

The Dorothy Ross Friedman Residence

(formerly The Aurora)

Housing Application

The Dorothy Ross Friedman Residence is a supportive, shared housing residence for adults sponsored by The Actors Fund, a not-for-profit human services organization serving performing arts and entertainment professionals. The Dorothy Ross Friedman Residence offers affordable housing for senior citizens, working professionals and persons with AIDS. Residents have their own bedroom units and most residents share a kitchen and living room with one or two roommates.

All information obtained is confidential and will be used for application review purposes only. The Actors Fund maintains a firm commitment to equal opportunity for all applicants. The Actors Fund does not discriminate based on race, sex, age, color, national origin, religion, sexual orientation, HIV status, or disability.



(The Aurora)

sponsored by

Dear Applicant,

Thank you for your interest in The Friedman Residence, a supportive, shared housing residence sponsored by The Actors Fund. The Friedman Residence, located at 475 West 57th Street, offers affordable housing for senior citizens, working professionals, and persons with AIDS. All apartments are complete with dishwasher, washer & dryers, central heating and air conditioning. Many apartments have terraces and feature spectacular Manhattan views. The Friedman Residence also features 24-hour security.

Before you fill out the enclosed application for housing at The Friedman Residence, please consider the following requirements and procedures:

ELIGIBILITY

Eligibility for The Friedman Residence is based on federal guidelines for Low Income Housing Tax Credits. An applicant's annual income from all sources (employment, benefits, asset interest) must be more than \$17,000 and less than \$35,160. The annual income of a household of two should be at least \$18,000 and cannot exceed \$40,140.

Please note:

- Applicants receiving specific rental subsidies may also be eligible.
- Full-time students are not eligible for residency.
- Assets must be evaluated in determining eligibility.
(Assets do not include personal property such as furniture, automobiles, and clothing.)
- No pets are allowed.

OCCUPANCY

The Friedman Residence is a building for adults. **Households of two will be considered for a one bedroom unit only if both members are either a person with AIDS or a senior citizen.** The Friedman Residence is not able to accommodate households greater than two. Tenants who live in one-bedroom apartments are responsible for paying a monthly rent, cable, and electric charges.

SHARED HOUSING

Apartments at The Friedman Residence are comprised of two and three bedroom units. There are also a limited number of **one-bedroom units**; however, **priority for these units is given only to person with specialized medical needs**. In the shared apartments, each resident has a private bedroom and shares a living room and kitchen with one or two other people. Some bedrooms feature private baths, while others feature shared baths with one other person. Tenants living in shared apartments must pay a monthly rent and cable charges. Electricity costs are not charged for tenants who live in these units.

Current Rent at the Friedman Residence

Single Units (one bedroom units)

One-Year Lease: \$665.00/mo.+ electric + \$ 10.98 *Cable charges subject to change*

Two-Year Lease: \$675.00/mo.+ electric + \$ 10.98

Shared Units (multi bedroom units)

One-Year Lease: \$645.00/mo. + \$ 10.98 Cable fee

Two-Year Lease: \$655.00/mo. + \$ 10.98 Cable fee

APPLICATION PROCESS

Once the Intake Department receives your completed application, it will be screened for eligibility and you will receive written notification of your status with us. **Incomplete applications will not be reviewed and you may be notified that additional information is required for us to process your application.** If your application meets the preliminary requirements for housing at The Friedman Residence, your name will be placed on our waiting list and you will be contacted when your name comes to the top of the list. As The Friedman Residence strives to maintain a commitment to all the populations that it serves, please be advised that apartments will be filled according to vacancies for seniors, persons with AIDS, and working professionals. Please also note that waiting list status will depend upon the types of apartments available for each category and may be quite lengthy. We will do our best to accommodate you in a timely fashion as vacancies become available. Thank you for your interest in The Friedman Residence.

Please call 212.262.4502 ext. 321 or 212.246.2424 if you have any questions or need further information.

Sincerely,

Intake Department
The Friedman Residence

ANTI-DISCRIMINATION NOTICE

Common Ground Management Corporation, The Actors Fund and The Friedman Residence, L.L.C. maintain a firm commitment to equal opportunity for all people at The Friedman Residence. Federal, state and city laws make it illegal to discriminate against any individual based on race, sex, age color, national origin, religion, sexual orientation, or disability. Please be advised that the above mentioned parties affiliated with The Friedman Residence do not tolerate discrimination in applications, roommate selection, or in any other matter relating to housing at The Friedman Residence.

Friedman Residence
APPLICATION CHECKLIST

This is a checklist to ensure that you are submitting a complete application.
Incomplete applications will not be processed. All applicable forms and/or documents must be submitted with application.

PLEASE RETURN ALL INFORMATION AND FORMS WITH YOUR COMPLETED APPLICATION.

1. THE APPLICATION

Please fill out completely, sign, and date.

Return to: **Friedman Residence Intake Department**
475 West 57th Street, 2nd Floor
New York, NY 10019

2. EMPLOYMENT VERIFICATION FORM

If you are working, please have your employer(s) fill out the enclosed form and return it with your completed application.

3. LANDLORD VERIFICATION FORM

Please have your past or current landlord (apartment lessee, primary tenant or housing specialist) fill out the enclosed landlord verification form and return it with your completed application. If you receive a rental subsidy (such as Section 8), please provide proof of your subsidy with you application (ex: a recent Rent Breakdown Letter, copy of your voucher, etc.)

4. PAY STUBS

If you are working, please include copies of your **last 6**, consecutive **pay stubs** with year-to-date totals. ***SIX consecutive PAYSTUBS ARE NEEDED FOR EACH CURRENT JOB.**

5. VERIFICATION OF SOCIAL SECURITY BENEFITS

If you receive SSA, SSI, or SSD, please provide a **current award letter**. **The form must be dated within the last 90 days.** You can request one from your local social security office.

6. VERIFICATION OF PENSION AND ANNUITIES

If you receive a pension or annuities, please provide documentation of the monthly or yearly amount in a letter **dated within the last 90 days.**

7. COPY OF YOUR MOST RECENT FEDERAL TAX RETURNS

Please enclose a copy of your most recent Federal tax return (Form 1040) with attachments. If you are a performer or freelance artist you must also include the two prior year's returns – 3 years of returns are needed. If you did not file Federal tax returns and are not exempt from doing so, please contact the nearest IRS office for assistance.

NOT NEEDED: State Tax Returns. Do not send State Tax Returns.

8. STATEMENT(S) OF ASSETS

Please provide copies of documentation of the accounts you listed in the application.

All statements must be dated within the last 90 days.

***PLEASE RETURN ALL INFORMATION AND FORMS
WITH YOUR COMPLETED APPLICATION.***

Please complete all sections and sign the last page. **PLEASE PRINT.**

Note: Couples applying should each fill out an application and submit together. Couples must indicate status on Roommate Request Form.

CONTACT INFORMATION

1. SOCIAL SECURITY # _____ - _____ - _____

2. NAME _____
 First Middle Last

2a. Other names (maiden name, stage name, etc.) _____

3. STREET ADDRESS _____ APT. NO _____

4. CITY _____ STATE _____ ZIP _____ - _____

5. HOME/CELL PHONE () _____ WORK PHONE () _____

6. BIRTHDATE ____/____/____ Gender _____

7. **Are you a fulltime student?** YES NO

* A Full-Time Student attends school at least 5 months out of a year and has full-time student status for those 5 months.

8. Do you work in the performing arts and entertainment industry? Yes No

If yes, please describe your employment _____

HOUSING STATUS

8. Present landlord _____ Phone(____) _____

9. Landlord's address _____

10. Do you share your apartment? YES NO Is your apartment leased directly to you? YES NO

11. Monthly rent \$ _____

13. Does your rent include electric? YES NO 14. Avg. utility bill _____

15. Is your rent subsidized? YES NO 16. If yes, by whom? _____

17. How long have you lived at this address? _____ Years _____ Months

18. PLEASE LIST YOUR LAST THREE RESIDENCES STARTING WITH THE MOST CURRENT:

PREVIOUS ADDRESS	RENT AMT	DATE OF RESIDENCY	WHY DID YOU MOVE?
		FROM	
		TO	

PREVIOUS ADDRESS	RENT AMT	DATE OF RESIDENCY	WHY DID YOU MOVE?
		FROM	
		TO	

PREVIOUS ADDRESS	RENT AMT	DATE OF RESIDENCY	WHY DID YOU MOVE?
		FROM	
		TO	

19. What is your current annual income? _____

20. What was your total income from last year's federal tax return? _____

Note: Copies of your recent federal tax return (1040) must be enclosed with your application.

21. **EMPLOYMENT HISTORY** List all full- and/or part-time jobs worked during the last five years. LIST YOUR CURRENT / LAST JOB FIRST.

DATE	EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

22. **SELF EMPLOYMENT/ FREELANCE** Most recent first.

DATE	PROFESSION	SALARY
FROM		
TO		
FROM		
TO		

23. **OTHER CURRENT SOURCES OF INCOME**

List all other income that you currently receive, such as public assistance, Social Security, S.S.I., pension, disability, unemployment compensation, alimony, child support, Armed Forces Reserves, and/or grants.

TYPE OF INCOME	AMOUNT
1)	\$ _____ per _____
2)	\$ _____ per _____
3)	\$ _____ per _____

24. **ASSETS**

Complete each category as applicable, and attach statements for each account listed.

TYPE	BANK NAME	AMOUNT
CHECKING		
SAVINGS/ PASSBOOK		
MONEY MARKET/TRUSTS		

TYPE	BANK NAME	AMOUNT
CREDIT UNION SHARES		
CD's		
IRAs/ Retirement Accts		
STOCKS/BONDS		

25. Do you own any real estate? YES NO
 If yes: What is the current market value? _____
 What is the value less any mortgage or lien? _____

GENERAL QUESTIONNAIRE

26. Have you ever been evicted? YES NO
 If yes, when? _____ Briefly explain circumstances: _____

27. Have you ever filed for personal bankruptcy? YES NO
 If yes, briefly explain circumstances: _____

28. Have you ever been convicted of a felony? YES NO
 If yes, when? _____ Briefly, explain circumstances. _____

29. Identify any outstanding debts and payment terms: _____

30. Are you current on all your debts? YES NO

31. How did you hear about The Friedman Residence? _____

32. Why are you applying to The Friedman Residence? _____

33. Please list the names and phone numbers of two individuals, other than family members, whom we may call for personal reference:

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

I hereby affirm that, to the best of my knowledge, the foregoing information is true, accurate and complete. I understand that misleading or false statements, misrepresentations, or incomplete information in this application will be grounds for rejection. I authorize The Friedman Residence Property Management to contact my agencies, offices, other groups or organizations to obtain any information or materials deemed necessary to process my application, and to verify my credit worthiness.

APPLICANT'S SIGNATURE

DATE

Friedman Residence
EMPLOYMENT VERIFICATION FORM

I hereby authorize the release of the requested information, which will be kept confidential and used for program purposes only. The Friedman Residence will call to verify this information.

Applicant's Name (printed)

Applicant's Signature

Dear Supervisor/HR Department Representative:

As the Property Management of The Friedman Residence, we have been authorized to verify the information provided by the individual whose signature appears above. We ask your cooperation by promptly answering the following questions.

Please return form to: Friedman Residence Intake Department
475 West 57th Street Fax: 212.246.5091
New York, NY 10019

Supervisor/HR Department Representative:

1. Employee's Start Date: _____ Still Employed? _____ If no, last date worked _____
2. Position/Job Title _____ Probability of Continued Employment _____
3. Year to Date Gross Earnings: \$ _____ through ___/___/___
4. Average Gross Pay \$ _____ - **Weekly / Bi-Weekly / Semi-Monthly / Monthly**
(CIRCLE ONE of the above)
5. AVERAGE Hours per Week: _____ (IF HOURS VARY, INDICATE AVERAGE NUMBER OF HOURS WORKED PER WEEK)
6. Hourly Pay Rate \$ _____ (if applicable)
7. Current Rate of Overtime (OT) Pay \$ _____ /hr (if applicable)
Anticipated amount of OT: ___/hrs per week / bi-weekly / semi monthly / month (**CIRCLE ONE**)
8. Anticipated Tips, Commissions, Bonuses \$ _____
9. Do you anticipate any changes in salary in the next 12 months? YES NO (circle one)
If yes, please explain _____
10. If work is **seasonal** or sporadic, please indicate likely layoff periods:

This information is provided in strict confidence by:

Signature of Employer

Printed Name of Employer / Title

Company Name

Company Address

Daytime Phone Number

Date

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make a willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Friedman Residence
LANDLORD VERIFICATION FORM

I hereby authorize the release of the requested information, which will be kept confidential and used for program purposes only. The Friedman Residence will call to verify this information.

Applicant's Name (printed)

Applicant's Signature

Dear Landlord:

As the Property Management of The Friedman Residence, we have been authorized to verify the information provided by the individual whose signature appears above. We ask your cooperation by promptly completing and returning this form.

Please return form to: The Friedman Residence Intake Department
475 West 57th Street
New York, NY 10019

Landlord, please answer the following questions regarding the above named person:

1. Resides, or once resided, at the following address:

2. Length and dates of residence: _____

3. Monthly Rent Amount: _____ Timeliness of Rent Payments: _____

4. Care of Premises: _____

5. Do you plan to, or did you, return the applicant's security deposit in full? YES NO
If no, why? _____

6. Are you aware of any incidents relating to the applicant that required police presence at the premises? YES NO
If yes, please explain: _____

7. Other Comments: _____

This information was provided in confidence by:

PRINT Name

Signature

Title (e.g. Housing Specialist, Primary lessee,
Managing Agent, etc)

Address

Date

Telephone Number

Friedman Residence

ROOMMATE REQUEST FORM

I, _____, am requesting to share an apartment suite with the following Friedman Residence applicant(s) or residents:

1. _____

2. _____

3. _____

Signature

Date