

## F. Source of Information

How did you hear about this development? Please check all that apply:	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> City "affordable housing hotline"
<input type="checkbox"/> Local organization or church	<input type="checkbox"/> Friend
<input type="checkbox"/> Sign posted on property	<input type="checkbox"/> www.nyhousingsearch.com
<input type="checkbox"/> Community Board	<input type="checkbox"/> Elected Representative
<input type="checkbox"/> Other: _____	

## G. Ethnic Identification

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:	
<input type="checkbox"/> White (non-Hispanic origin)	<input type="checkbox"/> Black
<input type="checkbox"/> Hispanic origin	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Other: _____

## H. Signature (Required)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (We) have not withheld, falsified, or otherwise misrepresented any information. I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact).

I (WE) DECLARE THAT NEITHER I (WE), NOR ANY MEMBER OF MY (OUR) IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

Person with Disability:    ☐ Mobility                      ☐ Visual                      ☐ Hearing  
Community Board Resident: ☐ Yes                      ☐ No  
Size of Apartment Assigned: ☐ Studio                      ☐ 1BR                      ☐ 2 BR  
Family Composition:      Adult (Males) \_\_\_\_\_      Adult (Females) \_\_\_\_\_  
   Children (Males) \_\_\_\_\_      Children (Females) \_\_\_\_\_  
TOTAL VERIFIED HOUSEHOLD INCOME: \$ \_\_\_\_\_ PER YEAR