

APPLICATION COVER LETTER

Date: September 30, 2020

RE: Council Towers IV HDFC – 1180 Pennsylvania Avenue, Brooklyn NY 11239

Dear Prospective Applicant:

Enclosed is an application for the above-referenced building, which participates in a governmentally assisted affordable housing program. Please note the following before completing and returning this application:

1. Applications are being accepted for the waiting list.
2. Each applicant may submit only one application per family. Applicants who submit more than one application will be assigned the higher log number (least chance of obtaining an apartment).
3. The application should be filled out very carefully. Leaving out information pertaining to the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, **DO NOT USE WHITE-OUT OR LIQUID PAPER** anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.
4. **ONLY THE APPLICATION ITSELF SHOULD BE SUBMITTED AT THIS TIME. DO NOT ATTACH ANY ADDITIONAL DOCUMENTATION.** If your application is selected for further processing, additional information will be requested.
5. Income Eligibility: All income sources for all household members should be listed on the application. Please note that all sources of income must be able to be documented and verified.
6. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. These include:
 - A. Credit History
 - B. Criminal Background Checks
 - C. Landlord/Tenant History
 - D. One Household member must be at least 62 years of age to qualify.

APPLICATION COVER LETTER

7. 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 or leases 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 housing program is a particularly egregious violation of this requirement. If you are presently residing in another governmentally assisted unit, you are free to apply to this building provided that you comply with this requirement and give up your current such unit before signing a lease with this building (if you are selected and 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.

8. Submission of False or Incomplete Information: Prospective applicants should be aware that this is a governmentally 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.

Once you have reviewed all this information, and would still like to apply, please complete and return the enclosed application. Return mail instructions are included on the attached application form.



| |
|-------------------------------------------------------------------------------------------|
| <i>For Office Use Only</i> Date: ___/___/___ Time: ___:___M. Application # _____ |
|-------------------------------------------------------------------------------------------|

Council Towers IV HDFC
APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE
 (Federally Subsidized Section 202 Housing Program)

MAIL ONLY ONE (1) APPLICATION PER FAMILY BY REGULAR U.S. POSTAL SERVICE MAIL. **DO NOT SEND ANY MAIL THAT REQUIRES A SIGNATURE FOR DELIVERY, SUCH AS REGISTERED, CERTIFIED, OR EXPRESS MAIL. SUCH MAIL WILL BE REFUSED.**

MAIL YOUR COMPLETED APPLICATION TO:

Council Towers IV HDFC
c/o Met Council
77 Water Street, 26th floor
New York, NY 10005

Each application received will be recorded. Since so many elderly individuals and families need housing, this Development will not be able to accommodate all who are eligible. As families can be reached, they will be called in for an interview.

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.

NAME OF APPLICANT(S): _____

CURRENT ADDRESS: _____ APT#: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: () _____ WORK PHONE: () _____

CELL PHONE: () _____ EMAIL ADDRESS: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. On the chart below, list the Head of Household and any other family members who will be living in the unit. (Each unit can accommodate either one or two people.) Give the relationship of the other member to the Head.

| Member # | Member's Full Name | Relationship | Date of Birth | Age | Male/ Female/ Prefers not to disclose | Social Security # |
|----------|--------------------|--------------|---------------|-----|---------------------------------------------------|-------------------|
| 1 | | HEAD | | | | |
| 2 | | | | | | |

2. Does anyone live with you now who is not listed above (such as grandchildren, in-laws or children)?
 Yes No

3. Do you expect that anyone who is not listed above, including a current spouse who now lives apart, will live with you in the future? Yes No
4. Do you or anyone who will live with you require a unit that accommodates mobility impairment?
 Yes No
5. Is your current residence designed to accommodate mobility impairment? Yes No
6. Are you now living in a government-subsidized housing unit? Yes No
If "Yes," what is the name of the housing development? _____
Manager's Name: _____ Manager's Phone #: _____
7. Are you now using a Section-8 Voucher/Certificate? Yes No

INCOME AND ASSET INFORMATION

Please answer each of the following questions.

FOR EACH "YES," PROVIDE DETAILS ON THE CHART BELOW.

Do you or does anyone who lives with you:

- | YES | NO | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Work full-time, part-time, or seasonally? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Expect to work for any period during the next year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Work for someone who pays cash (i.e. "off the books")? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Expect a leave of absence from work due to a lay-off or medical leave? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Now receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Now receive or expect to receive alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have an entitlement to receive alimony that is not currently being received? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Now receive or expect to receive public assistance (welfare)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Now receive or expect to receive Social Security or SSI benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Now receive or expect to receive income from a pension or annuity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Now receive or expect to receive an earned income tax credit? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stock or bonds or income from rental property? |

| <i>Member Name</i> | <i>Source of Income/Type of Income</i> | <i>Annual Income</i> |
|--------------------|----------------------------------------|----------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Assets

1. On the chart below, list all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of each household member:

| <i>Member Name (i.e. you or anyone who will live with you)</i> | <i>Bank Name, Full Mailing Address, Area Code and Telephone Number</i> | <i>Type of Account</i> | <i>Account Number</i> | <i>Balance</i> |
|----------------------------------------------------------------|------------------------------------------------------------------------|------------------------|-----------------------|----------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

2. List the value of all stocks, bonds, trusts, pensions, cash or other assets, not included in the chart in item #1 above, owned by any household member:

3. Identify the property's address and list the value of any real estate owned for which no income is received:

4. Have you disposed of any assets in the past two years? YES NO

List the value of any assets disposed for less than their fair market value during the past two years:

EXPENSES

Do you or does anyone who will live with you:

YES NO

- 1. Pay a care attendant or for any equipment for any handicapped or disabled household member(s) necessary to permit that person or someone else in the household to work? If "Yes," how much does it cost? \$ _____ per _____
- 2. Pay for Medicare? If "Yes," what are the total monthly premiums? \$ _____
- 3. Have any other kind of medical insurance? If "Yes," what is the total cost of the premiums for 12 months? \$ _____
- 4. Have outstanding medical/dental bills? If "Yes," what is the total amount owed? \$ _____
- 5. Expect to incur medical, dental or pharmaceutical expenses in the next twelve months? If "Yes," what are the medical/dental totals? \$ _____

REFERENCES

Please provide the name, address and phone number of two personal references. You may provide the name of your next of kin or someone else who knows you well:

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. Name: _____ Address: _____ _____ Phone #: () _____ | 2. Name: _____ Address: _____ _____ Phone #: () _____ |
|--------------------------------------------------------------------|--------------------------------------------------------------------|

Please provide the name, address and phone number of (1) your Primary Physician and of (2) the Social Work Agency or Community Center that you visit (if applicable):

- | | |
|------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1. Dr. Name: _____ Address: _____ _____ Phone #: () _____ | 2. Dr. Name: _____ Address: _____ _____ Phone #: () _____ |
|------------------------------------------------------------------------|------------------------------------------------------------------------|

PREVIOUS RENTAL HISTORY

Please provide information about your **Present** landlord:

| | |
|----------------|--------------------------------------|
| Name: _____ | Telephone: () _____ |
| Address: _____ | How long have you lived there? _____ |
| _____ | Reason for leaving: _____ |

Please provide information about your **Former** landlord:

| | |
|----------------|--------------------------------------|
| Name: _____ | Telephone: () _____ |
| Address: _____ | How long have you lived there? _____ |
| _____ | Reason for leaving: _____ |

STUDENT STATUS

Are you or any household member attending an institution of higher education? Yes No

Credit, Criminal & Sex Offender Background Information

Please answer all of the questions below:

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? Yes No
2. Do you currently use illegal drugs or abuse alcohol? Yes No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes No
4. Have you been convicted of any drug-related crime within the past five years? Yes No
5. Have you been convicted of any felony within the past five years? Yes No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes No
7. Have you been convicted of any crime involving violence within the past five years? Yes No
8. Are you currently charged with any of the above criminal activities? Yes No
9. Please list all the states in which you have lived or held licenses to drive (include license numbers)

10. Have you ever used or been known by another name? Yes No
If yes, list names used _____

I understand that the above information is solicited to assist in determining my eligibility for residency. I certify that the answers I provide are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection of my application or termination of my lease. However, I also understand that omission of answers does not constitute grounds for adverse action by Council Towers IV against me. In consequence I authorize Council Towers IV to seek and obtain from lawful sources the release of all the information sought from me in this form.

I authorize credit reporting services to release information about me to Council Towers IV. I further authorize law enforcement agencies to release criminal records and/or sex offender registration information to Council Towers IV or to an agency contracted by Council Towers IV to conduct criminal background checks.

Applicant's/Tenant's signature _____ Date ____/____/____

Applicant's name (please print): _____

PROGRAM INFORMATION

How did you hear about this Development (please check all that apply):

- Sign Posted on Building
- Newspaper
- Local Community or Religious Organization
- Friend or Family
- Assisted Housing List
- Brochure/Pamphlet
- Other (for example: Fair Housing Counseling Center, Mayor's Office for People with Disabilities).

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

SIGNATURE: _____ DATE: _____

REMINDER: PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. IF MORE THAN ONE APPLICATION IS RECEIVED, ONLY THE APPLICATION WITH THE HIGHEST ("LEAST CHANCE OF OBTAINING AN APARTMENT") NUMBER ASSIGNED IN A RANDOM SELECTION WILL BE PROCESSED.

The U.S. Department of Housing and Urban Development required that for statistical purposes only we report the Race & Ethnicity of the Head of Household for applicants and residents. You are not required to answer the questions below, not does your answer affect your position on our waiting list or your eligibility for housing. At this time we are requesting this information for the Head of Household only. However, at the time of the eligibility interview (if applicable) this information will be requested for each household member.

ETHNIC CATEGORIES (Used for statistical purposes only).
Please check one group which identifies the head of household:

- Hispanic or Latino
- Not-Hispanic or Latino

RACIAL GROUP IDENTIFICATION (Used for statistical purposes only).
Please check all which identifies the head of household:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other

ADDITIONAL INFORMATION

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

