

Replenish Waiting List

91 CARLTON AVENUE HDFC

89 CARLTON AVENUE, BROOKLYN NY 11205



Amenities: elevator, laundry room, social worker, live-in super, backyard

Transit: A/C/G/B38/B52/B54/B62/B69

No application fee • No broker's fee • More information: www.metcouncil.org/services/housing

New York City is committed to the principle of inclusivity in all of its neighborhoods, including supporting New Yorkers to reside in neighborhoods of their choice, regardless of their neighborhood of origin and regardless of the neighborhood into which they want to move.

Who Should Apply?

Individuals or households with at least one member of the household who is 62 or older at time of application and who meet the income and household size requirements listed in the table below may apply. Qualified applicants will be required to meet additional selection criteria.

UNITS AND INCOME REQUIREMENTS

Unit Size	80% AREA MEDIAN INCOME (AMI) UNITS	Monthly Rent ¹	Asset Limit	Household Size ²	Annual Household Income ³ <i>Minimum – Maximum⁴</i>
1 bedroom		\$971-\$1084 ⁵	→ \$ 129,600	1 person	\$37,029 - \$90,720
				2 people	\$37,029 - \$103,680
				3 people	\$37,029 - \$116,640

¹ Rent includes gas for heating. Tenant responsible for electricity. The actual rent may vary based on lease terms.

² Household size includes everyone who will live with you, including parents and children. Subject to occupancy criteria.

³ Household earnings includes salary, hourly wages, tips, Social Security, child support, and other income. Income guidelines subject to change.

⁴ Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies. Asset limits also apply.

⁵ The actual rent may vary based on lease terms. Leases commencing before October 1, 2025: 1-year lease 2.75% increase or 2-year lease 5.25% increase. Leases commencing on or after October 1, 2025 – September 30, 2026: 1-year lease 3% increase or 2-year lease 4.5% increase.

How Do You Apply?

Applications may be requested by mailing a self-addressed envelope to: 91 Carlton HDFC, 1 State Street Plaza, 24th floor New York, NY 10004, by downloading from metcouncil.org/services/housing, by emailing carltoninquiries@metcouncil.org or by calling 212-453-9589. Only send one application - do not submit duplicate applications.

What Happens After You Submit An Application?

Applications are logged in the order in which they are received. As units become available, applicants on the waiting list who appear to qualify will be contacted to submit documents that verify their household size, identity of members of the household and household income.





**91 CARLTON HDFC
89 CARLTON AVENUE, BROOKLYN, NY APPLICATION**

- 1. SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD.**
- 2. You must complete the first three sections (Sections A, B, and C) as well as sign and date the application in order for your application to be reviewed if it is selected for further processing.** The application should be completed very carefully. **Incomplete information for 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 cross one line neatly through the information, write the revised information neatly next to it, and sign your initials near the change.
- 3.** Only the application should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.
- 4.** Mail completed application to:

**91 CARLTON HDFC
1 STATE STREET PLAZA, 24TH FLOOR
NEW YORK, NY 10004**
- 5. No payment should be given to anyone in connection with the preparation or filing of this application.** No broker or application fees may be charged. If your application is selected for further processing, you have the option to provide evidence of 12 months of full rent payments or consent to a credit check. If the management company runs a credit check, a non-refundable credit check fee of a maximum of \$20 per application may be collected by the company at that time. Alternatively, you may provide a credit check run in the past 30 days to avoid a credit check and fee.
- 6. Income Eligibility:** Please review the chart in the project advertisement which breaks down the mandatory income levels for the HPD/HDC housing program of the project you are applying to, based on household size. List all current income sources for all household members on the application. In general, gross income is calculated for most applicants, except that net income is used for self-employment income. Further, please note that if your application is selected for further processing, all sources of income will need to be documented and verified. If your application is selected, you will be contacted, via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.
- 7. Other Eligibility Factors:** In addition to the income requirements, other eligibility factors will be applied. Eligibility factors may include, but are not limited to:
 - a. Credit Review or Rent Payment History—applicants may choose to consent to a credit review or, instead, provide evidence of full payment of rent for the past 12 months.
 - b. Criminal Background Checks



- c. Qualification as a Household – the Agency’s housing programs are designated for individuals, families and households who can document financial interdependence as a household unit. These affordable programs are not intended for “roommate situations” and so such applicants will not be eligible under this household criterion.
- d. Continuing Need – Applicants to HPD/HDC’s affordable housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history.
- e. Property Ownership – Applicants to rental units may not own residential property, or shares in a co-op, in or within one hundred (100) miles of New York City.
- f. Asset Limits –There is a limit to the amount of total household assets allowed (excluding specifically designated retirement and college savings accounts). The household asset limit for rental units is equal to the maximum income limit for a four (4)-person household at the area median income (AMI) level for which the unit is designated.

Household Asset Limits:

Area Median Income (AMI): 80% AMI

Current Asset Limit: \$129,600

- 8. Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. If approved for an affordable housing unit, the applicant must surrender any unit where applicant is currently residing. Each member of the applicant’s household who leases rental residential real property must terminate the lease for and surrender possession of such rental property on or before the move-in date for a rental affordable unit.
- 9. 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 by the New York City Department of Investigation, a fully empowered law enforcement agency of the City of New York.



A. Name & Address (Required)

First, Middle Initial, & Last Name, Suffix:
Current Address Line 1:
Current Address Line 2:
City:
State:
Zip Code:
Cell Phone:
Home Phone:
Work Phone:
Email:
How long have you lived at this address? _____ Years, _____ Months
Please select one of the following, email or paper mail as your preferred method of communication for ALL future correspondence regarding this application. If your preferred mailing address is different than the one listed above, please indicate the preferred mailing address in the space provided:
_____ Email:
_____ Paper Mail (specify if mailing address is different than above): _____

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.)

- | | | |
|--|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Español (Spanish) | <input type="checkbox"/> 简体中文 (Chinese) |
| <input type="checkbox"/> العربية (Arabic) | <input type="checkbox"/> Français (French) | <input type="checkbox"/> Русский (Russian) |
| <input type="checkbox"/> 한국어 (Korean) | <input type="checkbox"/> اردو (Urdu) | <input type="checkbox"/> বাংলা (Bangla) |
| <input type="checkbox"/> Kreyòl Ayisyen (Haitian Creole) | | |



B. Household Information (REQUIRED)

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 full-time students in the household

C. Income and Assets

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
Head of Household				
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

<p>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.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "yes," please indicate assets for each household member:</p>		
Household Member	Type of Asset or Account	Bank/Institution
Head of Household		

D. 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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E. Ethnicity

<p>This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:</p>	
Hispanic or Latino	Not Hispanic or Latino
Choose not to answer	



F. Race

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:			
<input type="checkbox"/>	White	<input type="checkbox"/>	Black or African-American
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	American Indian or Native Alaskan	<input type="checkbox"/>	Choose not to answer
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

G. 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

