



Brookdale Village

23 units at 125-135 Beach 19th Street
Far Rockaway, NY 11691 (Queens)



Amenities: Senior building, 24-hour security guard, elevators, social service coordinator, community rooms, onsite laundry facilities, onsite parking, onsite senior center, near public transportation, walking distance to supermarket and various medical offices.

Income Restrictions Apply – No Application Fee – No Broker’s Fee

Applicants will *not* be automatically rejected based on credit or most background check info

REQUIREMENT: Individuals or households with at least one member aged 62 and older and meet the income and household size.

Veterans Admission Preference: Veterans or their spouse, which means those who have served in the armed forces of the United States: (i) for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable, or (ii) who have been discharged or released from service in the armed forces of the United States on the basis of their sexual orientation, gender identity or expression, consensual sexual conduct or consensual acts relating to sexual orientation, or the disclosure of statements, conduct, or acts by the individual that were prohibited by the armed forces of the United States at the time of discharge, or (iii) are the surviving spouses of either categories (i) or (ii).

YOUR HOUSEHOLD MUST MEET THESE INCOME RESTRICTIONS:

AMI	Unit Size	# Units	Monthly Rent*	Household Size	Household Income**
80%	0 BR	23	Between \$657 - \$804	1	Between \$23,654 - \$74,800
80%	0 BR	23	Between \$657 - \$804	2	Between \$23,654 - \$85,450

*Rent includes electricity, gas, water, and heating. Income guidelines & permitted household size are subject to change.

**Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.

Waiting list opened: February 22, 2023

Applications will be accepted for the waiting list in order of date and time received. Sending more than one (1) application will disqualify you.

How to Request Application:

Online: <https://www.jasa.org/services/housing> (download application)

Request Application By Phone or Email: (212) 273-5342 or farrockawayhousing@jasa.org

By Mail: JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018

In-Person: Brookdale Village, 131 Beach 19th Street, Management Office, Far Rockaway, NY 11691

*Include your address & the name and address of the building where you want to apply.

Eligibility Requirements

Individuals or households with at least one member aged 62 and older and meet the income, household size composition, and income requirement at the time of submission to be placed on the waiting list.

Veterans Admission Preference: See the “Veterans admission preference” qualification outlined above.



YOU HAVE RIGHTS!

- If you have experienced housing discrimination: <https://dhr.ny.gov/journey-fair-housing> or call **844-862-8703**
- Learn about how your credit and background check will be individually reviewed: <https://on.ny.gov/3uLNLw4>



ESPAÑOL siguiente página ■ 中文 下一页 ■ KREYÒL AYISYEN paj kap vini an ■ 한국어 다음 페이지 ■ [বাংলা] - পরবর্তী পৃষ্ঠা ■ РУССКИЙ Следующая страница ■ POLSZCZYŃNA następna strona ■ اردو - اگلا صفحہ ■ ITALIANO pagina successiva ■ FRANÇAIS page suivante ■ אידיש - ווייטער בלאט

<p>Español (Spanish)</p> <p>Vivienda asequible disponible Si envía más de 1 solicitud podría quedar descalificado.</p> <p>Para Obtener La Solicitud: Para obtener la solicitud por internet: https://www.jasa.org/services/housing Por teléfono o email: (212) 273-5342 farrockawayhousing@jasa.org Por correo postal o en persona: JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018 Incluya su dirección y la dirección del edificio en el que quiere presentar la solicitud.</p>	<p>中文 (Simplified Chinese)</p> <p>可提供經濟適用房 提交超過 1 份申請將使您失去資格。</p> <p>申請 欲獲得申請線上: https://www.jasa.org/services/housing 透過電話或電子郵件: (212) 273-5342 farrockawayhousing@jasa.org 透過郵寄或當面索取: JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018 請提供您的地址和您想要申請的建築物地址</p>
<p>KREYÒL AYISYEN (Haitian Creole)</p> <p>Lojman Pri Abòdab Disponib Voye plis pase 1 aplikasyon ka diskalifye ou.</p> <p>To Get Application: Sou entènèt: https://www.jasa.org/services/housing Nan Telefòn oswa Imel: (212) 273-5342 farrockawayhousing@jasa.org Pa Lapòs oswa An-pèsòn: JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018 Metè adrès ou & adrès bilding kote ou vle aplike a</p>	<p>한국어 (Korean)</p> <p>임대 주택 이용 가능 1 건 이상의 신청서 제출 시 실격 처리 됩니다</p> <p>신청서 접수온라인: https://www.jasa.org/services/housing 전화 또는 이메일: (212) 273-5342 farrockawayhousing@jasa.org 우편 또는 내방: JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018 신청자 주소 및 신청하려는 건물 주소를 포함시키십시오</p>
<p>[বাংলা] Bengali</p> <p>সাশ্রয়ী মূল্যের হাউজিং এই তারিখের মধ্যে অবশ্যই অনলাইনে অথবা মেল-এর মাধ্যমে জমা দিতে হবে। 1 এর অধিক আবেদন জমা করলে আপনাকে অযোগ্য হিসেবে ধরে নেওয়া হবে। আরও তথ্য পাওয়ার জন্য অনলাইন: https://www.jasa.org/services/housing ফোন অথবা ইমেলের মাধ্যমে: (212) 273-5342 farrockawayhousing@jasa.org একজন ব্যক্তির অথবা মেল-এর মাধ্যমে: JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018 আপনি যেখানে আবেদন করতে চান সেখানকার ঠিকানা এবং আপনার বিন্ডিংয়ের ঠিকানা অন্তর্ভুক্ত করুন।</p>	<p>Русский язык (Russian)</p> <p>Доступное жилье в наличии Заявление должна быть подана онлайн или по почте к этой дате. Отправка более 1 заявления может дисквалифицировать вас. Где получить бланк заявления Онлайн: https://www.jasa.org/services/housing По телефону или электронной почте: (212) 273-5342 farrockawayhousing@jasa.org По почте или лично: JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018 Включите ваш адрес и адрес здания, на которое вы хотите подать заявку.</p>
<p>POLSKI (Polish)</p> <p>DOSTĘPNE MIESZKANIA W PRZYSTĘPNEJ CENIE Wniosek należy złożyć online. W przypadku wysyłki pocztą, z datą stempla pocztowego do tego dnia. Wysłanie więcej niż 1 wniosku może spowodować dyskwalifikację. Wniosek otrzymasz: Online: https://www.jasa.org/services/housing Przez telefon lub e-mail: (212) 273-5342 farrockawayhousing@jasa.org Droga pocztowa lub osobiście: JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018 Podaj swój adres oraz adres budynku, którego dotyczy wniosek</p>	<p>اردو زبان (URDU)</p> <p>سستی رہائش دستیاب ہے آن لائن جمع کرانا ضروری ہے، اگر میل کیا جائے تو اس تاریخ تک پوسٹ مارک کیا جائے۔ 1 سے زیادہ درخواست بھیجنا آپ کو نابل قرار دے سکتا ہے۔ درخواست حاصل کرنے کے لیے: آن لائن: https://www.jasa.org/services/housing فون یا ای میل سے: (212) 273-5342 farrockawayhousing@jasa.org ڈاک سے یا خود آفس جا کر: [JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018 اپنا پتہ اور عمارت کا پتہ شامل کریں جہاں آپ درخواست دینا چاہتے ہیں</p>
<p>עברית (Hebrew)</p> <p>צוגענגליכע האוינג איז אוועילעבול מוז ווערן אריינגעגעבן אנליין, אדער אויב עס ווערט געשיקט דורך די פאסט, געפאסטמארקד ביז דעם דאטום. אויב איר שיקט מער פון 1 אפליקאציע קען עס איך דיסקוואליפיקירן. צו באקומען די אפליקאציע: אנליין: https://www.jasa.org/services/housing דורך די טעלעפאן אדער אימעיל: (212) 273-5342 farrockawayhousing@jasa.org דורך די פאסט אדער פערזענליך: [JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018 רעכנט אריין אייער אדרעס און די אדרעס פון די געביידע וואו איר ווילט זיך איינגעבן</p>	<p>العربي (Arabic)</p> <p>يتوفر السكن ميسور التكلفة [يجب أن يتم تقديمه عبر الإنترنت، وفي حالة إرساله بالبريد العادي، يتم ختم البريد بحلول هذا التاريخ. قد يؤدي إرسالك لأكثر من طلب تقديم واحد إلى إلغاء أهليتك. للحصول على طلب التقديم: عبر الإنترنت: https://www.jasa.org/services/housing عبر الهاتف أو البريد الإلكتروني: (212) 273-5342 farrockawayhousing@jasa.org عبر البريد العادي أو بشكل شخصي: [JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018 عليك تضمين عنوانك وعنوان المبنى الذي تريد التقديم للسكن فيه</p>
<p>ITALIANO (Italian)</p> <p>ALLOGGIO CONVENIENTE DISPONIBILE Deve essere inviato online o, se spedito, con timbro postale entro tale data. L'invio di più di 1 domanda potrebbe portarti alla squalifica. Per ottenere l'applicazione: Online: https://www.jasa.org/services/housing Per telefono o e-mail: (212) 273-5342 farrockawayhousing@jasa.org Per posta o di persona: JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018 Includi il tuo indirizzo e l'indirizzo dell'edificio per cui desideri candidarti</p>	<p>Français (French)</p> <p>LOGEMENT ABORDABLE DISPONIBLE À soumettre en ligne ou, si envoyée par courrier, doit porter un cachet de la poste ne dépassant pas la date limite. Vous pourriez être disqualifié si vous envoyez plus d'une demande. Pour postuler : En ligne: https://www.jasa.org/services/housing Par téléphone ou e-mail: (212) 273-5342 farrockawayhousing@jasa.org Par courrier ou en personne: JASA Housing Management, c/o: Brookdale Village Application, 247 West 37th Street, 9th Floor, New York, NY 10018 Indiquez votre adresse et celle de l'immeuble pour lequel vous déposez une demande</p>

BROOKDALE VILLAGE
125-135 Beach 19th Street, Far Rockaway, NY 11691



APARTMENT APPLICATION
SECTION 236 PROGRAM (STUDIO APARTMENT WAITING LIST)



Directions: *Print or type all requested information and sign certification. Original application will be time and date stamped upon receipt and entered into NYS Homes and Community Renewal's Automated Waiting List (AWL) in chronological order. Applicants will be given a print out of AWL summary with application number. Applicants can monitor waiting list position and update their contact information using the AWL's public access function @ <https://hcr.ny.gov/mitchell-lama-automated-waiting-list-apps-awl>*

MAIL COMPLETED APPLICATION TO: **Brookdale Village – Application**
247 West 37th Street, 9th Floor
New York, NY 10018

ELIGIBILITY REQUIREMENTS: *One or two-person household. Individuals or households with at least one member aged 62 and older and meet the income and household size. The minimum total household annual income is \$23,654. Minimum income requirement is not applicable for applicants with Section 8 Housing Choice Voucher or similar transferrable rental subsidies.*

Applicant Address:

Street Address: _____ Apartment #: _____
City: _____ State: _____ Zip Code: _____ Primary Phone #: _____
Secondary Phone #: _____ Email Address: _____

Head of Household: *(Must be completed. Head of household must be 18 years of age or older.)*

Last Name	First Name	Last 4 digits - Social Security No.	Age

Co-Head of Household: *(Complete if applicable. Co-head must be 18 years of age or older.)*

Last Name	First Name	Last 4 digits - Social Security No.	Age

Other Household Members: *(List all other persons who will reside in apartment.)*

Last Name	First Name	Last 4 digits - Social Security No.	Age

Are you currently a Section 8 Housing Choice Voucher (HCV) holder? No Yes

Gross Household Income: \$ _____ *(Enter total estimated income for all household members, from all sources, for the next 12 months.)*

Veterans Admission Preference (check box if applicable): *Veterans or their spouse, which means those who have served in the **armed forces of the United States:** (i) for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable, or (ii) who have been discharged or released from service in the armed forces of the United States on the basis of their sexual orientation, gender identity or expression, consensual sexual conduct or consensual acts relating to sexual orientation, or the disclosure of statements, conduct, or acts by the individual that were prohibited by the armed forces of the United States at the time of discharge, or (iii) are the surviving spouses of either categories (i) or (ii).*

Certification: *(Head of household and co-head must sign and date.)*

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying this information and I agree to furnish all required documentation.

Head of Household Signature: _____ Date: _____

Co-Head of Household Signature: _____ Date: _____

For Housing Company Use				For HCR Use	
Application Date (date original application stamped received): / /			AWL #:		Approved by:
Is this original application? (Check yes/no; if no, attach original application.)			Yes ___	No ___	
Bldg #:	Apt #:	# Bdrms:	# Rental Rms:		Date: / /
Basic Rent:	Excess Income:	Total Mthly Rent:			Comment:
Comment:					
Approved by:				Date: / /	

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.