

LOG # _____ (for office use only)

Sutphin Senior Housing

Application Deadline: October 31, 2025

Where to Send Completed Application: SUTPHIN SENIOR HOUSING C/O Breaking Ground 520 8th Avenue Suite 2100 New York, NY 10018 AND Email: intake@breakingground.org

Lottery Date: November 17, 2025

Contact Information: Email:intake@breakingground.org Website: Phone:(646)-870-8350

Units and Eligibility Chart:

AMI	Unit Size	Units	Accessibility	Monthly Rent*	Household Size	Household Income**
50%	Studio	2	Mobility Adapted	\$ 1,306		\$ 0-\$ 56,700
						\$ 0-\$ 64,800
	Studio	2	Hearing/Vision Adapted	\$ 1,306		\$ 0-\$ 56,700
						\$ 0-\$ 64,800
	Studio	51		\$ 1,306		\$ 0-\$ 56,700
						\$ 0-\$ 64,800
	1 BR	1	Hearing/Vision Adapted	\$ 1,391		\$ 0-\$ 56,700
						\$ 0-\$ 64,800
						\$ 0-\$ 72,900
	1 BR	4	Mobility Adapted	\$ 1,391		\$ 0-\$ 56,700
						\$ 0-\$ 64,800
						\$ 0-\$ 72,900
1 BR	60		\$ 1,391		\$ 0-\$ 56,700	
					\$ 0-\$ 64,800	
					\$ 0-\$ 72,900	

Applicant and Contact Information:

 First Name Middle Name Last Name

Current Living Address:

 Street Address Apartment#

 City State Zip

Mailing Address (if different from above):

 Street Address Apartment # or PO Box #

City

State

Zip

Email: _____

Phone Number(s): Cell Phone: _____ Home Phone: _____ Work Phone: _____

Preferred Method of Contact: (Email/Paper Mail/Phone Call/Text Message) _____

Preferred Language of Contact: In what language would you prefer to receive written communications about your application?

(Optional) Contact Person or Organization Information (If we are unable to reach you):

Name: _____ Email: _____ Phone Number: _____

Relationship: Friend Family Case Manager Housing Counselor Other _____

Sutphin Senior Housing

Household Information:

1. How many persons (including yourself) will live in the unit you are applying for? _____
2. Do you anticipate any changes in the size of your household within the next 12 months? (Future spouse, a minor entering the home through adoption, child returning from foster care, etc.) If yes, please describe any changes here: _____

3. Which bedroom size(s) do you prefer? (You can be considered for more than 1 bedroom size, subject to availability and eligibility) _____
4. List ALL the people who will live in the unit for which you are applying (household members), starting with yourself as "Self" on the chart below.

Unit with Additional Accessible Features: If a household member has an ongoing mobility (M), hearing (H), or visual (V) disability and can benefit from a unit adapted for these disabilities, check the relevant box on the chart below.
 If selected for further processing, you may be required to provide supporting documentation

First, Middle Initial & Last Name, Suffix	SSN/TIN	Relationship to Applicant	Birth Date MM/DD/YY	Student Status (Specify No, Full-time or Part-time)	Disability?		
					Mobility	Visual	Hearing
		Self					

Reasonable Accommodations/Modifications: You have a right to request a reasonable accommodation or modification for the disability of someone in your household. To learn more, read the attached Notice Disclosing Tenant's Rights to Reasonable Accommodation also available here: <https://dhr.ny.gov/law-2021>

If you are seeking a reasonable accommodation/modification, please describe:

Eligibility for Special Preferences:

Check off any of the following that can apply to you or a member of your household and specify member(s) if applicable. If selected for further processing, you may be required to provide supporting documentation and/or be subject to third party verification.

<input type="checkbox"/> Senior 62+	<input type="checkbox"/> Senior 62+
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Information About Tenant Screening

Criminal System History: Landlord WILL check criminal system history

NOTE: You will be given an opportunity to provide information relating to your record to explain or mitigate the record. We also do not consider many things that may show up including pending arrests, convictions before 18 years old, Adjudgments in Contemplation of Dismissal, felonies that occurred more than 5 years ago, misdemeanor convictions that occurred more than 1 year ago, and others. These are subject to some exceptions.

Credit Score/Report: Credit history WILL NOT BE checked.

Learn more about credit and justice involvement assessment policies at:
<https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies>

Domestic Violence: If you otherwise qualify for the rental housing or program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. To learn more, read the Notice of Occupancy Rights attached to this application.

Income and Assets

Note: Be sure to review the lottery advertisement or income chart to see if your income qualifies for this project.

1. Income from Employment

List all full-time and/or part-time employment income (for example: wages and self-employment) for ALL household members. All wages listed must be GROSS income except for self-employment income. Self-Employment must be listed as NET income, which is the amount made after deductions.

Household Member	Income Source or Employer Name & Address	Length of Time Receiving this Income		Income Amount (\$)	Frequency? (Ex: weekly, bi-weekly, semi-monthly, monthly, annually)	Annual Income
		Yrs.	Mos.			
Self						
TOTAL ANNUAL HOUSEHOLD INCOME FROM EMPLOYMENT (Add all amounts from "Annual Income" column in this table):						

2. Income from Other Sources

List all other income sources for ALL household members. For example, welfare (including housing allowance), Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc. This must be GROSS income.

Household Member	Income Source or Employer Name & Address	Length of Time Receiving this Income		Income Amount (\$)	Frequency? (Ex: weekly, bi-weekly, semi-monthly, monthly, annually)	Annual Income
		Yrs.	Mos.			
Self						
TOTAL ANNUAL HOUSEHOLD INCOME FROM OTHER SOURCES (Add all amounts from "Annual Income" column in this table):						

3. Total Annual Household Income from Employment and Other Sources

Add together the total annual household income amounts from tables 1 and 2 above.

TOTAL ANNUAL HOUSEHOLD INCOME:	
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4. Total Current Household Assets

Below please list ALL assets for all household members. Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.

Household Member	Bank/Institution Name	Type of Asset or Account	Cash Value
Self			

Rental Subsidy

1. Does your household have a transferable rental subsidy like Section 8, VASH or NYC FHEPS? NOTE: This information *will not affect the processing of the application*. Rental subsidy information may make your household eligible for more units (example: units with higher income requirements than your current household income).

- No
- Yes – Section 8 Voucher
- Yes – Other Rental Subsidy/Certificate: _____

NOTE: Housing providers in New York State cannot discriminate against you based on the lawful source of your income, including rental subsidies.

Race and Ethnicity (OPTIONAL)

This information is optional and will not affect the processing of the application. You can choose to skip this section.

1. [OPTIONAL] Ethnicity: Please check the group(s) that best identifies the household:

- Hispanic or Latino
- Not Hispanic or Latino
- Choose not to answer

2. [OPTIONAL] Race: Please check the group(s) that best identifies the household:

<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Choose not to answer	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____
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Signatures

(Required for All Household Members 18 and over)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential prosecution.

I (WE) DECLARE THAT NEITHER I (WE), NOR ANY MEMBER OF MY (OUR) IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

REQUIRED ATTACHMENTS:

HCR's "Notice of Occupancy Rights under the Violence Against Women Act" (or comparable form) in the language of the Application, and

The VAWA Certification Form, both available [here](#)