

Low-Income Apartments Now Available

Aurea Development LLC is accepting applications for its affordable housing rental apartments and for its waiting list of affordable apartments at **582-588 Union Avenue** and **575 Southern Boulevard** in the **Mott Haven** section of the **Bronx**. The size, rent and targeted income distribution for these apartments are as follows:

Apartment Size	Household Size*	Monthly Rent	Total Annual** Income Range Minimum - Maximum
1 Bedroom	1	\$808	\$30,274 - \$34,860
	2	\$808	\$30,274 - \$39,840
1 Bedroom	1	\$793	\$29,760 - \$34,860
	2	\$793	\$29,760 - \$39,840
2 Bedroom	2	\$964	\$35,726 - \$39,840
	3	\$964	\$35,726 - \$44,820
	4	\$964	\$35,726 - \$49,800
2 Bedroom	2	\$979	\$36,240 - \$39,840
	3	\$979	\$36,240 - \$44,820
	4	\$979	\$36,240 - \$49,800
3 Bedroom	3	\$1110	\$41,280 - \$44,220
	4	\$1110	\$41,280 - \$49,080
	5	\$1110	\$41,280 - \$53,040
	6	\$1110	\$41,280 - \$57,780
3 Bedroom	3	\$1127	\$41,862 - \$44,220
	4	\$1127	\$41,862 - \$49,080
	5	\$1127	\$41,862 - \$53,040
	6	\$1127	\$41,862 - \$57,780

*Subject to occupancy criteria

**Income guidelines subject to change

Applications may be requested by mail, in person, via internet or by telephone.

If you are requesting an application by mail, please write to: Lemle & Wolff, Inc. 5925 Broadway, Bronx, NY 10463.

If you are requesting an application in person, please visit the office at the address listed above.

If you are requesting an application via internet, please visit www.lemlewoff.com.

If you are requesting an application via telephone, please call: (718) 884-7676 ext.310.

Accepting applications until fully rented.

No Broker's Fee. No Application Fee.



MICHAEL R. BLOOMBERG, Mayor

New York City Department of
Housing Preservation and Development
MATHEW WAMBUA, Commissioner



New York City Housing Development Corporation
MARC JAHR, President
www.nychdc.com



LEMLE & WOLFF, INC.

EST. 1938

5925 BROADWAY, BRONX, N.Y. 10463

(718) 884-7676 • FAX (718) 884-5300

REAL ESTATE MANAGEMENT • DEVELOPMENT • REHABILITATION • MORTGAGES • INSURANCE

AUREA DEVELOPMENT LLC

Instructions:

1. Mail only one application per family. You will be disqualified if more than one application per family is received.
2. When completed, this application must be returned by regular mail only; do not send registered or certified mail.
3. The completed application must be post marked no later than _____. Applications postmarked after this date will be set aside for possible future consideration.
4. Mail completed application to:

Lemle & Wolff, Inc.
 c/o Greimy Ynfante
 5925 Broadway
 Bronx, NY 10463

5. No payment should be given to anyone in connection with the preparation or filing of this application

6. The following information to be filled out by the Applicant:

A. Name and Address

Name _____

Current Address _____

City, State, Zip Code _____

Home Telephone _____

Cell Phone / Work Phone _____

How long have you lived at this address? _____ Years, _____ Months

B. Income from Employment

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 & Hospitals Corporation?

Yes _____ No _____ (If yes, please identify the agency or entity at which you are employed): _____

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 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 Gross Earnings	Name and Address of Employer & Years Employed
_____ \$ _____	_____
_____ \$ _____	_____
_____ \$ _____	_____
_____ \$ _____	_____

C. 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, etc.

HOUSEHOLD MEMBER	Type of Income	Amount
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

D. Total Household Income

Add all income listed above in parts B and C and indicate the Total Earned Annual Income

\$ _____ per year

E. Current Landlord

Landlord's Name: _____
(If you lived in a public housing project enter "NYCHA." If you live in a City-owned/In Rem building enter "HPD.")

Landlord's Present Address _____

Landlord's Phone Number _____

F. Current Rent

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

G. Reason for Moving

Why are you moving? Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Do not like neighborhood |
| <input type="checkbox"/> Not enough Space | <input type="checkbox"/> Living with relatives/other family members |
| <input type="checkbox"/> Living in shelter or on the streets | <input type="checkbox"/> Rent too high |
| <input type="checkbox"/> Bad housing conditions | <input type="checkbox"/> Increase in family size (marriage, birth) |
| <input type="checkbox"/> Health Reasons | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Disability access problems | |
-

H. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certificate? Yes No
Please check Yes or No. This information will not affect the processing of the application.

I. 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 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

Are you or any member of your household disabled? Yes No
 If yes, would you describe the disability as:
 Mobility Impairment? Visual Impairment? Hearing Impairment?
 If you selected either mobility impairment, or visual impairment, or hearing impairment, do you or a member of your household require a special accommodation? Yes No
 If yes, please specify the special accommodation required:

J. Assets

Checking Branch _____ Account / Bank _____
 Passbook Branch _____ Savings / Bank _____
 Savings Branch _____ Certificates / Bank _____

K. Source of Information

How did you hear about this development?

- Newspaper
- Sign Posted on Property
- Local Organization or Church
- Friend
- City "affordable housing hotline" listing new ads for the month
- Website / Internet
- Other _____

Ethnic Identification (Used for Statistical Purposes Only)

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

- White (non Hispanic origin)
- Black
- Hispanic origin
- Asian or Pacific Islander
- American Indian / Alaskan Native
- Other _____

L. Signature

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signed: _____ Date: _____

OFFICE USE ONLY:

Community Board Resident: [] Yes [] No
Municipal Employee: [] Yes [] No
Size of Apartment Assigned: [] Studio [] 1 bedroom [] 2 bedroom [] 3 bedroom
Family Composition: Adult Males _____ Adult Females _____ Male Children _____
Female Children _____
Person with Disability: [] Mobility [] Visual [] Hearing
TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ per year