

TO: NYS Division of Housing and Community Renewal
Office of Integrated Housing Management
Tenant Selection Unit— 4th Floor
641 Lexington Ave
New York, NY 10022

From: Development Name: _____ DHCR No. _____

Contact Person: _____ Telephone No. _____

Return Address: _____ Zip _____

Email Address: _____

SUBJECT: Request for Approval of Apartment Application

DIRECTIONS: Type or print information in heading and Sections I, II, and III. Submit form with one original application and documents used to establish eligibility including (a) for new admissions - income or non-employment verification* and credit report for each adult in household; (b) for transfers - income or non-employment verification for each adult in household* and application for current apartment; and (c) for successions - proof of eligibility per 9NYCRR Section 1727-8. Provide an updated copy of the admission and/or transfer application log as needed to justify selection. Check Veteran's Preference box if preference is applicable to the New Admission application. Maintain a copy of records submitted. Keep this form as a permanent record (with the application in the tenant/shareholder file; or with disapproved application) upon completion by DHCR.

Retain a copy of this form and ALL Automated Waiting List (AWL) Page(s) relevant to this application review in the applicant's file.

No less than one of every four available apartments shall be offered to an applicant on the outside waiting list. Any internal transfer applications MUST be submitted with a copy of the DHCR approved application for the applicant's current apartment. _____
[AUTHORIZED REPRESENTATIVE TO INITIAL HERE AND SIGN BELOW TO CERTIFY COMPLIANCE]

Veteran's Preference: Private Housing Finance Law § 31(7) grants a preference to veterans and their surviving spouses for the purposes of admission in Mitchell-Lama projects. This preference does not take priority over the preference for internal transfer applicants who currently reside in the development.

I. Application Information

II. Apartment Information

Check One	If Transfer — Current Bldg. & Apt	Application Date	Application Number	Vet's Pref.	Applicant Name	No. of Persons	Adjusted Household Income*	Bldg.	Apt	No. of BR's	Rent*	Income Limit*	
												Maximum	Area Median Income
<input type="checkbox"/> NEW ADMISSION													
<input type="checkbox"/> TRANSFER	<p>III. Certification: I certify that: (a) the above applications have been processed in accordance with 9 NYCRR §1727 and federal program regulations, if applicable**; (b) applicants meet income and occupancy eligibility requirements; and (c) applicants were selected in the prescribed order.</p>												
<input type="checkbox"/> SUCCESSION	<p>Authorized Signature : _____ Name (Type/Print): _____ Title: _____ Date: _____</p>												
<input type="checkbox"/> _____													

IV. FOR DHCR USE ONLY

APPLICATION STATUS CODES:
A – Approved; D – Disapproved;
I – Insufficient Documentation

Appl. # _____

DHCR Reviewer: _____

Date: _____

Tele. No. 212 – 872 - _____

* This information/documentation is not required for Section 236 applicants.

** Section 8 and Section 236 developments are subject to HUD Handbook 4350.3.