



Ending homelessness in New York.

# THE LEE

## APPLICATION



All information obtained is confidential and will be used for application review purposes only. The Lee maintains a firm commitment to equal opportunity for all applicants. The Lee does not discriminate based on race, sex, age, color, national origin, religion, sexual orientation, HIV status, or disability.



## 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. Mail completed application to:

Common Ground  
Central Intake Unit – The Lee  
255 West 43rd Street  
New York, NY 10036

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

**Please complete all sections and sign the last page. All questions must be answered – if one does not apply, please draw a line through the question or write “N/A.” PLEASE PRINT.**

## CONTACT INFORMATION

1. NAME \_\_\_\_\_  
                    First                      Middle                      Last  
1a. Other names (maiden name, stage name, etc.) \_\_\_\_\_
2. STREET ADDRESS \_\_\_\_\_ APT. NO \_\_\_\_\_
3. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_
4. HOME/CELL PHONE (    ) \_\_\_\_\_ WORK PHONE (    ) \_\_\_\_\_
5. BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_
6. EMAIL ADDRESS: \_\_\_\_\_
7. Are you a fulltime student?  YES  NO (A Full-Time Student is one who attends school at least 5 months out of a year and has full-time student status for those 5 months).  
**NOTE:** The 2008 Housing and Economic Recovery Act states that someone who participated in the foster care program and is in school is not considered to be full-time student for the purposes of low income housing tax credits.  
  
Are you a part time student?  YES  NO
8. Do you require a special accommodation in your residence?  YES  NO  
(If yes, please check which disability applies):  
Mobility impairment       Visual impairment       Hearing impairment   
Please specify the accommodation required: \_\_\_\_\_  
\_\_\_\_\_
9. (A) 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): Agency/Entity \_\_\_\_\_  
  
(B) If you answered "yes" to Question 8A 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 8A 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 8B 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, when you will also be required to provide other documents to verify your income and eligibility.

**HOUSING STATUS**

10. Present landlord \_\_\_\_\_ Phone ( ) \_\_\_\_\_

11. Landlord's address \_\_\_\_\_

12. Is your apartment leased directly to you?  YES  NO

13. Monthly rent \$ \_\_\_\_\_

14. Is your rent subsidized by a Government Agency (i.e. Section 8)?  YES  NO By whom?: \_\_\_\_\_

15. How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

16. PLEASE LIST YOUR LAST THREE RESIDENCES STARTING WITH THE MOST CURRENT:

PREVIOUS ADDRESS	RENT AMT	DATE OF RESIDENCY	WHY DID YOU MOVE?
		FROM	
		TO	
		FROM	
		TO	
		FROM	
		TO	

17. What is your current annual income? \_\_\_\_\_

**EMPLOYMENT HISTORY**

18. List all full- and/or part-time jobs worked during the last five years, including self-employment and/or freelance income. List your current/most recent job first. Attach additional sheets if necessary.

DATE	EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**OTHER CURRENT SOURCES OF INCOME**

19. List other income that you currently receive, such as public assistance, Social Security, Supplemental Security Income, pension, disability, unemployment compensation, alimony, child support, Armed Forces Reserves, regular financial support and/or grants.

TYPE OF INCOME	AMOUNT
1)	\$ _____ per _____
2)	\$ _____ per _____
3)	\$ _____ per _____

**ASSETS**

20. Complete each category as applicable, and attach statements for each account listed.

TYPE	BANK NAME	AMOUNT
CHECKING		
DIRECT DEPOSIT ACCOUNTS		
SAVINGS/PASSBOOK		
MONEY MARKET/TRUSTS		
CREDIT UNION SHARES		
CDs		
IRAs/ RETIREMENT ACCOUNTS		
STOCKS/BONDS		

21. Do you own any real estate?  YES  NO If yes: What is the current market value? \_\_\_\_\_  
 What is the value less any mortgage or lien? \_\_\_\_\_  
 Do you receive any rent from tenant(s) living at this property?  YES  NO  
 If yes, how much? \_\_\_\_\_

I DECLARE THAT 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.

I authorize Common Ground Management to contact my agencies, offices, other groups or organizations to obtain any information or materials deemed necessary to process my application, including verifying my financial, credit, housing and legal history. I understand that this information will be considered when determining my eligibility.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE