

Affordable Rental Units Still Available



STRIVERS PLAZA

NEWLY CONSTRUCTED 2-Bedroom Units at 275 West 140th Street, Central Harlem

Amenities: 24-hour on-site resident super, security cameras, intercom system, laundry room*, community room* (*additional fees apply). **Transit:** A/B/C/3 Trains, M1, M2, M3, M7, M10, M102 Buses
No application fee • No broker's fee

This building has been constructed through the New Housing Opportunities Program (NHOP) of the New York City Housing Development Corporation (HDC), and the Mixed Income Rental Program (MIRP) of the New York City Department of Housing Preservation and Development (HPD).

Who Should Apply?

Individuals or households who meet the income and household size requirements listed in the table below may apply. Qualified applicants will be required to meet additional selection criteria.

1. View the Available Units...				2. See Unit Requirements		
Unit Size	Monthly Rent*	Units Available		Household Size**		Annual Household Earnings***
2 bedroom	\$2,405	8	→	2 people		\$83,863 - \$133,700
				3 people		\$83,863 - \$150,325
				4 people		\$83,863 - \$166,950

* Rent includes gas for cooking.

** Household size includes everyone who will live with you, including parents and children. Subject to occupancy criteria.

*** Household earnings includes salary, hourly wages, tips, Social Security, child support, and other income. Income guidelines subject to change. Asset limits also apply.

How Do You Apply?

To request an application **send a self-addressed envelope to: Strivers Plaza, 87-14 116th Street, Richmond Hill, NY 11418** or visit our website, www.wavecrestrentals.com and click on specialty housing opportunities.

When is the Deadline?

Applications will be accepted until all apartments are leased.

What Happens After You Submit an Application?

Applications will be processed sequentially in order based upon date/time of receipt of application. If you appear to qualify, you will be invited to an interview to continue the process of determining your eligibility. You will be asked to bring documents that verify your household size, identity of members of your household, and your household income.

Mayor Bill de Blasio • HPD Commissioner Maria Torres-Springer • HDC President Eric Enderlin



APPLICATION FOR APARTMENT

INSTRUCTIONS:

- Applications are processed in the order in which they are received. Depending on the volume of applications received, it may not be possible for all of them to be processed. Accordingly, it is possible that you may not receive a response.** All applicants are encouraged to monitor the internet resource center established by The City of New York (www.nyc.gov/html/housing/pages/resources/resources.shtml) to keep up with new housing opportunities to which they may apply. Applying to more buildings, including those in locations that might not be your first preference, can only increase the chances that one of your applications will be opened and processed.
- You must complete the first three sections (Sections A, B, and C) as well as sign and date the application in order for your application to be reviewed if it is selected for further processing. The application should be completed very carefully. Incomplete information for the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, do not use white-out or liquid paper anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.**
- When completed, this application must be returned **either** by email to; Strivers@twmt.biz; by Fax; (718) 744-2146; or by mail to: Strivers Plaza, 87-14 116th Street, Richmond Hill, NY 11418
- Only the application should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.
- No payment should be given to anyone in connection with the preparation or filing of this application.** No broker or application fees may be charged. If your application is selected for further processing, a non-refundable credit check fee will be collected by the management company at that time (**\$25 for households with 1 or 2 adults or \$50 for households with 3 or more adults for low income units and \$50 for households with 1 or 2 adults or \$75 for households with 3 or more adults for middle income units**).
- Income Eligibility:** Please review the chart in the project advertisement which breaks down the mandatory income levels for the HPD/HDC housing program of the building you are applying to, based on family size. All income sources for all household members should be listed on the application. In general, gross income is calculated for most applicants, except that net income is analyzed for self-employed applicants. Net business income from current and prior years is considered for self-employed applicants, and such applicants must have at least two (2) to three (3) complete years in the same self-employed field. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for further processing you will be contacted, via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.

7. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. These include, but are not limited to:
 - a. Credit History
 - b. Rent Payment History
 - c. Criminal Background Checks
 - d. Qualification as a Household – the Agency’s housing programs are designated for individuals, families and households who can document financial interdependence as a household unit. These affordable programs are not intended for “roommate situations” and so such applicants will not be eligible under this household criterion. *
 - e. Continuing Need – Applicants to the Agency’s low-income housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history.
 - f. Property Ownership – Applicants to rental units may not own residential property, or shares in a co-op, in or within one hundred (100) miles of New York City.
 - g. Asset Limits –There is a limit to the amount of total household assets allowed (excluding specifically designated retirement and college savings accounts). The household asset limit for rental units is equal to the maximum income limit for a four (4)-person household at the area median income (AMI) level for which the unit is designated.

8. Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. Therefore any approved tenant will need to surrender any other primary residences prior to signing a lease for this program. While this is true of all other apartments, maintaining more than one unit which participates in any governmental housing program is a particularly egregious violation of this requirement. If you are presently residing in another governmentally assisted unit, you are free to apply to an HPD/HDC housing development provided that you comply with this requirement and give up your current such unit before signing a lease once you are selected and have been approved. Violation of this requirement may lead to the loss of the apartments and leases in question, as well as referral to the appropriate authorities for potential criminal charges.

9. Submission of False or Incomplete Information: Prospective applicants should be aware that this is a governmentally assisted housing program. The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will not only result in an applicant’s disqualification, but will be forwarded to the appropriate authorities for further action – including the possibility of criminal prosecution. All paperwork and documents submitted by applicants are subject to review by the New York City Department of Investigation, a fully empowered law enforcement agency of the City of New York.

A. Name & Address (Required)

First, Middle Initial, & Last Name, Suffix:	
Current Address Line 1:	
Current Address Line 2:	
City:	
State:	
Zip Code:	
Cell Phone:	
Home Phone:	
Work Phone:	
Email:	
How long have you lived at this address? _____ Years, _____ Months	
Please select one of the following, email or paper mail as your preferred method of communication for ALL future correspondence regarding this application. If your preferred mailing address is different than the one listed above, please indicate the preferred mailing address in the space provided:	
<input type="checkbox"/> Email: _____	
<input type="checkbox"/> Paper Mail (specify if mailing address is different than above): _____	

B. Household Information (Required)

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used. Providing Social Security Numbers and/or Taxpayer Identification Numbers on this application is voluntary. Social Security Numbers and Taxpayer Identification Numbers which are voluntarily disclosed on this application will be used only to establish an organized and specific method of identifying applicants who are seeking affordable housing within the City of New York, will be kept in a secure location, and will not be used or disclosed for any other purpose. Failure to provide a Social Security Number or Taxpayer Identification Number on this application will not result in an applicant's disqualification at this time. If your application is selected for further processing, the building's landlord will have the right to require this information at that time in order to perform a credit check.

How many persons, 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 (Head of Household), and provide the following information. Please indicate if the household member has a disability. If yes, would you describe the disability as a mobility impairment (MI), visual impairment (VI), or hearing impairment (HI):

First, Mid. Initial, & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date (MM/DD/YY)	Sex	Occupation	Disabled?		
						MI	VI	HI
		Head of Household						

Are you or a member of your household a Veteran of the U.S. Armed Forces? Yes No
 *Please see Definition of Eligibility below.

If you checked either mobility, visual, or hearing impairment, do you or a member of your household require a special accommodation?
 Yes – please specify the accommodation required: _____
 No

*Definition of veteran from 38 U.S.C. 101(2):

The term “veteran” means a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.

C. Income (Required)

Question 1	
Are you or a member of your household 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes,” please specify the agency or entity at which you or a member of your household is employed.	
Question 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 income and eligibility.

HPD EMPLOYEES ONLY: If you are an HPD employee, please read the Commissioner's Order regarding conflicts of interest and consult with the agency's Office of Legal Affairs before you submit your application.

1. Income from Employment

List all full and/or part time employment income 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 & Address	Length of Employment		Earnings	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
		Years	Months			
Head of Household						

2. Income from Other Sources

List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.				
Household Member	Type of Income	Dollar Amount	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
Head of Household				

3. TOTAL ANNUAL HOUSEHOLD INCOME

Add ALL Annual Gross Income (Sections 1 & 2 above) and list the TOTAL ANNUAL HOUSEHOLD INCOME:

4. Assets

Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," please indicate assets for each household member:		
Household Member	Type of Asset/Account	Branch
Head of Household		

D. Rental Subsidy

Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? (This information will not affect the processing of the application.)	<input type="checkbox"/> No <input type="checkbox"/> Yes – HPD Section 8 voucher <input type="checkbox"/> Yes – NYCHA Section 8 Voucher <input type="checkbox"/> Yes – Other Rental Subsidy/Certificate
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E. Current Landlord

Landlord is:

New York City Housing Authority (NYCHA)
Other City Owned (In Rem)

A Company or Organization
An Individual

Landlord Name (Company or Organization Name:)	Landlord Address	Landlord Phone #
What is the total rent on the apartment where you currently live or are temporarily staying?	_____ monthly	
How much do you contribute to the total rent of the apartment? If nothing, write "0."	_____ monthly	

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.nyc.gov/housingconnect
<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. Language

In what language would you like to be contacted about your application? Please choose one. If you do not choose a language, communication will be in English.			
<input type="checkbox"/>	English	<input type="checkbox"/>	한국어 (Korean)
<input type="checkbox"/>	简体中文 (Chinese)	<input type="checkbox"/>	Русский (Russian)
<input type="checkbox"/>	Kreyòl Ayisyen (Haitian Creole)	<input type="checkbox"/>	Español (Spanish)
<input type="checkbox"/>	(Arabic) العربية		

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7. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. These include, but are not limited to:
 - a. Credit History
 - b. Rent Payment History
 - c. Criminal Background Checks
 - d. Qualification as a Household – the Agency’s housing programs are designated for individuals, families and households who can document financial interdependence as a household unit. These affordable programs are not intended for “roommate situations” and so such applicants will not be eligible under this household criterion. *
 - e. Continuing Need – Applicants to the Agency’s low-income housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history.
 - f. Property Ownership – Applicants to rental units may not own residential property, or shares in a co-op, in or within one hundred (100) miles of New York City.
 - g. Asset Limits –There is a limit to the amount of total household assets allowed (excluding specifically designated retirement and college savings accounts). The household asset limit for rental units is equal to the maximum income limit for a four (4)-person household at the area median income (AMI) level for which the unit is designated.

8. Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as their sole primary residence. Therefore any approved tenant will need to surrender any other primary residences prior to signing a lease for this program. While this is true of all other apartments, maintaining more than one unit which participates in any governmental housing program is a particularly egregious violation of this requirement. If you are presently residing in another governmentally assisted unit, you are free to apply to an HPD/HDC housing development provided that you comply with this requirement and give up your current such unit before signing a lease once you are selected and have been approved. Violation of this requirement may lead to the loss of the apartments and leases in question, as well as referral to the appropriate authorities for potential criminal charges.

9. Submission of False or Incomplete Information: Prospective applicants should be aware that this is a governmentally assisted housing program. The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will not only result in an applicant’s disqualification, but will be forwarded to the appropriate authorities for further action – including the possibility of criminal prosecution. All paperwork and documents submitted by applicants are subject to review by the New York City Department of Investigation, a fully empowered law enforcement agency of the City of New York.

A. Name & Address (Required)

First, Middle Initial, & Last Name, Suffix:	
Current Address Line 1:	
Current Address Line 2:	
City:	
State:	
Zip Code:	
Cell Phone:	
Home Phone:	
Work Phone:	
Email:	
How long have you lived at this address? _____ Years, _____ Months	
Please select one of the following, email or paper mail as your preferred method of communication for ALL future correspondence regarding this application. If your preferred mailing address is different than the one listed above, please indicate the preferred mailing address in the space provided:	
<input type="checkbox"/> Email: _____	
<input type="checkbox"/> Paper Mail (specify if mailing address is different than above): _____	

B. Household Information (Required)

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used. Providing Social Security Numbers and/or Taxpayer Identification Numbers on this application is voluntary. Social Security Numbers and Taxpayer Identification Numbers which are voluntarily disclosed on this application will be used only to establish an organized and specific method of identifying applicants who are seeking affordable housing within the City of New York, will be kept in a secure location, and will not be used or disclosed for any other purpose. Failure to provide a Social Security Number or Taxpayer Identification Number on this application will not result in an applicant's disqualification at this time. If your application is selected for further processing, the building's landlord will have the right to require this information at that time in order to perform a credit check.

How many persons, 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 (Head of Household), and provide the following information. Please indicate if the household member has a disability. If yes, would you describe the disability as a mobility impairment (MI), visual impairment (VI), or hearing impairment (HI):

First, Mid. Initial, & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date (MM/DD/YY)	Sex	Occupation	Disabled?		
						MI	VI	HI
		Head of Household						

Are you or a member of your household a Veteran of the U.S. Armed Forces? Yes No
 *Please see Definition of Eligibility below.

If you checked either mobility, visual, or hearing impairment, do you or a member of your household require a special accommodation?
 Yes – please specify the accommodation required: _____
 No

*Definition of veteran from 38 U.S.C. 101(2):

The term “veteran” means a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.

C. Income (Required)

Question 1	
Are you or a member of your household 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes,” please specify the agency or entity at which you or a member of your household is employed.	
Question 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 income and eligibility.

HPD EMPLOYEES ONLY: If you are an HPD employee, please read the Commissioner's Order regarding conflicts of interest and consult with the agency's Office of Legal Affairs before you submit your application.

1. Income from Employment

List all full and/or part time employment income 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 & Address	Length of Employment		Earnings	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
		Years	Months			
Head of Household						

2. Income from Other Sources

List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.				
Household Member	Type of Income	Dollar Amount	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
Head of Household				

3. TOTAL ANNUAL HOUSEHOLD INCOME

Add ALL Annual Gross Income (Sections 1 & 2 above) and list the TOTAL ANNUAL HOUSEHOLD INCOME:

4. Assets

Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please indicate assets for each household member:		
Household Member	Type of Asset/Account	Branch
Head of Household		

D. Rental Subsidy

Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? (This information will not affect the processing of the application.)	<input type="checkbox"/> No <input type="checkbox"/> Yes – HPD Section 8 voucher <input type="checkbox"/> Yes – NYCHA Section 8 Voucher <input type="checkbox"/> Yes – Other Rental Subsidy/Certificate
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E. Current Landlord

Landlord is:

New York City Housing Authority (NYCHA)
Other City Owned (In Rem)

A Company or Organization
An Individual

Landlord Name (Company or Organization Name:)	Landlord Address	Landlord Phone #
What is the total rent on the apartment where you currently live or are temporarily staying?	_____ monthly	
How much do you contribute to the total rent of the apartment? If nothing, write "0."	_____ monthly	

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.nyc.gov/housingconnect
<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. Language

In what language would you like to be contacted about your application? Please choose one. If you do not choose a language, communication will be in English.			
<input type="checkbox"/>	English	<input type="checkbox"/>	한국어 (Korean)
<input type="checkbox"/>	简体中文 (Chinese)	<input type="checkbox"/>	Русский (Russian)
<input type="checkbox"/>	Kreyòl Ayisyen (Haitian Creole)	<input type="checkbox"/>	Español (Spanish)
<input type="checkbox"/>	(Arabic) العربية		

