

# Cornell Pace Inc.

real estate management | development | acquisition | syndication

*Deadline for lottery has passed. Applications are now being accepted for waiting list.*

**Mail completed application to:**

CRESTON BURNSIDE  
c/o Cornell Pace Inc.  
542 Main Street, 3rd Floor, New Rochelle, NY  
10801

**DO**

- ✓ Submit one application per household (Only choose one option: paper or online application)
- ✓ Complete all sections
- ✓ Send by standard mail only
- ✓ Mail before application deadline date

**DO NOT**

- ✗ Submit multiple applications per person or household
- ✗ Use whiteout or liquid paper on application at any time
- ✗ Use certified mail, return receipts or any other method requiring a signature confirmation
- ✗ Pay anyone in connection with the preparation of filing this application



## A. Name & Address

### Current Living Address:

(If you are living in a City-run homeless shelter, please list your current shelter address)

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First Name	Middle Initial	Last Name
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Street Address	Apartment #
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City	State	Zip
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Is it possible to go from the sidewalk to your current apartment without going up or down any stairs?  Yes  No

Is this a NYCHA property?  Yes  No

If yes, is your name on the NYCHA household form?  Yes  No

Is this a City-run homeless shelter?  Yes  No

If yes, provide your last permanent address:

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Building (House) #	Street	Apartment #
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City	State	Zip
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### Phone Numbers:

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Cell Phone

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Home Phone

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Work Phone

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E-mail Address





## B. Rental Subsidy

<p>Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? Please check the appropriate box at right.</p> <p>Examples of other rental subsidies/certificates include CITYFHEPS, NHTD (Medicaid Waiver), Individual Services and Supports (ISS), and VASH.</p> <p>This information will not affect the processing of the application. Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies.</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes – HPD Section 8 voucher</p> <p><input type="checkbox"/> Yes – NYCHA Section 8 Voucher</p> <p><input type="checkbox"/> Yes – Other Rental Subsidy/Certificate:</p>
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## C. Income Inclusions for Meeting Minimum Income Requirements

<p>Does anyone in your household receive income from any of the below sources? If you receive a source(s) of income on this list, the marketing agent will need to evaluate the full amount when calculating minimum income.</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
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- a. Adoption assistance payments
- b. Dependent Students over the age of 18 with earned income
- c. Income earned from Baby bonds
- d. Payments received for the care of foster children or adults
- e. Earned income of foster adults
- f. ABLE account interest
- g. State Payments to allow individuals with disabilities to live at home
- h. PASS payments
- i. Distribution of a trust used to pay the medical care expenses of a minor
- j. Hostile fire special payment to a family member serving in the Armed Forces
- k. Veteran aid and attendance payments
- l. FSS account interest
- m. Workers' compensation as wage replacement
- n. Lawsuit settlements if payments are recurring
- o. Deferred SSI income or VA disability benefits if payments are recurring

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## D. Household Information

**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.



**1. How many persons (including yourself) will live in the unit for which you are applying?**

\_\_\_\_\_

2. List **ALL** the people who will live in the unit for which you are applying, starting with yourself (Self), and provide the following information.

**Gender Identification:** In this section, list how you identify (optional). Examples: Female; Male; Non-binary; etc.

**Veteran:** In this section, note if a household member has ever served in the United States Armed Forces, National Guard, or Reserves (answer yes or no)

**Disability:** If a household member has an ongoing mobility (M), hearing (H), or visual (V) disability and requires an accessible/adaptable unit, **please check the relevant box**. If selected for further processing, you will be mailed a form that you and a medical professional will need to immediately complete and send back. This form is to verify that your household requires an accessible or adaptable apartment. The form can be used for any other future applications for a period of up to 12 months.

First, Middle Initial & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date MM/DD/YY	Gender Identification (Optional)	Veteran?	Disability?		
						M	V	H
		Self						



If you checked either mobility, visual, or hearing disability, do you or a member of your household require a special accommodation?

Yes – please specify the accommodation required:

\_\_\_\_\_

No

**3. Is anyone in the table above a full-time student?**

Yes – please circle their names above and write their names here:

\_\_\_\_\_

No full-time students in the household

**E. Income and Assets**

**Note: Be sure to check the lottery advertisement to see if your income qualifies. The ad shows the income level requirements, for each household size, for this housing opportunity.**

<b>Question 1</b>	
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.	
<b>Question 2</b>	
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 if you receive a request to confirm your eligibility.

**1. Income from Employment**

*Note: A "household member" is a person who will be living in the affordable unit.*

For any job that is not self-employed, list the amount you make before taxes (Gross Income). For self-employed individuals, use the amount you make after deductions (Net Income). If your application is selected for further processing, you will be contacted with a list of documentation that you will need to provide.

List all full and/or part time employment income for <b>ALL</b> Household Members, including yourself. Include self-employment earnings:						
Household Member	Employer Name & Address	Length of Employment		Amount Paid (\$)	How Often? (Ex: weekly, bi-weekly, monthly, annually)	Annual Income
		Yrs.	Mos.			
<b>Self</b>						
<b>1A. TOTAL ANNUAL INCOME FROM EMPLOYMENT AND SELF-EMPLOYMENT</b> add all amounts from "Annual Income" column in this table):						



**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	Amount Paid (\$)	How Often? (Ex: weekly, bi-weekly, monthly, annually)	Annual Income
Self				
<b>2A. TOTAL ANNUAL INCOME FROM OTHER SOURCES</b> (add all amounts from "Annual Income" column in this table):				

**3. TOTAL ANNUAL HOUSEHOLD INCOME**

Add together the total annual income amounts from **1A** and **2A**, above:



#### 4. Assets

<b>Are there assets for this household?</b> 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 or Account	Bank/Institution	Current Value of Account
Self			

#### 5. Real Property

<b>Do you own any real estate property?</b> Real estate properties may be residential or non-residential. Examples may include partial ownership, co-op housing stock or share, direct or indirect ownership, LLC, commercial, vacant land, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the address of the Real Estate Property?				
Residential or Non-Residential?	PHN and Street Number	City	State	Zip code



## F. Ethnicity

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"/>	Hispanic or Latino	<input type="checkbox"/>	Not Hispanic or Latino
<input type="checkbox"/>	Choose not to answer		

## G. Race

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	<input type="checkbox"/>	Black or African-American
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	American Indian or Native Alaskan	<input type="checkbox"/>	Choose not to answer
<input type="checkbox"/>	Other:		

## H. Housing Choices – Re-rentals and Resales

When an existing affordable apartment becomes available in one of a wide range of developments in New York City, a small number of interested and qualified Housing Connect users are picked at random for the opportunity to apply for that unit.

You only have the chance to be randomly selected for re-rentals/resales if you indicate here that you are interested. Also, you will only have the chance to be selected if your household size and income match the unit requirements.

1. Are you interested in future affordable housing opportunities located in a different, existing building that become vacant for re-rental or resale?  Yes  No

→ If you checked yes, **Continue** this section (G). If **not**, skip to Section H (Signatures).

If you are only willing to be considered for re-rental/resale units of specific sizes, locations, accessibility, and/or pet policies, make those choices below. This will limit the types of units for which you may be randomly picked to apply. We encourage you to keep your options open, and only make specific choices below if necessary.

2. Please answer the following questions about your interest in future re-rentals or resales:
  - a. What size re-rental or resale unit are you interested in, based on your household size? Check all that apply.

<input type="checkbox"/>	All sizes that match my income	<input type="checkbox"/>	3-Bedrooms
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	Studios		4-Bedrooms
	1-Bedrooms		5-Bedrooms
	2-Bedrooms		6-Bedrooms

b. Which borough(s) are you interested in living in? Check all that apply.

	All boroughs and neighborhoods		Brooklyn
	Manhattan		Queens
	Bronx		Staten Island

c. Are you **only** interested in certain neighborhoods in the boroughs you checked above? If yes, write the neighborhoods here:

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d. Are you **only** interested in units that are located in an elevator building and/or located on the first floor?

- Yes, only units in an elevator building or on the first floor
- No, stairs to get to the apartment are okay

e. Are you **only** interested in units in buildings where there is a flat entrance and/or accessible ramp?

- Yes, only buildings with a flat entrance or ramp
- No, steps to get in the building are okay

f. Are you willing to live in a building with a no-pet policy?

*This does not include emotional support animals or service animals.*

- Yes, I can live in a building with a no-pet policy
- No, the building must allow pets

### I. Signatures (Required for All Household Members 18 and over)

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) fully understand that any and all information I (we) 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 (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), and referral to the appropriate authorities for potential criminal prosecution.



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

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Signature

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Date

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Signature

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Date

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Signature

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Date

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Signature

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Signature

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Date

