

AFFORDABLE HOUSING UNITS FOR RENT

Via 57 West is pleased to announce that applications are now being accepted for 142 affordable rental apartments. This project is being financed by NYS Homes and Community Renewal (HCR).



142 Newly Constructed Units in Manhattan 625 West 57th Street between 11th and 12th Avenue

Amenities: on-site laundry, fitness center, basketball court, golf simulator, children's playroom, library, screening room and gallery.
Additional fees apply.

The size, rent and targeted income distribution for the 142 apartments are as follows:

Unit Size	# Apts. Available	Household Size	Monthly Rent*	Total Annual Income Range**	
				Minimum	Maximum
Studio	14	1	\$565	\$19,622 - \$24,200	
	14	1	\$716	\$24,519 - \$30,250	
1 bedroom	47	1	\$607	\$21,016 - \$24,200	
		2		\$21,016 - \$27,640	
	47	1	\$769	\$26,270 - \$30,250	
		2		\$26,270 - \$34,550	
2 bedroom	8	2	\$735	\$25,200 - \$27,640	
		3		\$25,200 - \$31,080	
		4		\$25,200 - \$34,520	
	7	2	\$929	\$31,492 - \$34,550	
		3		\$31,492 - \$38,850	
		4		\$31,492 - \$43,150	
3 bedroom	2	3	\$843	\$29,124 - \$31,080	
		4		\$29,124 - \$34,520	
		5		\$29,124 - \$37,320	
		6		\$29,124 - \$40,080	
	3	3	\$1,067	\$36,389 - \$38,850	
		4		\$36,389 - \$43,150	
		5		\$36,389 - \$46,650	
		6		\$36,389 - \$50,100	

**Includes gas for cooking **Income/rent guidelines are subject to change*

Qualified applicants will be required to meet income guidelines and additional selection criteria.

Completed applications must be returned and postmarked by **November 20, 2015**. Applications postmarked after this date will be set aside for possible future consideration. Do not send multiple applications. No application fee.



**Homes and
Community Renewal**

APPLICATION FOR APARTMENT

625 West 57th Street

Instructions:

1. Mail only one application per family (or household). You will be disqualified if more than one application per family (or household) is received.
2. When completed, this application must be returned by regular mail only; do not send registered, certified, overnight, express, priority, or oversized mail. **Only return the application. Double postage will be required.**
3. The completed application must be postmarked no later than 11/20/2015. Applications postmarked after this date will be set aside for possible future consideration.
4. Mail completed application to:

Via 57 West
P.O. Box 2047
New York, NY 10116

5. **No payment should be given to anyone in connection with the preparation or filing of this application.**
-

Please complete all sections and sign the last page. **PLEASE PRINT.**

If additional space is required please use blank space and/or attach a sheet of paper and clearly label the specific question you are answering (i.e. continuation from Question B2).

A. CONTACT INFORMATION FOR HEAD OF HOUSEHOLD

1. NAME _____
First Middle Last
1a. Other names (maiden name, stage name, etc.) _____
2. STREET ADDRESS _____ APT. NO _____
3. CITY _____ STATE _____ ZIP _____ - _____
4. HOME/CELL PHONE () _____ WORK PHONE () _____
5. EMAIL _____

Submit only one application for each household or family. Duplicate submissions make households ineligible for lottery.

B. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. How many people plan on living in the apartment (including yourself)? _____
2. **PLEASE LIST EACH PERSON THAT PLANS ON LIVING IN THE APARTMENT. Do not include household members who do not plan on living in the apartment.** (Note: A Full-Time Student is one who attends school at least 5 months out of a year and has full-time student status for those 5 months, unless the individual qualifies for an exception under IRS code).

HOUSEHOLD MEMBER (NAME)	RELATIONSHIP	BIRTH DATE	SEX	FULL-TIME STUDENT (Y/N)
	HEAD/SELF			

3. Does anyone plan to live with you in the future who is not listed above? ☐ YES ☐ NO
4. Do you or any member of your household require a special accommodation in your residence?
☐ YES ☐ NO

If YES, please specify the accommodation required: _____

C. CURRENT LANDLORD

1. Landlord's Name _____
(If you live in public housing project enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD")

Landlord's Address _____
Landlord's Phone Number _____
2. 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? _____
3. Are you presently receiving a Section 8 housing voucher or certificate? ☐ YES ☐ NO
This information will not affect the processing of the application.

Submit only one application for each household or family. Duplicate submissions make households ineligible for lottery.

D. INCOME & ASSETS

1. 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 and/or freelance income earnings.

If you freelance, are multiply employed, or commonly receive 1099s from employers, please list all current contracted positions. If not currently working, please list any positions held within the last 12 months. If you are self-employed, please provide us with the name of your company and the anticipated net income from your business.

HOUSEHOLD MEMBER (NAME)	EMPLOYER NAME AND ADDRESS	YEARS EMPLOYED	GROSS EARNINGS
1)			\$ per
2)			\$ per
3)			\$ per
4)			\$ per
5)			\$ per
6)			\$ per

2. 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 (NAME)	TYPE OF INCOME	AMOUNT
		\$ per
		\$ per
		\$ per
		\$ per
		\$ per

3. What is your household's total annual income? \$_____

Submit only one application for each household or family. Duplicate submissions make households ineligible for lottery.

4. **LIST ALL ASSETS OF HOUSEHOLD MEMBERS THAT WILL LIVE WITH YOU IN APARTMENT. PLEASE NOTE: YOU WILL BE REQUIRED TO DOCUMENT ALL ASSETS.**

HOUSEHOLD MEMBER (NAME)	TYPE (CHECKING, SAVINGS, MONEY MARKET/TRUSTS, CDS, IRA/RETIREMENT ACCOUNTS, REAL ESTATE, STOCKS/BONDS, ETC.)	FINANCIAL INSTITUTION
1)		
2)		
3)		
4)		
5)		
6)		

5. List any assets disposed of for less than their fair market value during the past two years:

6. Do you or any member of your household own any real estate? ☐ YES ☐ NO

If YES, What is the current market value? _____

What is the value less any mortgage or lien? _____

Do you or any member of your household receive any rent from tenant(s) living at this property? ☐ YES ☐ NO

If YES, how much? _____

E. MARKETING INFORMATION

How did you learn about the availability of these apartments? **Please check all that apply.**

- | | |
|--|--|
| ☐ Newspaper | ☐ Sign Posted on Property |
| ☐ Local Organization or Church | ☐ Friend |
| ☐ City "affordable housing hotline" listing new ads for the month | ☐ Web Site/Internet |
| ☐ Other _____ | |

F. 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 head of household.**

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

Submit only one application for each household or family. Duplicate submissions make households ineligible for lottery.

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I 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.

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS. I hereby affirm that, to the best of my knowledge, the foregoing information is true, accurate and complete. I understand that misleading or false statements, misrepresentations, or incomplete information in this application will be grounds for rejection. I authorize Owner, Marketing Agent, and Managing Agent to contact my household's agencies, offices, other groups or organizations to obtain any information or materials deemed necessary to process my application, including verifying my household's financial, credit, housing and legal history. I understand that this information will be considered when determining my eligibility.

HEAD OF HOUSEHOLD'S SIGNATURE

DATE

OFFICE USE ONLY:

Size of Apartment Assigned: ☐ Studio ☐ 1 Bedroom ☐ 2 Bedroom

Family Composition: Adult Males _____ Adult Females _____ Male Children _____ Female Children _____

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ per Year

Submit only one application for each household or family. Duplicate submissions make households ineligible for lottery.