

April 15, 2025

**RE: Israel Senior Citizens Housing I & II – LOTTERY APPLICATION**

Dear applicant,

Enclosed is the application for Israel Senior Citizens Housing I & II, a senior housing community located at 1925 Seagirt Boulevard and 155 Beach 19th Street in Far Rockaway (Queens), NY. This is a HUD-subsidized property.

**Tenant Rent:** Tenant rent is based on 30% of the tenant’s adjusted gross monthly income.

**Eligibility Requirements:** One or two persons. The applicant (head of household) must be at least 62 years old at the time of application. All household members must meet project and program eligibility requirements.

***Family Composition and Maximum Annual Household Income***

<b><i>Apartment Size</i></b>	<b><i>Family Composition</i></b>	<b><i>Maximum Annual Gross Household Income</i></b>
Studio	1 to 2 persons	One (1) Person: \$56,700*
		Two (2) Persons: \$64,800*
One Bedroom	1 to 2 persons	One (1) Person: \$56,700*
		Two (2) Persons: \$64,800*

*\*Income level are subject to change based on HUD guidelines*

**INSTRUCTIONS:**

- Postmark Deadline:** The completed application must be postmarked by **June 10, 2025**.
- Application Selection:** Applications are randomly selected through a lottery process. No more than 1,500 applications will be selected for processing.
- Complete Application:** Make sure all sections of the application are fully and accurately completed, and that you sign where required. **Please print your information clearly.** Applications that are incomplete or missing details about household members or income may be disqualified.
- Submission:** Return the completed application via **regular mail only**. *We will not process priority, certified, registered, express, overnight mail, or oversized envelopes.*
- Disqualification:**
  - Applications sent to any address other than the one listed below will be disqualified and shredded.
  - Disqualification: Do not submit duplicate or multiple applications. If the same individual appears on more than one application, all applications associated with that person will be disqualified.
- Submit Only the Application:** Only the application should be submitted at this time. If selected for further processing, additional information will be requested at a later time.
- Mailing Address:**

Israel Senior Citizens Housing I & II  
c/o JASA Housing Management  
P.O. Box 1379, New York, NY 10018
- Requesting a Reasonable Accommodation:** If you need a reasonable accommodation due to a disability in order to complete the housing application, please contact us at (212) 273-5342, use TTY Relay at 711, or email us at farrockawayhousing@jasa.org.
- Application Status – Selected and Not Selected:** If your application is selected through the lottery, you will be notified within 60 calendar days of the lottery drawing. Applicants who were not selected may receive notification within 6 months following the lottery.
- No Fees:** No payment should be made to anyone for the preparation or filing of this application.

Thank you for your interest in Israel Senior Citizens Housing I & II.

Sincerely,  
Israel Senior Citizens Housing I & II

BLANK



FOR OFFICIAL USE ONLY:

Date and Time Received \_\_\_\_\_

Applicant No. \_\_\_\_\_

### Israel Senior Citizens Housing I & II

The head of household **must be** at least 62 years of age **at the time of application**. The household income must not exceed \$56,700 for a one-person household or \$64,800 for a two-person household.

**APPLICATION IS FREE. There is no fee to submit this application. Do not give money to anyone for assistance with completing, submitting, or processing this application.**

**MAIL TO:** ISRAEL SENIOR CITIZENS HOUSING I & II  
c/o: JASA HOUSING MANAGEMENT  
P.O. BOX 1379, NEW YORK, NY 10018

- **Application must be postmarked by June 10, 2025.**
- **Submission:** Return the completed application via **regular mail only**. We will not process priority, certified, registered, express, overnight mail, or oversized envelopes.
- **Disqualification:**
  - Do not submit more than one application. If the same individual appears on multiple applications selected in the lottery, all applications associated with that person will be disqualified.
  - Application sent to any other address will be disqualified and shredded.
- **The Head of Household is required to fill out all sections of this form.** If a section is not applicable, write "N/A." **You are required to sign page 3 of the application.** Each application selected in the lottery will be recorded, and eligible applicants will be contacted for an interview once their application number reaches the top of the waiting list. Additional information will be requested at interview. **Incomplete application will not be accepted.**

**Applicant Name (First and Last Name):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Cellphone 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	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

JASA Housing Management Services for the Aged does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in its federally assisted programs and activities.



**INCOME INFORMATION**

List all sources of income for all household members, including but not limited to:

Wages, Social Security, SSI, TANF, child support, pensions, unemployment, self-employment, etc.

Household Member	Source of Income	Gross MONTHLY Income (Before any deductions or taxes)
		\$
		\$
		\$
		\$
		\$

**ASSET INFORMATION**

Do you have a **bank account**, including a **Direct Deposit card**?  Yes  No

Do you own **Real Estate** (land, property, co-op, condominium, etc.)?  Yes  No

**List all assets for every household member, including but not limited to checking accounts, savings accounts, retirement accounts, cash on hand, property ownership, and any other assets.**

Household Member	Type of Asset (Checking, Stock, Savings, Real Estate, etc.)	Current Value
		\$
		\$
		\$
		\$

**MEDICAL/DISABILITY EXPENSE DEDUCTION**

If the Head of Household or spouse is 62 or older, or is disabled, you may be eligible to deduct unreimbursed medical or disability-related expenses that exceed 3% of your household's annual income.

- **Estimate:** How much do you expect your household to pay out-of-pocket for medical or disability expenses in the next 12 months? \$\_\_\_\_\_

**CURRENT HOUSING INFORMATION**

Are you currently receiving a Section 8 Housing Voucher or any other rental assistance subsidy?

- No       Yes – HPD/NYCHA Section 8 Voucher       Yes – Other Rental Subsidy/Certification

Current Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_

Current Monthly Rent: \$ \_\_\_\_\_

How long have you lived here? \_\_\_\_\_

**PROGRAM INFORMATION**


1. How did you hear about our development? \_\_\_\_\_
2. Does any member of your household require any special accommodations (e.g., grab bars, a live-in aide, etc.)?  
\_\_\_\_\_
3. Does the Head of Household or Co-Applicant permanently require the use of a wheelchair?  No  Yes

**CRIMINAL BACKGROUND**

4. List **all the states** in which you and all household members have resided (now or in the past):  
\_\_\_\_\_
5. Have any members been convicted of drug-related or violent criminal activity in the past 3 years?  No  Yes  
If yes, who? \_\_\_\_\_
6. Have any household members ever been evicted from federally assisted housing?  No  Yes If yes, who?  
\_\_\_\_\_
7. Are any household members subject to a lifetime sex offender registration?  No  Yes  
If yes, list the state(s): \_\_\_\_\_


**WARNING: PROVIDING FALSE INFORMATION, MISREPRESENTATION, OR INCOMPLETE DETAILS ON THIS APPLICATION MAY RESULT IN ITS REJECTION.**

***I certify that the information provided is true and accurate to the best of my knowledge. I understand that if my application is selected in the lottery, I will need to submit additional information and documentation to verify eligibility. I also acknowledge that a background check will be conducted on all adult household members listed in this application, and I authorize this background check as part of the application process.***

SIGN HERE PLEASE! 

\_\_\_\_\_  
Signature: Head of Household

\_\_\_\_\_  
Date

SIGN HERE PLEASE! 

\_\_\_\_\_  
Signature: Co-head or Other Adult Member

\_\_\_\_\_  
Date

**DEMOGRAPHIC DATA**

The following information is required to determine program utilization and for statistical purposes only.

***This information will not affect the processing of this application.***

- Ethnicity:**       Hispanic or Latino                       Not Hispanic or Latino
- Race:**             White     Black or African American     Asian  
 American Indian or Alaskan Native       Native Hawaiian & Other Pacific Islander

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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"/> Late payment of rent	<input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

<b>Signature of Applicant</b>	<b>Date</b>

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.