MET COUNCIL

EQUAL HOUSING OPPORTUNITY

MET COUNCIL HOUSING / EAST SIDE AFFORDABLE

APARTMENT APPLICATION

Metropolitan New York Coordinating Council on Jewish Poverty

Instructions

1. This is an application for senior housing (age 62 and older). It is to be completed by the applicant only.
2. No payment should be given to anyone in connection with the preparation or filing of this application.
3. Return completed application to:

> **Met Council - Housing**
> ATTN: Leasing
> One State Street Plaza, 24th Floor, New York, NY 10004
> Tel: 212-453-9500
> **BY REGULAR MAIL ONLY**
> (No certified mail, return receipt, or signature confirmation.)

4. Submit ONLY one application per household. Any person who appears on more than one application with a different household composition will have ALL of those applications rejected.
5. Do not use whiteout or liquid paper on the application.

Applicant Information

Applicant Name / Head of Household

Building(s) Applying For (check all that apply):

- ☐ 171 Lexington Avenue
- ☐ 332 East 22nd Street
- ☐ 141 East 23rd Street
- ☐ 351 East 54th Street
- ☐ 351 East 61st Street
- ☐ 231 East 77th Street
- ☐ 334 East 92nd Street

Current Address

City, State, Zip Code

Mailing Address (if different from current address)

Do you currently live in New York City? ◯ Yes ◯ No Are you in a City-run homeless shelter? ◯ Yes ◯ No

If yes, last permanent address (current address above should be the shelter):

Home Tel. Work Tel. Cell Tel.

Email

How long have you lived at this address? Years Months

Preferred language for written communications (check one; if none is checked, we will use English):

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Arabic
- ☐ French
- ☐ Russian
- ☐ Korean
- ☐ Urdu
- ☐ Bangla
- ☐ Haitian Creole
- ☐ Other:

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.

Number of persons in household (including yourself):

Full Name	Relation to Applicant	Birth Date	Age	Occupation
	SELF			

Disability and Accommodation

Does any member of your household have an ongoing mobility, hearing, or visual disability and require an accessible/adaptable unit?

○ Yes ○ No If yes, check all that apply: ☐ mobility ☐ visual ☐ hearing

Name(s) of household member(s) with a disability:

If you check a box above, you will be asked to submit third-party verification (HPD Attachment I-2) to qualify for an accessible set-aside unit. This information is voluntary.

If you checked mobility, hearing, or visual disability, do you or a member of your household require a special accommodation?

Special accommodation required? ○ Yes ○ No

If yes, please specify the special accommodation required:

Conflict of Interest

PERSONS NOT ELIGIBLE TO APPLY: The building owner (developer), its family members, employees and agents (including Met Council), and the employees of its agents are prohibited from seeking or obtaining an affordable unit in this project at any time, regardless of their position with the firm. This applies to: (a) any person holding an equity interest in the owner or any agent of the owner; (b) any director, officer, member or employee of the owner or of any agent of the owner; (c) the spouse of any such person; (d) any of their siblings, parents, grandparents, children or grandchildren; and (e) their respective spouses.

1. Is any member of your household employed by the City of New York (including HPD), the NYC Housing Development Corporation, the NYC Economic Development Corporation, the NYC Housing Authority, or NYC Health and Hospitals?

○ Yes ○ No If Yes, please identify the agency:

Used to identify the municipal employee preference (City-paid employees only) and to check for conflicts of interest.

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, 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, you will be required to submit such a statement. It is not required until after you have been selected through the lottery, when you will also be asked for 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 the agency's Office of Legal Affairs if you receive a request to confirm your eligibility.

(A) Income from Employment

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. If your application is selected for further processing, you will be contacted with a list of the documents you must provide.

Report all income as GROSS (before taxes and deductions), EXCEPT self-employment income, which should be reported NET (after business expenses).

Household Member	Employer Name and Address	Years Employed	Gross Earnings PER YEAR

(B) Income from Other Sources

List all other income. For example, Public Assistance (including housing allowance), 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, recurring gifts or contributions from persons outside the household, Foster Care or Adoption Assistance payments, Workers' Compensation, Veterans' Aid and Attendance, etc. Some of these may be treated differently when eligibility is determined; list them anyway and we will determine how each is counted.

Household Member	Type of Income	Amount ($)	Per (week / month / year)

TOTAL ANNUAL HOUSEHOLD INCOME - add ALL income listed in (A) and (B): $

☐ Check here if NO member of the household has income from any source (Zero Income).

Current Landlord (Optional)

This section is optional. We will not contact your current or previous landlord unless you ask us to or authorize us in writing.

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

Current Rent

What is the total rent on the apartment where you currently live or are temporarily staying? $ /month

How much do you contribute to the total rent of the apartment? If nothing, write "0": $ /month

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
- ☐ Do not like neighborhood
- ☐ Living with relatives/other family members
- ☐ Rent too high
- ☐ Increase in family size (marriage, birth)
- ☐ Disability access problems
- ☐ Other

If other, please explain:

Section 8 or Other Housing Assistance

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

This information will not affect the processing of the application. Minimum income requirements may not apply to applicants with Section 8 or other qualifying rental subsidies.

If yes, do you currently have or have you already applied for a transfer voucher? ◯ Yes ◯ No

Do you have any other rental subsidy or voucher (e.g., CityFHEPS, NHTD, ISS, VASH)? ◯ Yes ◯ No

If yes, enter program:

Assets

Examples: checking, savings, certificates of deposit, stocks, bonds, vested retirement funds, real estate, cash.

Are there assets for this household? ◯ Yes ◯ No If yes, list each household member's assets below.

Household Member	Type of Asset or Account	Bank / Institution

Does anyone in your household own real property (including co-op shares or a partial interest)? ◯ Yes ◯ No

Applicants to rental units may not own residential real property in, or within 100 miles of, New York City.

If yes, location and estimated market value:

Source of Information

How did you hear about this development?

- ☐ Newspaper
- ☐ Local Organization or Church
- ☐ Google
- ☐ NYC Housing Connect
- ☐ Sign posted on property
- ☐ Friend or relative
- ☐ Met Council website (www.metcouncil.org)
- ☐ Referred by current tenant:
- ☐ Other:

Ethnic and Racial Identification (Used for Statistical Purposes Only)

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

Ethnicity

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

Race

- ☐ White
- ☐ Black/African American
- ☐ Choose not to answer
- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other

Emergency Contact Information

If I should die or become incompetent and it is impractical to refund my security deposit (if any) to me, it is the sole judgment of the building owner/management company that any refundable security deposit (if any) should be paid to one of the two persons listed below. Any furniture and/or other personal property left in my apartment at the time of vacancy may be turned over to any one of the persons listed below. Please provide name(s) and tel. number(s) to contact in case of an emergency:

Emergency Contact 1

Name _____ Tel _____ Relationship _____

Address _____ Email _____

Emergency Contact 2

Name _____ Tel _____ Relationship _____

Address _____ Email _____

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) understand that any information provided during this application process is subject to review by the New York City Department of Investigation (DOI), a law enforcement agency that investigates potential fraud in City-sponsored programs. I (we) understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include disqualification of my (our) application, termination of my (our) lease (if discovered 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) HOUSEHOLD, IS A PERSON DESCRIBED UNDER "PERSONS NOT ELIGIBLE TO APPLY" IN THE CONFLICT OF INTEREST SECTION OF THIS APPLICATION.

I (we) understand that if approved, the apartment must be my (our) sole primary residence, and that I (we) must surrender any unit in which I (we) currently reside.

Signature: _____ Print name: _____ Date: _____

Signature: _____ Print name: _____ Date: _____

Signature: _____ Print name: _____ Date: _____

Signature: _____ Print name: _____ Date: _____

Signature: _____ Print name: _____ Date: _____

No pets, no washing machines, no satellite dishes, no e-bikes, and no smoking are allowed in the apartments or on the premises.

Service animals and assistance animals are permitted as required by law.