org)



# Canterbury Houses

**FREE APPLICATION - YOU SHOULD NOT PAY ANYONE FOR THIS APPLICATION  
NO BROKERS FEE • NO APPLICATION FEE**

## APPLICATION FOR APARTMENT



Instructions:

Mail completed application to:

The Wavecrest Management Team  
87-14 116th Street  
Richmond Hill, NY 11418

**\*Please fill in all highlighted items below as they apply to the household\***

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

information to be filled out by the Applicant:

### A. Name and Address

Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Home Telephone/Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Years

Months

### B. 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: \_\_\_\_\_

**C. 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 | Name and Address of Employer | Years Employed | Gross Earnings |
|------------------|------------------------------|----------------|----------------|
| _____            | _____                        | _____          | \$ _____       |
| _____            | _____                        | _____          | \$ _____       |
| _____            | _____                        | _____          | \$ _____       |
| _____            | _____                        | _____          | \$ _____       |

**D. 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 |

**E. Total Annual Household Income**

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

**F. 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 \_\_\_\_\_

**G. 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

**H. 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 \_\_\_\_\_

**I. Housing/ Rental Assistance**

Are you presently receiving a housing or rental subsidy, voucher or certificate?  Yes  No  
Please check Yes or No. This information will not affect the processing of the application.

**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
- Local Organization or Church
- City "affordable housing hotline" listing new ads for the month
- Other \_\_\_\_\_
- Sign Posted on Property
- Friend
- Web Site/Internet

**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)
- Hispanic origin
- American Indian/Alaskan Native
- Black
- Asian or Pacific Islander
- Other

**M. 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.

***Each household member 18 and over must sign and date in pen or utilize DocuSign.***

|               |             |
|---------------|-------------|
| Signed: _____ | Date: _____ |
| Signed: _____ | Date: _____ |
| Signed: _____ | Date: _____ |
| Signed: _____ | Date: _____ |