

# VAN CORTLANDT GREEN AFFORDABLE STUDIO RENTAL APARTMENTS FOR SENIORS 6469 Broadway, Bronx (Riverdale), NY 10471



**Amenities:** Energy efficient appliances, modern kitchens and accessible bathrooms, on-site superintendent, laundry, community roof terrace, limited parking available for additional monthly fees.

**Transit: Trains: 1, Metro North  
Buses: BX 7, 9, 10 BXM 1, 2, 3, 18**

**No Application Fee.**

**No Broker's Fee.**

**No Brokers Please.**

**For Rent by Owner.**

Unit Size	Monthly Rent*	Household Size	Total Annual Income Range**
			Minimum – Maximum
<b>Studios ONLY</b>	\$900-\$1130	1 person	\$27,000 - \$47,760
		2 persons	\$27,000 - \$54,600

\* Rent includes gas for cooking. Tenants pay electric.

\*\* Household earnings includes salary, hourly wages, tips, Social Security benefits, pensions, and other income. Income guidelines subject to change.

**Who Should Apply?** At least one member of the applicant's household must be at least 62 years old at the time of application. Total household income cannot exceed the maximum amounts listed above. Rental subsidies are accepted.

**How Do You Apply?** Applications can be downloaded from the marketing agent's website: [www.BronxProgroup.com](http://www.BronxProgroup.com). Applications can also be requested by mail by sending a double-stamped (2 postage stamps), self-addressed envelope to VAN CORTLANDT GREEN APARTMENTS P.O. BOX 2135 NEW YORK, NY 10108

**Where Do You Mail Completed Applications?** **Van Cortlandt Green Apartments  
P.O. Box 2135  
New York, NY 10108**

**Deadline :** Qualified applications are reviewed for current and future availability. Please submit applications to be placed on the project waitlist no later than September 30, 2021.

**What Happens After You Submit an Application?** All applications will be reviewed upon receipt. Applicants who appear to meet the qualifications will be asked to submit identification, income and asset documentation for initial review. Applicants will be subject to a background screening. Applications will be ranked on a waiting list in chronological order by the postmark date.



Mayor Bill de Blasio  
Commissioner Louise Carroll



Homes and  
Community Renewal

Governor Andrew M. Cuomo  
Commissioner RuthAnne Visnaukas

# VAN CORTLANDT GREEN APARTMENTS

[www.BronxProGroup.com](http://www.BronxProGroup.com)



Website: Jan. 2014

## APARTMENT APPLICATION

### Instructions

1. This application is to be completed by the applicant only.
2. No payment should be given to anyone in connection with the preparation or filing of this application.
3. MAIL completed application to the following address no later than **SEPTEMBER 30, 2021**

**VAN CORTLANDT GREEN APARTMENTS**  
**P.O. BOX 2135**  
**NEW YORK, NY 10128**

Submission of this application must be postmarked and mailed before September 30, 2021

Applicant Name / Head of Household \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Tel. \_\_\_\_\_ Cell Tel. \_\_\_\_\_

Work Tel. \_\_\_\_\_ Email \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

### 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.

Full Name	Relation to Applicant	Birth Date	Age	Sex	Occupation
	SELF				

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 a special accommodation? [ ] Yes [ ] No

If yes, please specify the special accommodation required: \_\_\_\_\_

1. Are you an employee of the City of New York, the NYC Housing Development Corporation, the NYC Economic Development Corporation, the NYC Housing Authority, or the NYC Health and Hospitals Corporation? Yes \_\_\_\_\_ No \_\_\_\_\_. If Yes, please identify the agency: \_\_\_\_\_

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 a 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, when you will also be required to provide other documents to verify your income and eligibility.**

**(A) INCOME FROM EMPLOYMENT:**

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	Employer Name and Address	Years Employed	Gross Earnings PER YEAR

**(B) INCOME FROM OTHER SOURCES:**

List all other income. For example, Public Assistance (including housing allowance), Social Security, SSI, Pension, Disability Compensation, Unemployment Compensation, Interest Income, Babysitting, Care-taking, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces Reserves, Scholarships and/or Grants, etc.

Household Member	Type of Income	Amount
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

**TOTAL ANNUAL HOUSEHOLD INCOME:**

Add ALL income listed above in (A) and (B) and indicate the total earned for the year: \$ \_\_\_\_\_/year.

**Current Landlord**

Landlord's Name \_\_\_\_\_

(If you live in a public housing project enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD")

Landlord's Address \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_

**Current Rent**

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

How much do you contribute to the total rent of the apartment? If nothing write "0": \$\_\_\_\_\_/month

**Reason for Moving**

Why are you moving? Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Living with parents                 | <input type="checkbox"/> Do not like neighborhood                   |
| <input type="checkbox"/> Not enough space                    | <input type="checkbox"/> Living with relatives/other family members |
| <input type="checkbox"/> Living in shelter or on the streets | <input type="checkbox"/> Rent too high                              |
| <input type="checkbox"/> Bad housing conditions              | <input type="checkbox"/> Increase in family size (marriage, birth)  |
| <input type="checkbox"/> Health reasons                      | <input type="checkbox"/> Disability access problems                 |
| <input type="checkbox"/> Other_____                          |   |

**Section 8 Housing Assistance**

Are you presently receiving a Section 8 housing voucher or certificate? Please circle: "YES" or "NO"

This information will not affect the processing of the application. If you checked "YES", do you currently have or have you already applied for a transfer voucher? Please circle: "YES" or "NO"

**Assets**

Checking Account/Bank or Branch \_\_\_\_\_

Passbook Savings/Bank or Branch \_\_\_\_\_

Savings Certificates/Bank or Branch \_\_\_\_\_

Other assets (IRAs, mutual funds, etc) \_\_\_\_\_

**Source of Information**

How did you hear about this development? ( Check all that apply )

- Newspaper
- Local organization or church
- Trulia
- Craig's List
- Google
- City "affordable housing hotline" listing new ads for the month
- Referred by current tenant: \_\_\_\_\_
- Other: \_\_\_\_\_
- Sign posted on property
- Friend or relative
- Facebook
- Curbed NY
- [www.BronxProGroup.com](http://www.BronxProGroup.com) website

**Ethnic Identification (Used for Statistical Purposes Only)**

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

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

**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 the 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 ARE EMPLOYED BY THE NEW YORK CITY HOUSING DEVELOPMENT CORPORATION OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

***No pets, no washing machines, no satellite dishes are allowed in the apartments or on the premises.***

**OFFICE USE ONLY:**

- Community Board Resident  Yes  No
- Municipal Employee  Yes  No
- Size of Apartment Assigned:  Studio  1 Bedroom  2 Bedroom  3 Bedroom  4 Bedroom

Family Composition: Adult Males \_\_\_\_\_ Adult Females \_\_\_\_\_ Male Children \_\_\_\_\_ Female Children \_\_\_\_\_  
 Person with Disability  Mobility  Visual  Hearing  
 TOTAL VERIFIED HOUSEHOLD INCOME: \$ \_\_\_\_\_ per Year.