

66 ROCKWELL PLACE



Thank you for contacting us. Per your request, an application is enclosed for 66 Rockwell Place located at **66 Rockwell Place, Brooklyn, NY 11217 - close to BAM, Barclay Center and Downtown Brooklyn.** Dwelling units include features for persons with disabilities required by FHA.

The completed application must be returned to the following post office box, or emailed to: **66rockwellpl@cmpconsultants.com**, or faxed to **516-792-6744**. If you fax or email, the original must be submitted at the time of interview:

**66 Rockwell Place
C/o CMP Consultants Inc
PO Box 1180
Valley Stream, NY 11582**

The rent and income distribution for these apartments is as follows:

Apartment Size	Monthly Rent **	Household Size***	Total Income Range Minimum - Maximum ****
Studio	\$686	1	\$25,200 - \$29,400
1 Bedroom	\$737	1 2	\$26,982 - \$29,400 \$26,982 - \$33,600

*Subject to availability and a monthly fee **Rents shown does not include electric
Subject to occupancy criteria *Income guidelines subject to change

Application Instructions:

1. Application is to be filled out by the applicant. **ONLY ONE APPLICATION PER HOUSEHOLD**
2. When completed, this application must be returned by **regular mail to the above postal box address, by email to: 66rockwellpl@cmpconsultants.com or by fax to 516-792-6744.**
3. No payment or fee should be given to anyone in connection with the preparation or filing of this application for housing. However, a non-refundable money order per adult is required for a credit/criminal report at the time of interview. **(Do not send money with this application.)**
4. Please be prepared to document your income and the other information you provide on the application. A list of required documentations is attached. All members of your household who are 18 years and over and will occupy the apartment will be required to attend the personal interview.

Should you have any questions do not hesitate to contact the office at 516-792-6743.

Thank you for your interest.



APPLICATION COVER LETTER

OPEN MARKET

RE: 66 Rockwell Place

Dear Prospective Applicant:

Enclosed is an application for the above-referenced building, which participates in a governmentally assisted affordable housing program supervised by The New York State Housing Finance Agency (HFA). Please note the following before completing and returning this application:

1. Applications are selected in a first come, first serve basis. Units are limited.
2. Each applicant may submit only one application. Duplicate applications/submissions will result in disqualification.
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 CHECKS OR OTHER DOCUMENTS TO YOUR APPLICATION. If your application is selected for further processing, additional information will be requested at that time.
5. No broker or application fees may be charged in connection to this program. If your application is selected for further processing, the management/consultant company will collect a non-refundable credit/criminal background check fee. Again, this should NOT be sent with your application.
6. Income Eligibility: attached is a chart which breaks down the mandatory income levels for the affordable units in this building, based on family size. All income sources for all household members should be listed on the application. In general, gross income is what is calculated for most income except that net income is analyzed for self-employed applicants. Net business income from current and prior years is considered for self-employed applicants, and such applicants must have at least two complete years in the same self-employed field. However, apart from these general guidelines, all household members income information will be considered to evaluate eligibility and document a continuing need for housing assistance. Further, please note that all sources of income must be documented and verified. If your application is selected for processing you



APPLICATION COVER LETTER

OPEN MARKET

will be contacted with a list of such documentation, which you will need to provide at that time.

7. 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. Qualifications as a Household - Agency's low-income 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 the Agency's low-income housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history. For example, applicants may not have more than \$250,000 in total household assets (excluding specifically designated retirement accounts such as IRAs and 401Ks).
- E. OTHER: Student Rule

Generally, households comprised entirely of full time students are not eligible for tax credit units. There are five exceptions to this rule:

- I. a student receiving assistance under Title IV of the Social Security Act,
- II. a student who was previously under the care and placement responsibility of the State agency responsible for administering a plan under part B or part E of title IV of the Social Security Act, or
- III. a student enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State or local laws.
- IV. single parents and their children and such parents are not dependents (as defined in IRC §152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof) of another individual and such children are not dependents (as so defined) of another individual other than a parent of such children, or
- V. married and file a joint return.

8. Application Preferences: (Open Market Applications): New York City Residents.



APPLICATION COVER LETTER

OPEN MARKET

9. 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.

10. 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 Internal Revenue Service and other governmental agencies.

Once you have reviewed all of this information, and would still like to apply, please complete and return the enclosed application. Deadline information and return mail instructions are included in the attached notice.



66 ROCKWELL PLACE
OPEN MARKET APPLICATION

Instructions:

1. Email, fax or mail only one application per family. You will be disqualified if more than one application per family is received.
2. When completed, this application must be returned by email (66rockwellpl@cmpconsultants.com), fax (516-792-6744) or regular mails only; do not send registered or certified mail.
3. Mail completed application to:

66 ROCKWELL PLACE
c/o CMP CONSULTANTS, INC.
PO BOX 1180
VALLEY STREAM, NY 11582

4. No payment should be given to anyone in connection with the preparation or filing of this application.
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6. This information to be filled out by the Applicant:

A. Name and Address

Name _____
Current Address _____
City, State, Zip _____
Code _____
Home Telephone/Cell Phone _____
Work Phone _____
Email _____
Address: _____

How long have you lived at this 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
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SELF



C. 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.

Household Member:	Employer Name and Address:	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 _____
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
How long have you lived at this address? _____ Years _____ Months

H. Reason for Moving

Why are you moving? Please check all that apply.

- Living with parents
- Do not like neighborhood
- Not enough space
- Living with relatives/other family members
- Living in shelter or on the streets
- Rent too high
- Bad housing conditions
- Increase in family size (marriage, birth)
- Health Reasons
- Other _____
- Disability access problems

I. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certificate? Yes No
Do you have a valid portable/transferable Section 8 voucher? Yes No
If yes, how long have you had your voucher? _____
Have you obtained the approval from Section 8 Department for your transfer? Yes No
If yes, please provide the expiration date on the transferable Section 8 Voucher:
Voucher # _____ Expiration date _____

J. Assets

Checking Account/Bank or Branch _____
Passbook Savings/Bank or Branch _____
Savings Certificates/Bank or Branch _____
Mutual Funds _____
Stocks _____
Bonds _____
IRA Account(s) _____
401K Account(s) _____
Annuities _____
Other Retirement Account(s) _____
Real Estate _____
Life Insurance: Please circle (Term, Universal, Whole) and name of Agency: _____
Other Asset(s) _____

K. Source of Information

How did you hear about this development?
 Newspaper Sign Posted on Property
 Local Organization or Church Friend
 City "affordable housing hotline" listing new ads for the month Web Site/Internet
 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.

White (non Hispanic origin) Black
 Hispanic origin Asian or Pacific Islander
 American Indian/Alaskan Native Other

M. Signature (s) (MUST BE SIGNED BY ALL ADULTS 18 AND OVER)

I/WE DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY 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 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 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.

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION IS RECEIVED.

APPLICANT(S) MUST MEET THE INCOME AND FAMILY SIZE REQUIREMENTS AT THE TIME OF SUBMITTING THIS APPLICATION. APPLICANTS CANNOT ADD OR REMOVE OCCUPANTS OR ADD OR REMOVE INCOME IN ORDER TO BE ELIGIBLE FOR AN APARTMENT.

I/WE DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY IS EMPLOYED BY THE NEW YORK STATE HOUSING FINANCE AGENCY OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS, CONSULTANTS AND AGENTS.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Warning: Willful false, misleading or incomplete information will be grounds for rejection of this application and/or termination of lease.



Rental Application

(Each applicant (over 18 years of age) applying to live in the apartment must fill out below!)

Name
First _____ Middle _____ Last _____ D.O.B: ____/____/____ SS# _____
☎ Work _____ ☎ Cell _____ Other (home) _____ E-MAIL _____

Do you have any pets? Yes No Please specify type and size _____

Emergency Contact: Name _____ Relationship _____ ☎ _____

RESIDENCE HISTORY

Current Address _____

City _____ State _____ Zip Code _____ Length of Time at Current Address _____

Landlord/Mortgage holder _____ Landlord ☎ _____ Monthly Payment \$ _____

Have you ever been evicted or asked to move? Yes No Do you have any derogatory information on public record? Yes No
Have you ever defaulted on a rental agreement? Yes No Have you ever been convicted of a felony? Yes No
Do you owe money to a past landlord? Yes No Have you ever been convicted of manufacturing or distributing a controlled substance? Yes No

AUTHORIZATION AND AGREEMENT

Pursuant to federal and state law NYC Admin. Code §20-807 et seq.:
1) If your application is denied or other adverse action is taken against you due to a screening report the landlord uses, the landlord must tell you so and how to contact the screening company to obtain a free copy of the report.
2) You may dispute inaccurate or incorrect information on the report directly with the screening company.
Our screening company is: On-Site.com, 2465 Latham Street, Floor 3, Mountain View, CA 94040 | Phone: (877) 222-0384 | Fax: (888) 774-0144 | www.on-site.com/documents
3) Annually, you may order a free screening report from www.annualcreditreport.com (in addition to a free report from each national consumer reporting agency if adverse action was taken against you).

AUTHORIZATION AND AGREEMENT

PLEASE READ CAREFULLY

The Landlord will in no event be bound, nor will possession of the apartment be given, unless and until a lease executed by the Landlord has been delivered to the applicant. The leasing Agent shall in no event be liable concerning this application, or concerning any act of the Landlord, or failure to act on the part of the Landlord, in connection with this application or in connection with any lease contemplates herein. No representations or agreements by agents, brokers or others are binding on the landlord or it's leasing Agent unless included in writing in the lease.

A consumer report may be requested in connection with this application to lease and apartment. Subsequent similar reports may be requested or utilized in connection with an update, renewal or extension of this application. Upon request, applicant will be informed whether a consumer report of an investigative report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. Please be advised that in the event applicant enters into a lease with owner/agent, owner/agent may request additional credit reports for a period of not more than 5 years after applicant vacates apartment.

I hereby warrant that all my representations set forth herein are true. I recognize that the information contained herein is essential to the Landlords decision to lease an apartment to me and that any misstatement I make on this application or in the information supporting this application constitutes a material breach of the lease contemplated herein. I represent that I am not renting a room or an apartment under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed. I represent that I am over 18 years of age.

I understand that I have the right under Section 8068 of the Fair Credit Reporting Act to make a written request directed to On-Site Manager, Inc. within a reasonable time for a copy of my credit report. I understand that upon submission, this application and all supporting documents become the property of the Landlord and will not be returned to me.

I authorize the verification of the above reference information and its release to the Landlord and its Agent and other parties connected with the lease contemplated herein. I authorize On-Site Manager, Inc. to obtain my credit report and to verify any information on this application and any other information, which the Landlord deems pertinent to leasing me an apartment. I will supply any other information required by the Landlord in connection with the lease contemplated herein. **I understand that the credit/background fee is non-refundable. I understand that the hold deposit amount I have submitted (to take the apartment temporarily off the market until application is either approved or denied) will not be refunded unless my application is denied by management.**

Signature _____ Date _____

