

PO Box 234550, Great Neck, NY 11023

Tel: (718) 993-2280 ◆ Fax: (718) 402-2028 ◆ Web: http://pillarnyc.com

La Casa De La Luna 3462 Third Avenue Bronx, NY 10456 La Casa Del Sol 3463 Third Avenue Bronx, NY 10456 La Casa De La Estrella 3480 Third Avenue Bronx, NY 10456

FREE APPLICATION – YOU SHOULD NOT PAY ANYONE FOR THIS APPLICATION

Instructions:

- 1. Mail only one application per family. You will be disqualified if more than one application per family is received.
- 2. Mail only one application per envelope. You will be disqualified if more than one application per envelope is received.
- 3. When completed this application must be returned by regular mail only; do not send registered or certified mail.
- 4. Mail completed application to:

Pillar Property Management LLC 3251 Third Avenue 2nd Floor Bronx, New York 10456

- 5. No payment should be given to anyone in connection with filling out this application.
- 6. This information to be filled out by applicant:

NO WHITEOUT OR CORRECTION TAPE

A. Name and Address			
Name:			
Current Street Address:			
City:	State:	Zip:	
Home/cell phone:	Work Phone:	Email:	
How long have you live at this addre Desired Apt. Size: (Select one) Studio 1 Bedroom 2 Bedroom 3 Bedroom	Location des Specific add	years,months. Location desired: Specific address: Yes No If yes, which address?	
B. Household Information How many persons in your househol LIVE IN THE UNIT FOR WHICH YOU AR	0,5		

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	Relation to Applicant	Birth Date	Age	Sex	Occupation

Application For Apartment





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housing development that is the subject of this application?

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B. Household Information

Are you or a member of your household disabled?	🛛 Yes 🗖 No
If yes, would you describe the disability as	
mobility impairment or visual impairment or hearing impairment?	
If you checked either mobility impairment, visual impairment, or hearing	
impairment, do you or a member of your household require special	
accommodations?	🗅 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:	
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	

□ 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, 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 and address of employer Years Employed Gross Earnings







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D. Income from Other Sources

List all other income, for example, welfare (including housing allowance), AFDC, 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.

Household Member	Type of Income	Amount	
		\$	per

E. Total Annual Household Income

Add all income listed above and indicate total earned for the year:

per year

F. 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 #:

G. Litigation

\$

If it was a non-payment, how much was the judgement amount? _______

H. Current Rent

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

How much do you contribute to the total monthly rent of the apartment? If nothing write "0".

I. Reason For Moving

Why are you moving? Please check all that apply.

- Living with parents
- Bad housing conditions
- Living in shelter or on the
- streets
- Rent too high
- Health reasons
 Living with relatives/other family members
 Other

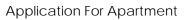
□ Not enough space

Do not like neighborhood

\$

\$

- Disability access problems
- □ Increase in family size (birth, marriage)









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J. Section 8 Housing Assistance/HASA

Are you presently receiving a section 8 housing voucher or certificate? Are you presently receiving a HASA voucher or certificate? □ Yes □ No □ Yes □ No

Please check yes or no. This information will not affect the processing of your application.

K. Assets	
Checking Account	Bank or Branch
Passbook Savings	Bank or Branch
Savings Certificates	Bank or Branch

U Website/Internet

□ Sign posted on property

L. Source of Information

How did you hear about this development?

Local Organization or Church

City "affordable housing hotline"

listing new ads for the month

Other

M. Ethnic Identification (used for statistical purposes only)

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

White (non-Hispanic origin)American Indian/Alaskan Native

Hispanic OriginAsian or Pacific Islander

BlackOther

□ Friend

Newspaper

N. Signature

I DECLARE THAT THE 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
Signed	Date



