

**APPLICATION FOR APARTMENT  
NEW HOP PROGRAM  
West 61<sup>st</sup> Street, New York, NY  
Building Manager: Knickerbocker Management**

**Instructions: Please Read Carefully**

1. No payment or fee (other than a credit check fee) should be given to anyone in connection with the preparation or filing of this application for housing.
2. This information is to be filled out by the applicant only.
3. Please be prepared to document your income and the other information you provide on the application. A list of required documentation will be provided when an interview is scheduled
4. Return completed and signed application to: **Kenyatta Jackson**  
**W. 61 Street Associates, LLC**  
**33 West End Avenue**  
**New York, NY 10023**

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**A). Personal Information of Applicant**

Name \_\_\_\_\_

Current Address \_\_\_\_\_

(Number, Street Name Apartment Number or floor)

\_\_\_\_\_  
(City, State, Zip Code)

Home Phone No.(    ) \_\_\_\_\_ Work Phone No.(    ) \_\_\_\_\_

Cellular No. (    ) \_\_\_\_\_

How long have been living at this address? \_\_\_\_\_ years \_\_\_\_\_ months

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**B). Income and Financial Information**

1. Are you 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? YES \_\_\_\_\_ NO \_\_\_\_\_ (If "YES", please identify the agency or the entity at which you are employed.)

Agency /Entity: \_\_\_\_\_

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 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 your income and eligibility.**

List all full and or part-time employment for ALL HOUSEHOLD MEMBERS including you, ALL persons WHO WILL BE LIVING IN THE UNIT (cousins, brothers sisters, aunts, uncles) in the residence for which you are applying. Include self-employed earnings.

HOUSEHOLD MEMBER	NAME, ADDRESS, PHONE # OF EMPLOYER	HOW LONG EMPLOYED	GROSS INCOME
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**C). Income from Other Sources**

List all other income, for example welfare, (include housing allowance), AFDC, Social Security, S.S.I., pension, disability compensation, unemployment compensation, Interest Income, babysitting, caretaking, alimony, child support, annuities, dividends, Income from Rental property, Armed Forces Reserves, scholarships, and/or grants.

HOUSEHOLD MEMBERS FULL NAME	Type of Income	Amount	Per: Day, Week
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**D). Total Annual Household Income**

Add all listed income from previous page and indicate the total earned for the year for all potential household members:

\$ \_\_\_\_\_ **Per Year**

**E). Current Landlord**

Landlord's Name: \_\_\_\_\_

(If you are living in a public housing project write "NYCHA". If you are living in a City-owned ("In-Rem") building write "HPD".)

Landlord's Address: \_\_\_\_\_

(Number, street apt. #)

\_\_\_\_\_

(City, state, zip)

Landlord's phone number ( ) \_\_\_\_\_

**F). Current Rent**

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

How much do you contribute to the total rent on the apartment? (If you do not contribute anything write "0".

\$ \_\_\_\_\_ per month

**G). Reason for Moving/Vacating**

Why are you moving? Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Living with parents  | <input type="checkbox"/> Do not like neighborhood                            |
| <input type="checkbox"/> Not enough space   | <input type="checkbox"/> Living with relatives or other family               |
| <input type="checkbox"/> Living in shelter or on streets                              | <input type="checkbox"/> Rent too high                                       |
| <input type="checkbox"/> Poor/Bad housing conditions                                  | <input type="checkbox"/> Increase in family size (marriage, birth, adoption) |
| <input type="checkbox"/> Current apartment not suitable for persons with disabilities | <input type="checkbox"/> Health reasons                                      |
|   | <input type="checkbox"/> Other : _____                                       |

**H). Section 8 Housing Assistance**

Are you presently receiving a Section 8 housing certificate or voucher for payment of rent?

Yes                       No

(Please check which applies as this will not affect the processing of the application)

**D). 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	Relationship To Applicant	Age	Sex (M/F)	Occupation (Write "in school" If attending school)
1. _____	SELF	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Please check whichever applies to your situation

Are you or a member of your household disabled?  Yes  No

If yes, please remember to place a check mark on the outside of your envelope, and specify below the accommodation required:

If yes, would you describe the disability as:  mobility impairment  visual impairment  hearing impairment

If you checked either mobility, visual or hearing impairment, do you or a member of your household require a special accommodation?  Yes  No

**J). Assets**

Checking Accounts      Bank: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Bank Contact and Phone Number: \_\_\_\_\_

Passbook Savings      Bank: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Bank Contact and Phone Number: \_\_\_\_\_

Savings Certificate      Bank: \_\_\_\_\_  
Branch Address: \_\_\_\_\_  
Bank Contact and Phone Number: \_\_\_\_\_

Other Assets      please include account information (balances) on all other assets, if applicable:  
\_\_\_\_\_

**K). Ethnic Identification (Used for statistical purposes only)**

This information is optional and will not affect the processing of the application. Please check one group which identifies the applicant

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

**L). Signature**

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

**Signature:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OFFICE USE ONLY:**

**Community Board Resident** { } Yes { } No

**Borough Resident** { } Yes { } No

**Size of Apartment Assigned:** { } Studio { } 1 Bedroom { } 2 Bedrooms { } 3 Bedrooms

Family Composition: Adult Males \_\_\_\_\_ Person with Disability: { } M { } V { } H  
 Adult Females \_\_\_\_\_  
 Male Children \_\_\_\_\_  
 Female Children \_\_\_\_\_

Verified Income

\$ \_\_\_\_\_

Number of available apartments	Apartment Size	Household Size	Monthly Rent*	Total Annual Income Range	
				Min	Max
7	Studio	1 Person	\$1750	\$65,625	\$81,840
38	1 Bed	1 Person	\$1995	\$74,813	\$81,840
	1 Bed	2 Person	\$1995	\$74,813	\$93,555
12	2 Bed	2 Person	\$2270	\$85,125	\$93,555
	2 Bed	3 Person	\$2270	\$85,125	\$105,270
	2 Bed	4 Person	\$2270	\$85,125	\$116,985

\*Monthly rent includes heat, hot water and gas for cooking.

\*\* Rents and income ranges are subject to change.