

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

## ELIGIBILITY ASSESSMENT FOR AFFORDABLE HOUSING

Revised 8/14/2012

**\*RESUBMIT EVERY 12 MONTHS. CHECK WEBSITE OR CALL FOR LATEST REVISION OF THIS FORM.\***

**PLEASE NOTE: THIS IS NOT AN APPLICATION FOR HOUSING**

Dear Housing Seeker,

The Cooper Square Committee does not own or manage any affordable housing. However, very occasionally we are contacted by affordable housing management companies that have a limited amount of units for tenants in need of emergency housing. For example, we may hear of one apartment every few years.

We will refer candidates who we think might meet their specifications, depending on the income requirements and household size. In order for us to know if you might be a good candidate for affordable housing, **please fill out these 4 pages completely. Incomplete assessments will get low priority.** We log the assessments in the order that we receive them. If your financial situation changes, you should file a new Assessment. If one of the housing management companies we deal with tells us they think you may qualify, we or they will contact you to have you fill out a formal apartment application.

We strongly encourage you to visit our website at [www.coopersquare.org](http://www.coopersquare.org) to find links to affordable apartments all over the city that are being marketed. You have a much higher chance by applying to apartments you find through those links, than by relying on this Assessment. Do not limit your search to Manhattan, especially Lower Manhattan, since there are VERY FEW vacancies. There are many good, and improving, neighborhoods in NYC that have affordable housing. Good luck.

Yours truly,

The Staff of the Cooper Square Committee

Please answer the following questions regarding your household:

i. How long have you lived in the Lower East Side? \_\_\_\_\_ years

ii. If you do not currently live in the LES, what is your connection to the area?

iii. Explain **when** and **why** you have/had to move:



7. Present Housing Conditions: A. Where are you living? (Check one of the boxes below) Have own apartment in 1 to 3 family house 1 <input type="checkbox"/> Have own apartment in apartment building 1 <input type="checkbox"/> Homeless Shelter 2 <input type="checkbox"/> Street/Homeless 2 <input type="checkbox"/> Doubled-up in someone else's apartment 3 <input type="checkbox"/> Have SRO or furnished room 4 <input type="checkbox"/>	B. Do you live in a Housing Authority project or rent subsidized apt. or government aided Leased Housing apt.? Yes <input type="checkbox"/> No <input type="checkbox"/>	C. Total rooms in apt. (excluding kitchen and bathroom) _____ Number of bedrooms _____ Total # of persons in apartment _____ Monthly rent of apartment _____	D. Does rent include gas? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Does rent include electricity? Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Does your family require an apartment specifically equipped for a person in a Wheelchair <input type="checkbox"/> permanently using a cane/walker/crutches <input type="checkbox"/> with a Visual impairment <input type="checkbox"/> with a Hearing impairment <input type="checkbox"/>			Gross <input type="checkbox"/>
F. Check any boxes that apply to you and/or your current housing condition. 1. <input type="checkbox"/> Victim of Domestic Violence <i>NYCHA requires verification; see <a href="http://nyc.gov/nycha">http://nyc.gov/nycha</a> for more information.</i> 2. <input type="checkbox"/> Homeless Shelter 3. <input type="checkbox"/> Street Homeless 4. <input type="checkbox"/> Residing in a Health Facility and required to leave within 6 months 5. <input type="checkbox"/> Transitional Housing and required to leave within 6 months 6. <input type="checkbox"/> Nursing Home and Required to leave within 6 months 7. <input type="checkbox"/> About to be displaced due to Government or Landlord Action-No Fault Court Order of Eviction 8. <input type="checkbox"/> Doubled Up and Overcrowded in Someone Else's NYCHA Apartment with Management Office Consent 9. <input type="checkbox"/> Residing in Substandard Housing - Relates to the physical condition of your apartment 10. <input type="checkbox"/> Mobility Impaired and residing in an Inaccessible Apartment 11. <input type="checkbox"/> Extremely Overcrowded Housing ( <i>more than two people per bedroom and living room</i> ) Example: 5 people living in 1 bedroom apartment 12. <input type="checkbox"/> Have Own Apartment with Rent Hardship More than 50% of Family Income 13. <input type="checkbox"/> Victim of Hate or Bias Crime 14. <input type="checkbox"/> None of the above			Source <input type="checkbox"/>
			E <input type="checkbox"/>

8. List in order all your addresses for the last 3 years. Start with the present address. Address _____ City _____	Dates at each address (mo.-day-year)		Amount rent paid per month	Enter one of the following: (hotel/own apt./ sharing apt.)	<b>INFORMATION ON CURRENT LANDLORD</b> Please provide information if you are renting your own apt. or doubled-up in someone else's apt. Name of property owner _____ Address of landlord _____ Telephone # of landlord _____
	From	To			
		present			
Do you own or have a financial interest in the building in which you live or in any other real estate? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you related to anyone who owns or has a financial interest in the building in which you live? Yes <input type="checkbox"/> No <input type="checkbox"/>					

9. Did you or any person included in this application ever live in a Housing Authority project or in Housing Authority Leased Housing? No  Yes  *If yes, fill in below.*  
 In Whose Name \_\_\_\_\_  
 Was Lease? \_\_\_\_\_ Date Moved Out \_\_\_\_\_ Borough \_\_\_\_\_  
 Name of Project or Leased Housing \_\_\_\_\_ Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

10. **Income From Employment:** List below all jobs held during the past 2 years by you and every member of your family who will live with you. For each job fill in columns 1, 2, 3, 4, 5 and 6 below. Report your full salary—not take-home pay. **List the present job first.** See Section 11. for any other income.

(1) First Name of Working Person	(2) Employer's Name and Address	(3) Dates Employed		(4) Rate of Pay (wk/mo./yr.)		(5) Hours per Week	(6) Total Income Past 12 Months
		From	To	Amount	Per		

Does any member of the family own an interest in any of the firms listed above? Yes  No   
 Are any members of the family related to the owners or officers of any firms listed above? Yes  No

