# Concern Housing

**APPLICATION FOR HOUSING**

**Low-Income Housing Tax Credit Property**

**PLEASE PRINT CLEARLY**

**IMPORTANT:**

* **Completed applications must be mailed to :**

**Saint James 2520 Jerome Ave. Office Bronx NY 10468**

* **Wait list open**
* **Do NOT send more than one application. Applicants who submit more than one application will be penalized.**
* **Applications mailed to any address other than that listed below will be discarded.**

|  |  |
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| This is an application for housing at: | **Saint James**  **C/O Concern Housing** |
| Please complete and return to: | **Saint James**  **2520 Jerome Ave Office**  **Bronx NY 10468** |

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| **An applicant may be interviewed only after the receipt of this tenant application which must be fully completed and signed by all adult members. Please answer every question! Partially completed applications will be disqualified.** |



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| **For Concern Staff Only**  **Date/Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Unit**  **Size** | **60% AREA MEDIAN INCOME (AMI) UNITS** | **# Units** | **Monthly**  **Rent\*** | **House-hold**  **Size** | **House-hold**  **Income\*\*** | **70% AREA MEDIAN INCOME (AMI) UNITS** | **# Units** | **Monthly**  **Rent\*** | **House-hold**  **Size** | **House-hold**  **Income\*\*** |
| **1 BR** | 14 | **$**1,412 |  | $56,440 - $59,340 | 14 | **$**1,677 |  | $67,080 - $69,230 |
|  |  |  |  | $56,440 - $67,800 |  |  |  | $67,080 - $79,100 |
| **2 BRs** | 10 | **$**1,682 |  | $67,280 - $67,800 | 11 | **$**2,000 |  | $80,000 - $79,100 |
|  |  |  |  | $67,280 - $76,260 |  |  |  | $80,000 - $88,970 |
|  |  |  |  | $67,280 - $84,720 |  |  |  | $80,000 - $98,840 |
| **3 BRs** | 01 | **$**1,931 |  | $77,240 - $76,260 | N/A | N/A |  | N/A |
|  |  |  |  | $77,240 - $84,720 |  |  |  | N/A |
|  |  |  |  | $77,240 - $91,500 |  |  |  | N/A |
|  |  |  | **­** | $77,240 - $98,280­­ |  |  | **­** | N/A |

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**Eligible Applicants must meet income criteria:**

**LIHTC English Application for St James**

1. **Name & Address**

**Current Living Address:**

(If you are living in a homeless shelter, please list your current shelter address)

First Name Middle Initial Last Name

Street Address Apartment #

City State Zip

**Phone Numbers:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone­­­­­­ Home Phone Work Phone

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Bedroom size requested:  One BR  Two BR  Three BR |

You may check off more than one bedroom size if you are eligible or need a reasonable accommodation for another bedroom size.

Check if mailing address is **different** than Current Living Address, above

**Mailing Address** (if different):

Building (House) # Street Apartment #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O. Box

City State Zip

**Language Contact Preference:** In what language would you prefer to receive written communications about your application? Check one. (If you do not check a language, written communication will be in English.)

English  Español (Spanish)  简体中文 (Chinese)

العربية (Arabic)  Français (French)  Русский (Russian)

한국어 (Korean)  اردو (Urdu)  বাংলা (Bangla)

Kreyòl Ayisyen (Haitian Creole)

1. **Household Information**

**PRIVACY ACT NOTIFICATION** - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used.

1. **How many persons (including yourself) will live in the unit for which you are applying?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| 1. List **ALL** the people who will live in the unit for which you are applying, starting with yourself (Self), and provide the following information.   **Gender Identification:** In this section, list how you identify (optional). Examples: Female; Male; Non-binary; etc.  **Disability:** If a household member has an ongoing mobility (M), hearing (H), or visual (V) disability and requires an accessible/adaptable unit, **please check the relevant box**. If selected for further processing, you will be mailed a form that you and a medical professional will need to immediately complete and send back. This form is to verify that your household requires an accessible or adaptable apartment. The form can be used for any other future applications for a period of up to 12 months. | | | | | | | |
| **First, Middle Initial**  **& Last Name, Suffix** | **SSN/TIN**  **(Optional)** | **Relationship to Applicant** | **Birth Date**  **MM/DD/YY** | **Gender Identification (Optional)** | **Disability?** | | |
| **M** | **V** | **H** |
|  |  | **Self** |  |  |  |  |  |
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If you checked either mobility, visual, or hearing disability, do you or a member of your household require a special accommodation?

* Yes – please specify the accommodation required:

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* No

1. **Is anyone in the table above a full-time student?**

* Yes – please circle their names above and write their names here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* No full-time students in the household

1. **Income and Assets**
2. **Income from Employment**

*Note: A “household member” is a person who will be living in the affordable unit.*

For any job that is not self-employed, list the amount you make before taxes (Gross Income). For self-employed individuals, use the amount you make after deductions (Net Income). If your application is selected for further processing, you will be contacted with a list of documentation that you will need to provide.

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| --- | --- | --- | --- | --- | --- | --- |
| List all full and/or part time employment income for **ALL** Household Members, including yourself. Include self-employment earnings: | | | | | | |
| **Household Member** | **Employer Name & Address** | **Length of Employ-ment** | | **Amount Paid ($)** | **How Often?**  (Ex: weekly, bi-weekly, monthly, annually) | **Annual**  **Income** |
| **Yrs.** | **Mos.** |
| **Self** |  |  |  |  |  |  |
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| **1A. TOTAL ANNUAL INCOME FROM EMPLOYMENT AND SELF-EMPLOYMENT** add all amounts from “Annual Income” column in this table): | | | | | | |

1. **Income from Other Sources**

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| --- | --- | --- | --- | --- |
| List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers’ compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc. | | | | |
| **Household Member** | **Type of Income** | **Amount Paid ($)** | **How Often?**  (Ex: weekly,  bi-weekly, monthly, annually) | **Annual Income** |
|
| **Self** |  |  |  |  |
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| **2A. TOTAL ANNUAL INCOME FROM OTHER SOURCES (**add all amounts from “Annual Income” column in this table): | | | | |

1. **TOTAL ANNUAL HOUSEHOLD INCOME**

Add together the total annual income amounts from **1A** and **2A,** above:

1. **Assets**

|  |  |  |
| --- | --- | --- |
| **Are there assets for this household?** Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc. | | Yes  No |
| If “yes,” please indicate assets for each household member: | | |
| **Household Member** | **Type of Asset or Account** | **Bank/Institution** |
| **Self** |  |  |
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1. **Rental Subsidy**

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| Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? Please check the appropriate box at right.  Examples of other rental subsidies/certificates include CITYFHEPS, NHTD (Medicaid Waiver), Individual Services and Supports (ISS), and VASH.  This information will not affect the processing of the application. Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies. This information is not used as a basis for eligibility. New York State Human Rights Law prohibits the discrimination in housing based on lawful source of income like whether you have a Section 8 voucher. | * No * Yes – Other Rental Subsidy/Certificate:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Ethnicity**

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| --- | --- | --- | --- |
| This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household: | | | |
|  | Hispanic or Latino |  | Not Hispanic or Latino |
|  | Choose not to answer |  |  |

1. **Race**

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| This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household: | | | |
|  | White |  | Black or African-American |
|  | Asian |  | Native Hawaiian or Other Pacific Islander |
|  | American Indian or Native Alaskan |  | Choose not to answer |
|  | Other: |  |  |

1. **Signatures (Required for All Household Members 18 and over)**

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (We) have not withheld, falsified, or otherwise misrepresented any information I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

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Signature Date

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Signature Date

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Signature Date

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Signature Date