**This application and required supporting documents are in accordance to NYS HCR 9NYCRR §1727-8 — Succession Requirements.**

**Succession Applicant Address:**

Apartment #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head of Household:** *(Must be completed. Head of household must be 18 years of age or**older.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Social Security No**. | **Age** |
|  |  |  |  |

**Are you a Senior Citizen?**  Yes  No

**Other Household Members:** *(List all other persons who reside in apartment.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Social Security No.** | **Age** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Name of Leaseholder of Record:**  >

**Social Security #:**  >

**Applicant’s Relationship to Leaseholder of Record:**  >

**Proof of Relationship Attached**  Yes  No If no, please explain why proof is not provided.

|  |
| --- |
| 1. **Is Leaseholder of Record deceased?**  Yes  No If Yes:  * Date of Death > Death Certificate attached  Yes  No      1. **Did Leaseholder of Record permanently vacate?**  Yes  No If Yes:  * Vacate Date > * New Address > * Proof of new address must be attached. * Are Income Affidavits for past 3 years attached?  Yes  No If No, please explain why it is not attached.   D |

**Date Applicant Moved in to Leaseholder of Record’s Apartment** .

Is this your primary residence?  Yes  No

If yes, attach established proof of primary residency such as annual income affidavits, or re-certifications filed during the applicable period; and other evidence which may include, without limitation, certified copies of tax returns, voting records, motor vehicle registration, driver's license, school registration, bank accounts, employment records, insurance policies or any other documentation showing applicant has an ongoing, substantial physical nexus to the unit..

**Certification:** *(Sign and date.)*

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying this information and I agree to furnish all required documentation.

Head of Household Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Housing Company Use Only** | | | | | | | | **HCR Use Only:** |
| Application Date *(date original application stamped received)*: / / | | | | | |  | | Approved by: |
| Is this the original application? (*Check yes/no; if no, attach original application.)* | | | | | | Yes\_\_\_ | No\_\_\_ |  |
| Bldg. #: | Apt #: | | # Bdrms: | | | # Rental Rms: | | Date: / / |
| Mthly Rent/CC: | | Utilities: |  |  | | | | Comment: |
| Comment: | | | | | | | |  |
| Approved by: | | | | | Date: / / | | | Tele. No. 212- 872- |