



November 24, 2021

RE: LOTTERY APPLICATION FOR APARTMENT – Brookdale Village (Senior Housing)

Dear applicant,

Enclosed is an application for Brookdale Village, a senior housing. The property is located at 125 – 135 Beach 19th Street, in Far Rockaway, NY. This is a Section 236 property, no rental assistance. The property is supervised by the New York State Homes and Community Renewal.

UNIT SIZE, MONTHLY RENT, AND INCOME REQUIREMENTS

Unit Size	Available Units	Monthly Rent	Household Size	Annual Household Income <i>Minimum - Maximum</i>
Studio	29	\$657 - \$770	1	\$23,655 - \$66,850
			2	\$23,655 - \$76,400
1-Bedroom	15	\$770 - \$941	1	\$27,723 - \$66,850
			2	\$27,723 - \$76,400

Housing Choice Voucher are accepted. Utilities included: electricity, gas, water, and heating.

ELIGIBILITY REQUIREMENTS: One or two-person household. Applicant must be at least 62 years of age at the time of application, and meet the household composition and income requirement at the time of submission to be placed on the waiting list.

You have the rights to request a reasonable accommodation due to a disability to facilitate completing the attached housing application, you may call us at (212) 273-5359 or TTY Relay 711.

INSTRUCTIONS:

1. The completed application must be postmarked at the P.O. Box listed below by December 23, 2021.
2. **SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD.** You will be disqualified if more than one application is received per lottery for your household or a single person appears in two or more applications.
3. **Applications are selected randomly through a lottery.** Brookdale Village will only accept 750 applications. 375 applicants for studio, and 375 for one-bedroom apartments. An applicant can be on both studio and one-bedroom waiting list.
4. Complete applications must be postmarked by FIRST-CLASS mail, mailed in a #10 or #9 envelope (no larger than 9 ½ inches by 4 ¼ inches) to the address listed on the application. Application sent certified, registered, priority, or express mail, or if they are received after the above deadline will be sent back to the sender.
5. **PREFERENCE** will be given to documented veterans of the United States selected in the lottery.
6. Provide all information, as well as sign and date the application in order for your application to be considered for processing.
7. The application should be completed very carefully. Incomplete information regarding the number and names of household members applying, or their income, preferred bedroom size will result in disqualification.
8. **ONLY THE APPLICATION** should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.
9. Mail completed application to:
Brookdale Village Housing
P.O. Box 6309
Hoboken NJ 07030
10. **No payment should be given to anyone in connection with the preparation or filing of this application.**





FOR OFFICIAL USE ONLY:
 Date and Time Received _____
 Applicant No. _____

BROOKDALE VILLAGE – (LOTTERY APPLICATION)

The head of household must be at least 62 years of age at the time of application.

Application are FREE. No money should be given to anyone in connection with the preparation, filing, or processing of this application.

MAIL TO: Brookdale Village Housing
 P.O. Box 6309
 Hoboken, NJ 07030

Application must be post marked by December 23, 2021.

UNIT SIZE PREFERENCE: Studio (minimum rent \$657) Minimum gross annual income: \$23,655
 (Select at least one unit size) One-Bedroom (minimum rent \$770) Minimum gross annual income: \$27,723

*The maximum gross annual income for one (1) person is \$66,850, and for a two (2) persons household is \$76,400.

SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD. You will be disqualified if more than one application is received per lottery for your household. The completed application must be submitted no later than the application deadline indicated above.

MULTIPLE APPLICATIONS. If a single person appears in two or more applications, management will disqualify both applications.

The head of household must fill in all information. If an item is not applicable, write "N/A". Sign the last page. Incomplete application WILL NOT be accepted.

Applicant Name (First and Last Name): _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____ E-mail: _____

HOUSEHOLD INFORMATION

List all persons who will occupy the apartment, including yourself and persons to join the household.

Household Member	Relationship to Head of Household	Date of Birth	Are you a US Citizen?	Social Security (Last 4 digits)
	SELF		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	



Gross Household Income: \$ _____

(Enter the total adjusted gross income reported on the federal income tax return for the prior calendar year for all household members, less \$1,000 for each personal and dependent exemption, and less \$20,000 (or actual earnings if less) for each secondary wage earner.)

Check box below you qualify for Veterans Preference:

Veterans Preference

If head- or co-head-of-household resides in New York State and is veteran (or surviving spouse) of the US Armed Services who served on active duty in time of war and was honorably discharged or discharged or released from service 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, check box. If selected in the lottery, you must provide documentation to qualify for this preference. (Not applicable for Limited Dividend housing companies.)

WARNING: MISLEADING WILLFUL FALSE STATEMENT, MISREPRESENTATION, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

I certify that the above information is correct and that this is my first and only application I will submit. I understand that not all applications will be selected in the lottery. If this application is selected in the lottery, I will be required to submit additional information and documentation for the purpose of determining eligibility.

SIGN HERE PLEASE!



Signature of Head of Household

Date

Signature of co-head or Household or other Adult Member

Date

Signature of co-head or Household or other Adult Member

Date

FOR STATISTIC PURPOSES ONLY (Optional)

Ethnicity: Hispanic? Yes No

Race:

- White Black or African American Asian
- American Indian or Alaskan Native Native Hawaiian & Other Pacific Islander



**Homes and
Community Renewal**

KATHY HOCHUL
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____	
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.

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.