



Pillar Property Management

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 address?: _____ years, _____ months.

Desired Apt. Size: (Select one)

- Studio
- 1 Bedroom
- 2 Bedroom
- 3 Bedroom

Location desired:

Specific address: Yes No

If yes, which 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	Relation to Applicant	Birth Date	Age	Sex	Occupation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



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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 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, 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 _____
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ 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

Is there a judgement against you (or other household member) in housing court? Yes No

If yes, when was the case (month and year)? _____

What kind of case was it? Non-payment Holdover

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
- Not enough space
- Health reasons
- Living with relatives/other family members
- Other
- 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? Yes No

Are you presently receiving a HASA voucher or certificate? 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

L. Source of Information

How did you hear about this development?

- Local Organization or Church Website/Internet Friend
 City "affordable housing hotline" listing new ads for the month Sign posted on property Newspaper
 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) Hispanic Origin Black
 American Indian/Alaskan Native Asian or Pacific Islander Other

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 _____

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____