

The Epic

INSTRUCTIONS

- Mail only one (1) original application per household.** You may only be a household member on one application. You will be disqualified if you submit more than one application.
- All adult members of the household must sign the certification on the last page of the application. If you fail to do these things, your application will be disqualified.
- When completed, mail application in the pre-addressed envelope by regular mail only;** do not send by registered or certified mail, Fed Ex or UPS. Applications not sent via regular mail will be considered only after other applications. Additionally, applications postmarked after the postmark deadline will be considered only after all other applications.
- Mail completed application in the pre-addressed envelope to: Epic Affordable Operator, LLC Grand Central Station P.O. Box 4433 New York, NY 10163-4433. Applications must be postmarked by November 8, 2024. Applications will be processed on a first come, first served basis.**
- No payment or fee should be given to anyone in connection with the preparation or filing of this application for housing, and no broker's fee should be given to receive an apartment.
- This application is to be completely filled out by the applicant.

SECTION A. GENERAL INFORMATION

Applicant Name(s): _____

Home Address: _____

Street Apt. # City State Zip

Mailing Address, if different: _____

Street Apt. # City State Zip

Phone No: (home) _____ (Celular) _____ (e-mail) _____

How would you like to be contacted regarding your application? E-mail Regular mail Telephone

In current unit: Number of bedrooms _____ Number of persons living there? _____

In apartment applying for: How many persons, including yourself, will live there? _____

What size apartment would you prefer? Select all that apply Studio 1 Bedroom 2 Bedroom

Do you currently live in an 80/20 development? Yes No

How did you hear about our properties? (If newspaper, which one?) _____

In case of emergency notify (name/relationship): _____ Daytime Phone: _____

SECTION B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment you are applying for. Include all persons for whom this unit will be a permanent residence/address. List the head of household first.

Name	Relationship to Head	Gender	Date of Birth	Last 4 digits of Social Security (or Tax I.D.) Number (Optional)	Occupation (If in school, write "student")
	Head				



Do you anticipate any additions to the household in the next twelve months? Yes No

If yes, explain _____

Do you or a member of your household require a special accommodation in your residence due to a disability? Yes No

If yes, specify the required accommodation _____

Have ALL of the household members (both adults and children) been full-time students during five months or more of the last twelve months or will they be in the next twelve months? Yes No

If Yes, are all adult members of the household married and have they filed a joint tax return for the most recent tax year?

Yes No

SECTION C. INCOME

List below ALL current sources of income for ALL HOUSEHOLD MEMBERS, including yourself, listed in Section B. "Household Composition".

EMPLOYMENT INCOME

Include all full-time, part-time and self-employment income. (*Business income must reflect the amount that would be reported on IRS Form 1040, Line 12 and Schedule C, line 31)

Household Member Name	Name & Address of Employer	How Long Employed (From/To)	Status F=Full-Time P=Part-Time S=Self-Employed	Gross Annual Earnings (Pre-Tax)
1.				\$
2.				\$
3.				\$
4.				\$
Total Gross Annual Employment Income =				\$

OTHER INCOME

Include gross periodic payments from: public assistance (including housing allowance), AFDC, TANF, unemployment, disability, veteran's, social security, SSI, alimony, child support, annuities, pensions, retirement funds, insurance policies, and other regular income. Also, include interest, dividends, net rental income and other income from assets listed in Section D. "Assets".

Household Member Name	Source of Income	Gross Amount		Period Received Weekly, Bi-weekly, Semi-monthly, Monthly, Quarterly	Annual Gross Amount (Pre-Tax)
		\$	per		\$
		\$	per		\$
		\$	per		\$
		\$	per		\$
Total Gross Annual "Other Income" =					\$
TOTAL GROSS ANNUAL INCOME: ("Employment" PLUS "Other Income")					\$

Do you or any household member anticipate any changes in income in the next 12 months? Yes No

If yes, explain: _____

SECTION E. ADDITIONAL INFORMATION

EMPLOYMENT HISTORY (TWO YEARS)

For any adult household member who has not been with their current employer for at least two years or who is not employed currently, list in order all previous employment for the past two years.

Household Member Name	Name & Address of Employer	How Long Employed (From/To)	Status F= Full-Time, P=Part-Time, S=Self-Employed

Current monthly rent or mortgage payment amount: \$ _____ Your contribution: \$ _____

Are you presently receiving a tenant-based Section 8 Housing Voucher or other housing subsidy? Yes No This information is not used as a basis for eligibility. New York State Human Rights Law prohibits the discrimination in housing based on lawful source of income including all housing subsidies.

Have you or any member of your household been convicted of producing methamphetamine in their home? Yes No

Are you or any member of your household legally required to be a lifetime registrant on a State Sex Offender registry? Yes No NYSHCR's History of Criminal Legal System Involvement will be followed. Please visit <https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement-assessment-policies> for more information.

Do you or any household member have any pets? No Yes If Yes, type? _____

If yes to any questions above, explain _____

PLEASE CHECK THE GROUP WHICH BEST DESCRIBES YOUR HOUSEHOLD:
(This information is used only for statistical purposes and is optional.)

- | | |
|--|--|
| <input type="checkbox"/> White (Non-Hispanic origin)
<input type="checkbox"/> Black or African American (Non-Hispanic origin)
<input type="checkbox"/> Hispanic or Latino origin | <input type="checkbox"/> American Indian or Alaskan native
<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Other _____ |
|--|--|

CERTIFICATION

I/We certify that this will be my/our primary residence. I/We understand that eligibility for housing will be based on applicable income limits and management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge that I/We have revealed all income and assets, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. Misleading or incomplete information is also grounds for rejection of an application.

SIGNATURE(S): All adult applicants, 18 or older, must sign application.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

Date