

__ No. of Bdrms _

Bldg. No. _____ Apt. No. _

Revised May 2018 MHB No.

No. of Rms ____

Appl. No.

HP A	verne	Preservation	Housina	Company	Inc.
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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.

Applicant Address:

Name		Zip Code
Address		Email
Phone #:	Phone #:	Address
Check One (✓): Rent □ Co-op [🗌 Homeowner 🗌 Other 🗌 Explain	

____No. of Bedrooms ___ __ Monthly Rent or Carrying Charge \$ __ No. of Rooms

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.)

Nаме	RELATIONSHIP TO HEAD OF HOUSEHOLD **	Age *	Sex *	SOCIAL SECURITY NO.

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

ΝΑΜΕ	EMPLOYER'S NAME AND	ZIP CODE	How Long	ANNUAL EARNINGS	
	Address		EMPLOYED	CURRENT	EST. NEXT YR
				\$	\$
				\$	\$
				\$	\$

Do Not Wri	re Here
Monthly Rent:	\$
Gas & Electricity	\$NA
Total Charges	\$
ΜΑΧΙΜυΜ ΙΝ	ICOME
(A) Income Ratio: (7X) (8X)	\$
(B) Median Income: Pers	sons \$
Higher Amount of A or B	\$
Total Earnings	\$
Other Income	\$
TOTAL INCOME	\$
ALLOWABLE DEDUCTIONS	PR
Secondary Wage Earner Deduction Personal Deduction for Each Household Member Medical and Dental Expenses As Reported on State Eligibility Income (Total Income Less Cannot Exceed Greater of A or B APPROVED (Housing Company)	In Cell and corr \$ Deductions \$ los and
Ву:	Date: ass
APPROVED (Housing Preservati	ion and Development)
Ву:	Date: 500
Ву:	Date: A

INCOME OTHER THAN EARNINGS ANNUAL EARNINGS ИE 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 ESIDENTIALLY DECLARED DISASTER ertify statements made in this application have been examined by me to the best of my knowledge and belief are true, correct and nplete. I have no objection to inquiries being made for the purpose of ifying the facts herein stated. I understand that if any of the ormation declared is false, my application will become void and I will e my place on the wailing list. I further understand that the filing of this plication does not in any way bind the Housing Company to reserve or sign an apartment to me. nature Date dditional Signature Lines on Reverse

Total Current Annual Earnings: \$ _



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	

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 STANDARD	RENT	MINIMUM INCOME
STUDIO	1 PERSON	\$1,374.00-\$1,525.00	\$34,880.00
1 BEDROOM	2 PERSONS	\$1,673.00 -\$1,857.00	\$41,560.00
2 BEDROOM	3 TO 4 PERSONS	\$1,981.00-\$2,199.00	\$45,000.00
3 BEDROOM	5 TO 6 PERSONS	\$2,181.00 -\$2,421.00	\$49,480.00
4 BEDROOM	7 TO 8 PERSONS	\$2,510.00-\$2,786.00	\$53,160.00
5 BEDROOM	9 TO 10 PERSONS	\$2,808.00-\$3,117.00	\$58,360.00

FY 2018 INCOME SUMMARY

HOUSEHOLD	MAXIMUM INCOME
1	\$58,450
2	\$66,800
3	\$75,150
4	\$83,450
5	\$90,150
6	\$96,850
7	\$103,500
8	\$110,200
9	\$111,500
10	\$117,300

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.