



Apartment Application

Supportive Housing for the Elderly – Application for Wait List

VALID FROM SEPTEMBER 30, 2025, TO NOVEMBER 30, 2025

There is NO fee for obtaining or submitting the application. A lottery will be held to determine the order on the waitlist.

The application will be subject to the criteria, policies, or program guidelines of HUD, HPD, HDC, and Owner/Agent. HPD and HDC prohibit their employees from obtaining affordable housing units in which they are a project manager, etc. HPD and HDC also prohibit employees, members, officers, and directors of the Developer (UNHP); the spouse of any such person; their respective siblings, parents, grandparents, children, grandchildren; or their respective spouse, as well as those of any agent of the Developer, from obtaining an affordable housing unit at any time. Please refer to the HPD/HDC Marketing Guideline on HDC's website <http://www.nychdc.com> for more specific details.

For persons with hearing or speech disabilities, assistance is available through the TTY/711 Relay Service.

Property Name:	Rose Hill Apartments	Property Address:	2855 Southern Blvd Bronx NY 10458
Phone:	718-584-5101		
Programs:	HUD 202 and LIHTC, with X8 Rental Subsidy	Available Unit Size:	Studio, one-bedroom

Section A – Applicant Household Information

The head, co-head/spouse must be 62 years of age or older at the time of move-in. Please list all household members who will live in the unit.

For Citizenship Status, please list as US Citizen, Permanent Resident, or Foreign Alien.

For Ethnicity, please list as either Hispanic' or Non-Hispanic'.

For Race, please list as White, Asian, African-American, American Indian/Alaska Native, or Native Hawaiian/Pacific Islander.

For SSN/TIN, please list Social Security Number or Tax Identification Number.

For Disability, please list as mobility impairment (MI), visual impairment (VI), or hearing impairment (HI).

**Disclosing the states where each person has lived is mandatory under HUD rules, and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application*

#	Full Name	Relationship to #1	Date of Birth	Age	Gender	Social Security Number	Disabled?	Student?
1		Head						
2								

continued....

#	Citizenship Status	Ethnicity	Race	US Veteran	US Military	List each state where the member has lived*
1						
2						

Section B – Contact & Housing History

Current Address:	
Phone:	
Email Address:	
Contact:	
Current Landlord/Agent	
Last Move-in Date	
Previous Address (if less than 2 years)	

Reason for Moving:

Why are you moving? Please check all that apply.

- ☐ Living with parents
- ☐ Bad housing conditions
- ☐ Do not like the neighborhood
- ☐ Increase in family size (marriage, birth)
- ☐ Not enough space (living with relatives/other family members)
- ☐ Living in a shelter or on the streets
- ☐ Rent too high
- ☐ Health Reasons
- ☐ Disability access problems
- ☐ Other, please explain: _____

Is any member of this household currently receiving housing assistance from HUD or a PHA? If yes, please indicate the member and if they have ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any member of this household ever been evicted from a federally funded housing program for a lease violation, including drug use or failure to report a crime? If yes, please specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all members of this household acknowledge that they are aware that the complex has implemented a Smoke Free policy that prohibits people from smoking anywhere on the property, including smoking in individual units?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do all members of this household understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you or any member of your household evicted from any properties? If yes, please state the location and the timeline of the eviction: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you owe any previous landlords any money when you left? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section C – Program Eligibility (HOTMA)

All household members must be U.S. citizens or have an eligible immigration status. Social Security numbers must be disclosed for all non-exempt members.

Citizenship/Immigration Status:	<input type="checkbox"/> All members eligible <input type="checkbox"/> Some members eligible <input type="checkbox"/> Will provide documentation (Form HUD 214)
Social Security Number Disclosure:	<input type="checkbox"/> Provided for all members <input type="checkbox"/> Exempt member(s) (62+ prior to 1/31/2010) and receiving HUD assistance prior to 1/31/2010 <input type="checkbox"/> New child under 6 (90-day grace)

HOTMA Asset Limitation: Households with net assets exceeding \$100,000 (excluding retirement accounts and personal property) are ineligible for assistance.

Does your household's combined net assets exceed \$100,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asset Self-Certification: If total assets are ≤ \$50,000, you may self-certify. Do your total assets (all members) exceed \$50,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section D – Income Sources (List all that apply for all household members)

Please list all sources of income for the family. Include income from employment, 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, gift income, etc.

Member # in Section A	Employer and Address (if applicable)	Source (e.g., SSA, pension, wage, self-employment)	Amount	Period (Monthly, Semi-monthly, Bi-weekly, Weekly)	Annual Gross Income

Medical/Disability Expenses (for elderly/disabled households only):_____

Section E – Assets (All household members)

Examples of assets include checking accounts, savings accounts, investment assets (such as stocks, bonds, and vested retirement funds), real estate, cash savings, and miscellaneous investment holdings.

Member # in Section A	Asset Type (checking, savings, CD, retirement)	Institution, Bank	Current Market Value	Amount	Period (Monthly, Semi-monthly, Bi-weekly, Weekly)	Annual Gross Income

**Retirement accounts are excluded from the \$100,000 HOTMA asset cap, but income derived from them is counted.*

Section F – Student Eligibility (if any member is a student under age 24)

If any household member is under 24 and enrolled at an institution of higher education, please complete:

Is the student: Married ☐ Veteran ☐ Has dependents ☐ Person with disabilities ☐ Graduate/professional student ☐ Independent (not claimed by parents)?

☐ Yes

☐ No. If not independent, the parents' or guardians' income must be considered. Provide parent/guardian names and contact information: _____

Section G – Accessibility & Preferences

Do you or a household member require:

☐ Accessible features: specify _____

☐ Reasonable accommodation: specify _____

☐ Live-in aide - if checked, provide member name: _____

☐ Service/assistance animal.

Type of Animal, breed (if applicable), height, and weight: _____

Are you or is any member of your household disabled?

☐ Yes, please check the type of impairment ☐ mobility ☐ visual ☐ hearing ☐ other

☐ No

If you checked 'Yes', please describe any special accommodations your household requires:

Section H – Criminal & Lease Compliance Questions

Have any household members ever: (check all that apply)

- ☐ Been subject to lifetime sex offender registration in **any state**?
- ☐ Been convicted of meth manufacture on federally-assisted premises?
- ☐ Been evicted from federally assisted housing for drug-related activity within the past 3 years?
- ☐ Been convicted of a crime, whether the conviction was a misdemeanor or a felony?
- ☐ Been evicted from a federally funded housing program for a lease violation?
- ☐ Engaged in behavior that may threaten health/safety/peaceful enjoyment of others?

If checked in any box, please indicate the member and relevant details:

Note: Arrest records alone are not used to deny admission. You may provide mitigating information.

Section I – Required Forms & Documentation Checklist

We will require you to provide or complete the following documents when you are selected for an interview.

- ☐ Government-issued photo ID for all adult members
- ☐ Proof of age (62+) for head/co-head/spouse (e.g., birth certificate, passport)
- ☐ Social Security cards (or acceptable verification) for all non-exempt members
- ☐ Proof of citizenship/eligible immigration status (Form HUD-214)
- ☐ Signed Authorization for Release of Information (Forms HUD-9887/9887-A)
- ☐ Income verification (award letters, pay stubs, benefit statements, etc.)
- ☐ Asset documentation (bank statements, CDs, retirement, property records)
- ☐ Student status documentation (if applicable)
- ☐ Reasonable accommodation request (if applicable)

Section J - Penalties for False Statements

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make false statements to any department or agency of the United States. False statements or information may result in fines up to \$10,000, imprisonment for up to 5 years, or both. In addition, Section 901 of Title 18, U.S. Code, makes it unlawful to falsify, conceal, or cover up a material fact, or to make any materially false, fictitious, or fraudulent statement or representation, or to make or use any false writing or document knowing it to contain any materially false, fictitious, or fraudulent statement or entry.

Section K - Violence Against Women Act (VAWA) Information

In accordance with the Violence Against Women Act (VAWA), applicants and tenants have the right to housing protections if they are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. You cannot be denied admission, denied assistance, or evicted solely because of such status.

You have the right to request confidentiality and reasonable accommodations under VAWA. HUD Form 5380 (Notice of Occupancy Rights) and HUD Form 5382 (Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking) are provided with this application packet.

If you wish to exercise your rights under VAWA, please complete HUD Form 5382 or provide alternative documentation as permitted by law.

Section L - Language Assistance

This application, along with the required HUD forms, is available in multiple languages. If you have difficulty understanding English, free language assistance services are available to you. Please notify our office if you require an application or form in a language other than English.

HUD-provided translations of required forms (including HUD-9887, HUD-5380, and HUD-5382) are available in Spanish, Chinese, Russian, Arabic, and other languages.

Notices of language assistance are posted in our management office and are available upon request.

Section M - Applicant Certification and Signature

I/We certify that the information provided in this application is accurate and complete to the best of my/our knowledge; understand that providing false information is fraud and may result in denial of assistance, eviction, and/or prosecution; understand that eligibility is determined in accordance with HUD rules, including HOTMA (asset cap and income determinations); authorize the Owner/Agent to verify all information provided and to obtain screening reports (credit, landlord, criminal) as permitted by law and acknowledge receipt (or availability) of the VAWA rights notice and confidentiality protections.

Signature Block	Print Name	Signature	Date
Applicant (Head)			
Applicant (Co-Head/Spouse)			
Other Adult (Age 18 and older)			
Other Adult (Age 18 and older)			

Fair Housing and Equal Opportunity Statements

We are an Equal Housing Opportunity provider. We do not discriminate against any person because of race, color, religion, sex (including gender identity and sexual orientation), disability, familial status, national origin, or age, in the admission, access to, or treatment in our housing programs and activities. We comply with all applicable federal, state, and local fair housing laws and regulations.

In accordance with the Fair Housing Act and Section 504 of the Rehabilitation Act, we provide housing without discrimination or limitation on the basis of race, color, religion, sex (including gender identity and sexual orientation), disability, familial status, national origin, or age. Reasonable accommodations will be made for persons with disabilities upon request. Accessible units are available for persons with mobility, hearing, and/or vision impairments.

Equal Housing Opportunity

This housing is covered by the Violence Against Women Act (VAWA). You may not be denied admission, denied assistance, or evicted solely because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

MAIL OR SUBMIT THE COMPLETED APPLICATION TO:

ROSE HILL APARTMENTS LLC, 2855 SOUTHERN BLVD, BRONX, NY 10458



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.