

57-17 SHORE FRONT PARKWAY  
 ARVERNE, NEW YORK 11692-1893  
 TELEPHONE: (718)634-2100



**APARTMENT APPLICATION**

**HP Arverne Preservation Housing Company Inc.**

A New York City Mitchell-Lama Housing Company formed under Article II of the Private Housing Finance Law of the State of New York under the supervision of Housing Preservation and Development, City of New York.

Revised 2018

MHB No. \_\_\_\_\_  
 Appl. No. \_\_\_\_\_  
 Bldg. No. \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 No. of Rms \_\_\_\_\_ No. of Bdrms \_\_\_\_\_

**Applicant Address:**

Name \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Address \_\_\_\_\_  
 Check One (✓): Rent  Co-op  Homeowner  Other  Explain: \_\_\_\_\_  
 No. of Rooms \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ Monthly Rent or Carrying Charge \$ \_\_\_\_\_  
 Years at Present Address: \_\_\_\_\_ If Former Site Resident Give Site Address \_\_\_\_\_

**PERSONS TO RESIDE IN APARTMENT:** (Must be completed. Head of household must be 18 years of age or older.)

NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD **	AGE *	SEX *	SOCIAL SECURITY No.

\* Must be supplied for any person under 21 years of age; voluntary for other household members.  
 \*\* Voluntary Information.

**Apartment Size:** (Select one or two sizes. Household size must meet applicable occupancy standards.)

Studio (1 ppl)  1-BR (2 ppl)  2-BR (3-4 ppl)  3-BR (5-6 ppl)  4 BR (7-8 ppl)  5 BR (9-10 ppl)

**SOURCES OF INCOME FOR EACH PERSON TO RESIDE IN APARTMENT:**

Earnings (Include Self-Employment) No. of Persons Employed \_\_\_\_\_

NAME	EMPLOYER'S NAME AND ADDRESS	ZIP CODE	HOW LONG EMPLOYED	ANNUAL EARNINGS	
				CURRENT	EST. NEXT YR
				\$	\$
				\$	\$
				\$	\$

Total Current Annual Earnings: \$ \_\_\_\_\_

**DO NOT WRITE HERE**

Monthly Rent: .....\$ \_\_\_\_\_  
 Gas & Electricity .....\$ \_\_\_\_\_  
**Total Charges** .....\$ \_\_\_\_\_

**MAXIMUM INCOME**

(A) Income Ratio: (7X) (8X) .....\$ \_\_\_\_\_  
 (B) Median Income: \_\_\_\_\_ Persons ... \$ \_\_\_\_\_

**Higher Amount of A or B** .....\$ \_\_\_\_\_

Total Earnings .....\$ \_\_\_\_\_  
 Other Income .....\$ \_\_\_\_\_  
**TOTAL INCOME** .....\$ \_\_\_\_\_

**ALLOWABLE DEDUCTIONS**

Secondary Wage Earner Deduction.....\$ \_\_\_\_\_  
 Personal Deduction for Each Household Member .....\$ \_\_\_\_\_  
 Medical and Dental Expenses As Reported on State .....\$ \_\_\_\_\_  
 Eligibility Income (Total Income Less Deductions Cannot Exceed Greater of A or B) .....\$ \_\_\_\_\_

**APPROVED (Housing Company)**

By: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED (Housing Preservation and Development)**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
 By: \_\_\_\_\_ Date: \_\_\_\_\_

INCOME OTHER THAN EARNINGS		ANNUAL EARNINGS	
NAME	SOURCE	CURRENT	EST. NEXT YR
		\$	\$
		\$	\$
		\$	\$

Total Current Other Earnings: \$ \_\_\_\_\_  
 Total Current Annual Earnings: \$ \_\_\_\_\_  
 Total Income from All Sources: \$ \_\_\_\_\_

- CHECK IF DECLARING A VETERAN PREFERENCE**
- CHECK IF VICTIM/ OR IS CURRENTLY DISPLACED DUE TO A PRESIDENTIALLY DECLARED DISASTER**

I certify statements made in this application have been examined by me and to the best of my knowledge and belief are true, correct and complete. I have no objection to inquiries being made for the purpose of verifying the facts herein stated. I understand that if any of the information declared is false, my application will become void and I will lose my place on the waiting list. I further understand that the filing of this application does not in any way bind the Housing Company to reserve or assign an apartment to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Additional Signature Lines on Reverse**

Spouse	Date
Other Family Members over 18	Date
Other Family Members over 18	Date
Other Family Members over 18	Date
Other Family Members over 18	Date

Special Requirements

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Please note that all applications are subject to review and approval by the housing company, credit investigation, and background check. Total household income must fall within the parameters listed below.

**CURRENT RENTAL RATES**

APARTMENT SIZE	UNIT SIZE STANDARDS	RENTS*	MINIMUM INCOME REQUIRED
STUDIO	1 TO 2 PERSONS	\$1,374 – \$1,525	\$45,000
1 BEDROOM	1 TO 2 PERSONS	\$1,673 – \$1,857	\$34,880
2 BEDROOM	2 TO 4 PERSONS	\$1,981 – \$2,199	\$41,560
3 BEDROOM	3 TO 6 PERSONS	\$2,181 – \$2,421	\$49,480
4 BEDROOM	4 TO 8 PERSONS	\$2,510 – \$2,786	\$53,160
5 BEDROOM	5 TO 10 PERSONS	\$2,808 – \$3,117	\$58,360

\* Adjusted based on 30% of gross household income, per program guidelines

**FY 2018 INCOME SUMMARY**

HOUSEHOLD	MAXIMUM INCOME
1 PERSON	\$58,450
2 PERSONS	\$66,800
3 PERSONS	\$75,150
4 PERSONS	\$83,450
5 PERSONS	\$90,150
6 PERSONS	\$79,700
7 PERSONS	\$85,200
8 PERSONS	\$90,700
9 PERSONS	\$116,830
10 PERSONS	\$123,506

Please submit any changes to your application to the management office (i.e. change of address, income or household composition). Applicants will be immediately placed on the waiting list and contacted in the order received.