

AFFORDABLE SENIOR APARTMENTS AVAILABLE FOR RENT



Intervale Independent Senior Apartments is pleased to announce that applications are now being accepted for affordable housing rental apartments at **1115 Intervale Avenue** in the Longwood section of **The Bronx**. These buildings are constructed through the Low-Income Affordable Marketplace Program (LAMP) of the New York City Housing Development Corporation and the Low-Income Rental Program (LIRP) of the New York City Department of Housing Preservation and Development. The size, rent, and targeted income distribution for the affordable apartments are as follows:

| Apartment Size | Household Size* | Monthly Rent | Total Annual Income Range ** Minimum Maximum |
|-----------------------|------------------------|---------------------|---|
| Studio | 1 | \$1,038 | \$34,020 - \$51,840 |
| | 2 | | |
| Studio | 1 | \$1,701 | \$53,910 - \$77,760 |
| | 2 | | |
| 1 Bedroom | 1 | \$1,713 | \$54,660 - \$68,040 |
| | 2 | | \$54,660 - \$77,760 |
| | 3 | | \$54,660 - \$87,480 |

* Tenant Responsible for Electricity **Subject to Occupancy Criteria ***Income guidelines subject to change

At least one household member must be 55 years of age or older at time of application.

Qualified Applicants will be required to meet income guidelines and additional selection criteria. To request an application, **mail a SELF ADDRESSED STAMPED ENVELOPE to: Intervale Independent Senior Apartments c/o: The Wavecrest Management Team, 87-14 116th Street, Richmond Hill, NY 11418, or download from www.wavecrestrentals.com.**

Accepting applications on an ongoing basis for anticipated vacancies.

Completed applications must be returned by regular mail only (no priority, certified, registered, expressed or overnight mail will be accepted) to the address listed on the application.

No Broker's Fee. No Application Fee.



Eric Adams, Mayor
 New York City Department of
 Housing Preservation and Development
Adolfo Carrion Jr., Commissioner
 New York City Housing Development Corporation
 Eric Enderlin, President
www.nyc.gov/housing



Intervale Independent Senior Apartments
1115 Intervale Ave, Bronx, NY

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

APPLICATION FOR APARTMENT



Instructions:

1. Mail only one application per family. You will be disqualified if more than one application per family is received.
2. You must provide social security or Individual Tax Identification Numbers for all adult members of the household and all adult members of the household must sign certification on the last page of the application. If you fail to comply, your application will be disqualified.
3. When completed, mail application in the pre-addressed envelope **by regular mail only (no certified, priority, registered, expressed or overnight mail will be accepted).**
4. Mail completed application to: Intervale Independent Senior Apartments
87-14 116th Street
Richmond Hill, NY 11418

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

NO WHITEOUT OR CORRECTION TAPE

This information is 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: _____

_____ Email Address: _____

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 Department of Housing Preservation and Development, 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.

- | | |
|--|---|
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Do not like neighborhood |
| <input type="checkbox"/> Not enough space | <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 | <input type="checkbox"/> Increase in family size (marriage, birth) |
| <input type="checkbox"/> Health Reasons | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Disability access problems | |

I. Section 8 Housing Assistance / HASA

Are you presently receiving a Section 8 housing voucher or certificate? Yes No

Are you presently receiving a HASA 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?

- | | |
|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Sign Posted on Property |
| <input type="checkbox"/> Local Organization or Church | <input type="checkbox"/> Friend |
| <input type="checkbox"/> City "affordable housing hotline" listing new ads for the month | <input type="checkbox"/> Web Site/Internet |
| <input type="checkbox"/> 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.

- | | |
|---|--|
| <input type="checkbox"/> White (non Hispanic origin) | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> 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.

Signed: _____ Date: _____
 Signed: _____ Date: _____
 Signed: _____ Date: _____
 Signed: _____ Date: _____