



Thank you for contacting us. Per your request, an application is enclosed for an apartment at 119 Fountain Avenue, Brooklyn, NY (Liberty Avenue Apartments).

The completed application must be returned by **REGULAR MAIL ONLY** to the following Post Office Box. **Do not send registered, priority, certified, express or overnight mail.** (Please note that this is a **DIFFERENT** address than where you wrote for an application):

**Liberty Avenue Apartment Lottery**  
**PO Box 70794**  
**Brooklyn, NY 11207**

The application deadline is **SEPTEMBER 6, 2010**. Applications postmarked after this deadline will be set aside for possible future consideration.

**If you answered "yes" to question "I" on the application regarding if you or a member of your household requires a special accommodation, kindly place a check mark (✓) on the outside of the envelope.**

**MAIL ONLY ONE APPLICATION PER FAMILY. YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED.**

**DO NOT GIVE A BROKERS OR APPLICATION FEE TO ANYONE IN CONNECTION WITH THE OBTAINING, PREPARING OR FILING OF THIS APPLICATION FOR HOUSING.**

Apartments Available	Apartment Size	Household Size	Monthly Rent	Total Annual Income Range	
				Min	Max
4	1 Bedroom	1	\$320	\$12,800 – \$16,650	
		2	\$320	\$12,800 – \$19,020	
5	2 Bedroom	2	\$388	\$15,520 – \$19,020	
		3	\$388	\$15,520 – \$21,390	
		4	\$388	\$15,520 – \$23,760	
11	1 Bedroom	1	\$718	\$28,720 – \$33,300	
		2	\$718	\$28,720 – \$38,040	
13	2 Bedroom	2	\$867	\$34,680 – \$38,040	
		3	\$867	\$34,680 – \$42,780	
		4	\$867	\$34,680 – \$47,520	
2	3 Bedroom	4	\$1,002	\$40,080 – \$47,520	
		5	\$1,002	\$40,080 – \$51,360	
		6	\$1,002	\$40,080 – \$55,140	

Applications for these apartments will be randomly selected. If your application is selected, we will notify you in writing and schedule an interview. Please be prepared to document your income and the other information you provide on the application. A list of required documentation will be sent to you when an interview is scheduled.

Thank you for your interest.

# Liberty Avenue Apartments (119 Fountain Avenue, Brooklyn NY)

## APPLICATION FOR APARTMENT

### Instructions:

1. Mail only one (1) application per family. You will be disqualified if more than one application per family is received.
2. When completed, this application must be returned by regular mail only; **(No priority, certified, registered, express, or Overnight mail will be accepted).**
3. The completed application must be postmarked no later than **September 6<sup>th</sup>, 2010**. Applications postmarked after this date will set aside for possible future consideration.

4. Mail completed application to: **Liberty Avenue Apartment Lottery**  
**PO Box 70794**  
**Brooklyn, New York 11207**

5. **No payment or fee should be given to anyone in connection with the preparation of filling of this application for housing.**

6. This information to be filled out by the Applicant:

### A. NAME AND ADDRESS

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Number, street, apt#) (City, State, ZIP)

Home /Cell Phone No. ( ) \_\_\_\_\_ Work Phone No. ( ) \_\_\_\_\_

How long have you been living at this address? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

Email Address \_\_\_\_\_

### B. HOUSEHOLD INFORMATION

How many persons in your household, including yourself, WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING?  
\_\_\_\_\_

List all of the people WHO WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING, starting with yourself, and provide the following information. Add additional pages if necessary.

FULL NAME	Relationship to Applicant	Birth Date	Age	Sex (M/F)	Occupation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you or any member of your household disabled? [ ] Yes [ ] No  
If yes, would you describe the disability as [ ] mobility impairment? [ ] visual impairment? [ ] hearing impairment?  
If you checked either mobility impairment, or visual impairment, or hearing impairment, do you or a member of your household require special accommodation? [ ] Yes [ ] No  
If yes, please specify the special accommodation required: \_\_\_\_\_

**C. INCOME FROM EMPLOYMENT**

1. Are you an employee of the City of New York, the New York City Housing Development Corporation, the New York City Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, please identify the agency or entity at which you are employed): Agency/Entity \_\_\_\_\_

2. If you answered "yes" to Question 1 above, have you personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE: If you answered "Yes" to Question 1 above, you may be required to submit a statement from your employer that your application does not create conflict of interest. If you answered "Yes" to Question 2 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement would not be required until later in the application process, after you have been selected through the lottery, when you will also be required to provide other documents to verify your income and eligibility.**

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 earnings.

HOUSEHOLD MEMBER	Name & Address of Employer	How Long Employed:	Gross Earnings:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**D. INCOME FROM OTHER SOURCES**

List all other income, for example, welfare (including housing allowance), AFDC, Social Security, S.S.I., pension, disability compensation, unemployment compensation, Interest Income, baby-sitting, care taking, alimony, child support, annuities, dividends, Income from rental property, Armed Forces Reserves, scholarships, and/or grants.

HOUSEHOLD MEMBER	Type of Income	Amount
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____

**E. TOTAL ANNUAL HOUSEHOLD INCOME:**

Add all income listed above and indicate the total earned for the year: \$ \_\_\_\_\_ .00 per year

\_\_\_\_\_

**F. CURRENT LANDLORD:**

Landlord's Name: \_\_\_\_\_  
(If you are living in a public housing project write "NYCHA". If you are living in a City-owned ("In-Rem") building write "HPD.")

Landlord's Address: \_\_\_\_\_  
(Number, street, apt#) (City, State, ZIP)

Landlord's Phone No. ( ) \_\_\_\_\_

**G. CURRENT RENT:**

What is the total rent on the apartment where you currently live or are staying temporarily? \$ \_\_\_\_\_ monthly

How much do you contribute to the total rent on the apartment? (If nothing write "0") \$ \_\_\_\_\_ monthly

**H. REASON FOR MOVING:**

Why are you moving? Check all that apply:

- Living with parents
- Do not like neighborhood
- Not enough space
- Living with relatives or another family
- Living in a shelter or on the streets
- Rent too high
- Bad housing conditions
- Increase in family size (marriage, birth)
- Health Reasons
- Other \_\_\_\_\_
- Disability access problems

**I. SECTION 8 HOUSING ASSISTANCE:**

Are you presently receiving a Section 8 housing certificate or voucher?  Yes  No  
(Please check "Yes" or "No". This information will not affect the processing of the application.)

**J. ASSETS:**

Checking/ Bank or Branch : \_\_\_\_\_

Savings/ Bank or Branch : \_\_\_\_\_

Certificate/ Bank or Branch : \_\_\_\_\_

**K. SOURCE OF INFORMATION:**

How did you hear about this development?

- Newspaper
- Sign posted on Building
- Local Organization or Church
- Friend
- A City "affordable housing" hotline listing new ads for the month
- Website
- Other: \_\_\_\_\_

**L. ETHNIC IDENTIFICATION (USED FOR STATISTICAL PURPOSES ONLY):**

This information is optional and will not affect the processing of the application.  
Please check one group which best identifies the applicant.

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

**M. SIGNATURE:**

**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 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, IS EMPLOYED BY THE DEVELOPER OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**OFFICE USE ONLY: PLEASE DO NOT WRITE IN THE AREA BELOW!**

Community Board Resident:       **Yes**    **No**

Borough Resident:                 **Yes**    **No**

Size of Apartment Assigned:       **Studio**    **1 Bedroom**    **2 Bedroom**    **3 Bedroom**    **4 Bedroom**

Person with Disability:       **M**                       **V**                       **H**

Family Composition:              Adult Males                      \_\_\_\_\_  
   Adult Females                      \_\_\_\_\_  
   Male Children                      \_\_\_\_\_  
   Female Children                      \_\_\_\_\_

Verified Earned Income:

Verified Other Income:

1.      \$ \_\_\_\_\_ .00/year  
2.      \$ \_\_\_\_\_ .00/year  
3.      \$ \_\_\_\_\_ .00/year  
4.      \$ \_\_\_\_\_ .00/year  
TOTAL: \$ \_\_\_\_\_ .00/year

1.      \$ \_\_\_\_\_ .00/year  
2.      \$ \_\_\_\_\_ .00/year  
3.      \$ \_\_\_\_\_ .00/year  
4.      \$ \_\_\_\_\_ .00/year  
TOTAL: \$ \_\_\_\_\_ .00/year

TOTAL VERIFIED HOUSEHOLD INCOME: \$ \_\_\_\_\_ .00/year