

VERDANT FORT GREENE

240 Willoughby Street, Brooklyn, New York 11201

Please return this application to VerdantFG@kgupright.com

APARTMENT APPLICATION

NAME & ADDRESS

Current Living Address:

(If you are living in a City-run homeless shelter, please list your current shelter address)

First Name

Middle Initial

Last Name

Street Address

Apartment #

City

State

Zip

Email: _____

Is this a NYCHA property? Yes No

If yes, is your name on the NYCHA household form? Yes No

Is this a City-run homeless shelter? Yes No

If yes, provide your last permanent address:

Building (House) #

Street

Apartment #

City

State

Zip

Your Pronouns (he/she/they) (optional): _____

Phone Numbers:

Home

Cell

Work

Check if mailing address is different than Current Living Address, above

Mailing Address (if different):

Building (House) #

Street

Apartment #

P.O. Box

City

State

Zip

Language Contact Preference: In what language would you prefer to 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) العربية (Arabic)
 Français (French) Русский (Russian) 한국어 (Korean) اردو (Urdu)
 বাংলা (Bangla) Kreyòl Ayisyen (Haitian Creole)

HOUSEHOLD INFORMATION

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.

1. How many persons (including yourself) will live in the unit for which you are applying?

2. List **ALL** the people who will live in the unit for which you are applying, starting with yourself (Self), and provide the following information.

Gender Identification: In this section, list how you identify (optional). Examples: Female; Male; Non-binary; etc.

Disability: If a household member has an ongoing mobility (M), hearing (H), or visual (V) disability and requires an accessible/adaptable unit, please check the relevant box. If selected for further processing, you will be mailed a form that you and a medical professional will need to immediately complete and send back. This form is to verify that your household requires an accessible or adaptable apartment. The form can be used for any other future applications for a period of up to 12 months

First, Middle Initial & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date MM/DD/YY	Gender Identification (Optional)	Disability?		
					M	V	H
		Self					

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



3. Is anyone in the table above a full-time student?

Yes - please circle their names above and write their names here:

No

INCOME AND ASSETS

Note: Be sure to check the lottery advertisement to see if your income qualifies. The ad shows the income level requirements, for each household size, for this housing opportunity.

Question 1	
Are you or a member of your household 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please specify the agency or entity at which you or a member of your household is employed.	
Question 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 income and eligibility.

HPD EMPLOYEES ONLY: If you are an HPD employee, please read the Commissioner's Order regarding conflicts of interest and consult with the agency's Office of Legal Affairs if you receive a request to confirm your eligibility.

1. INCOME FROM EMPLOYMENT

Note: A "household member" is a person who will be living in the affordable unit.

For any job that is not self-employed, list the amount you make before taxes (Gross Income). For self-employed individuals, use the amount you make after deductions (Net Income). If your application is selected for further processing, you will be contacted with a list of documentation that you will need to provide.

List all full and/or part time employment income for ALL Household Members, including yourself. Include self-employment earnings:

Household Member	Employer Name & Address	Length of Employment		Amount Paid (\$)	How Often? (Ex: weekly, bi-weekly, monthly, annually)	Annual Income
		Yrs.	Mos.			
Self						

1A. TOTAL ANNUAL INCOME FROM EMPLOYMENT AND SELF-EMPLOYMENT add all amounts from “Annual Income” column in this table):

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	Amount Paid (\$)	How Often? (Ex: weekly, bi-weekly, monthly, annually)	Annual Income
Self				

2A. TOTAL ANNUAL INCOME FROM OTHER SOURCES (add all amounts from “Annual Income” column in this table):

3. TOTAL ANNUAL HOUSEHOLD INCOME

Add together the total annual income amounts from 1A and 2A, above:



4. ASSETS

Are there assets for this household? 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 or Account	Bank/Institution
Self		

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 CITYFHEPS, NHTD (Medicaid Waiver), Individual Services and Supports (ISS), 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>	<input type="checkbox"/> No <input type="checkbox"/> Yes – HPD Section 8 voucher <input type="checkbox"/> Yes – NYCHA Section 8 Voucher <input type="checkbox"/> Yes – Other Rental Subsidy/Certificate:
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ETHNICITY

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

- Hispanic or Latino
 Not Hispanic or Latino
 Choose not to answer

RACE

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

- White
 Black or African-American
 Asian
 Native Hawaiian or Other Pacific Islander
 American Indian or Native Alaskan
 Choose not to answer
 Other:



HOUSING CHOICES | RE-RENTALS AND RESALES

When an existing affordable apartment becomes available in one of a wide range of developments in New York City, a small number of interested and qualified Housing Connect users are picked at random for the opportunity to apply for that unit.

You only have the chance to be randomly selected for re-rentals/resales if you indicate here that you are interested. Also, you will only have the chance to be selected if your household size and income match the unit requirements.

1. Are you interested in future affordable housing opportunities located in a different, existing building that become vacant for re-rental or resale? Yes No

- If you checked yes, Continue this section (G). If not, skip to Section H (Signatures).

If you are only willing to be considered for re-rental/resale units of specific sizes, locations, accessibility, and/or pet policies, make those choices below. This will limit the types of units for which you may be randomly picked to apply. We encourage you to keep your options open, and only make specific choices below if necessary.

2. Please answer the following questions about your interest in future re-rentals or resales:

- a. What size re-rental or resale unit are you interested in, based on your household size? Check all that apply.

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> All sizes that match my income | <input type="checkbox"/> 3-bedrooms |
| <input type="checkbox"/> Studios | <input type="checkbox"/> 4-bedrooms |
| <input type="checkbox"/> 1-bedroom | <input type="checkbox"/> 5-bedrooms |
| <input type="checkbox"/> 2-bedrooms | <input type="checkbox"/> 6-bedrooms |

- b. Which borough(s) are you interested in living in? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> All boroughs and neighborhoods | <input type="checkbox"/> Brooklyn |
| <input type="checkbox"/> Manhattan | <input type="checkbox"/> Queens |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> Staten Island |

- c. Are you only interested in certain neighborhoods in the boroughs you checked above? If yes, write the neighborhoods here:

- d. Are you only interested in units that are located in an elevator building and/or located on the first floor?

- Yes, only units in an elevator building or on the first floor
 No, stairs to get to the apartment are okay

- e. Are you only interested in units in buildings where there is a flat entrance and/or accessible ramp?

- Yes, only buildings with a flat entrance or ramp
 No, steps to get in the building are okay

- f. Are you willing to live in a building with a no-pet policy?

This does not include emotional support animals or service animals.

- Yes, I can live in a building with a no-pet policy
 No, the building must allow pets

SIGNATURES (REQUIRED FOR ALL HOUSEHOLD MEMBERS 18 AND OVER)

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
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

