

# The Dorothy Ross Friedman Residence

## 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 professionals in the performing arts and entertainment. The Dorothy Ross Friedman Residence offers affordable housing for senior citizens, working professionals, and persons with HIV/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.



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 57<sup>th</sup> Street, offers affordable housing for senior citizens, working professionals, and persons with HIV/AIDS. All apartments are complete with dishwasher, washer, dryer, 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 \$22,000 and less than \$43,860. The annual income of a household of two should be at least \$22,000 and cannot exceed \$50,100.

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 HIV/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 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 persons 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 charge. Electricity costs are not charged for tenants who live in these (shared) units.

## **CURRENT RENT**

- Shared Units (multi-bedroom units)  
One-Year Lease: \$733.00/mo.
- Single Units (one-bedroom units)  
One-Year Lease: \$750.00/mo.+ electric

***\*Please note: There are fewer one-bedroom units than shared-units, therefore the frequency of one-bedroom vacancies is significantly less than those for shared-units. These units are also subject to the aforementioned prioritization.***

## **APPLICATION PROCESS**

Once the Intake Office receives your **completed** application, it will be screened for eligibility and you will receive written notification of your application status. **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 HIV/AIDS, and Low-Income 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.

If you would like to receive an application by mail, please call the Breaking Ground Application Hotline at 1-800-324-7055 and leave a **clearly understandable message with your name and correct mailing address**, and an application will be mailed to that address.

If you have additional questions about the Friedman Residence or the application process, please contact the Intake Office at 212.246.2424, ext.-4, or send an email to [AuroraIntake@breakingground.org](mailto:AuroraIntake@breakingground.org)

Sincerely,

Intake Department  
The Friedman Residence

### **ANTI-DISCRIMINATION NOTICE**

Common Ground Management Corporation c/o Breaking Ground, 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. If your application is selected, you will be required to provide additional documentation regarding your income and landlord history.*

To be included with completed application:

**1. THE APPLICATION:** Fill-out COMPLETELY, sign and date the final page.

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

**2. LANDLORD VERIFICATION FORM**

Please have your current landlord (apartment lessee, primary tenant, or housing specialist) fill-out the enclosed Landlord Verification Form. Submit the completed Landlord Verification Form with your completed application. If you are in a shelter, a shelter letter will suffice. 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.)

**3. PAY STUBS**

*If you are working*, please include copies of your **most recent six [6]**, consecutive **pay stubs** (showing all earnings/deductions) for EACH current job.

**4. VERIFICATION of SOCIAL SECURITY BENEFITS**

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

**5. VERIFICATION of PENSION and ANNUITIES**

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

**6. FEDERAL and STATE TAX RETURNS**

Please enclose a copy of your most recent **Federal (Form 1040) and State (Form IT-201 for New York State) tax returns with applicable attachments**. If you are a performer or freelance artist you must include the three prior years' returns. If you did not file Federal tax returns and are not exempt from doing so, please contact the Intake Office for more information.

To be sent **DIRECTLY** from Employer(s):

**1. EMPLOYMENT VERIFICATION FORM**

*If you are working*, please detach the enclosed form and have your employer(s) fill it out and have your employer(s) return to the Intake Office (as indicated on the form). If you have more than one employer, please have the Employment Verification Form filled-out and submitted to the Intake Office from each employer.



3. Do you share your apartment?  YES  NO

4. Is your apartment leased directly to you?  YES  NO      5. Monthly rent \$ \_\_\_\_\_

6. Do you, or any member of your household, currently have a Housing Choice (Section 8) voucher or similar portable voucher?  YES  NO

7. How long have you lived at this address? \_\_\_\_\_ Years    \_\_\_\_\_ Months

**D. INCOME AND ASSET INFORMATION**

1. Please list all full- and/or part-time employment. *Include:* self-employment and/or freelance income.

- If you freelance, have multiple employers, or commonly receive 1099s from employers, please list all current contracted positions.
- If not currently working, please list any positions held within the last twelve (12) months.
- If you are self-employed, please provide the name of your company and the anticipated net income from your business.

HOUSEHOLD MEMBER (NAME)	EMPLOYER NAME & ADDRESS	DATES EMPLOYED	GROSS EARNINGS	
			\$	per
		From:	\$	per
		To:		
		From:	\$	per
		To:		
		From:	\$	per
		To:		
		From:	\$	per
		To:		
		From:	\$	per
		To:		

2. List other income that you currently receive, such as Public Assistance, Social Security, Supplemental Social Security Income, Pension, disability, unemployment compensation, alimony, child support, Armed Forces Reserves, regular financial support and/or grants.

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

3. What is your household's current total annual income? \_\_\_\_\_

4. List all assets of household members who will live in the unit:

<b><u>HOUSEHOLD MEMBER</u></b> (NAME)	<b><u>TYPE</u></b> (CHECKING, SAVINGS, MONEY MARKET/TRUSTS, CDS, DIRECT DEPOSIT ACCOUNTS, IRA/RETIREMENT ACCOUNTS, CREDIT UNION SHARES, STOCKS/BONDS, ETC.)	<b><u>FINANCIAL</u></b> <b><u>INSTITUTION</u></b>

5. List any assets disposed of for less than their fair market value during the past two years:

\_\_\_\_\_

6. 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? \_\_\_\_\_

Do you receive any rental income from this property?  YES  NO

If yes: How much? \_\_\_\_\_ per \_\_\_\_\_

7. Do you expect to receive income that you are not currently receiving?  YES  NO

If yes: What is the expected income source and amount? \_\_\_\_\_

**E. MARKETING INFORMATION**

1. How did you hear about The Friedman Residence? (Check all that apply)

Newspaper

Sign Posted on Property

City "affordable housing hotline" listing new ads for the month

Friend

Website/Internet \_\_\_\_\_

Local Organization/Church

Other \_\_\_\_\_

Actors Fund of America

2. Why are you applying to The Friedman Residence? \_\_\_\_\_

\_\_\_\_\_

3. Are there Friedman Residence Applicant(s) and/or Tenant(s) with whom you request a share?  YES  NO If yes, with whom? \_\_\_\_\_

**F. RACIAL GROUP / ETHNICITY IDENTIFICATION**

The following information is required for statistical purposes by the U.S. Department of Housing and Urban Development. It will not affect the processing of your application. Please check one box in each "A" and "B", which identifies the HEAD OF HOUSHOLD.

- A.            American Indian or Alaskan Native            Asian            Black or African American  
                  Native Hawaiian or Pacific Islander            White
- B.            Hispanic or Latino    Not Hispanic or Latino

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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 Breaking Ground Management to contact my agencies, offices, other groups or organizations to obtain any information or materials deemed necessary to process my application, including verifying my financial, credit, housing, and legal history. I understand that this information will be considered when determining my eligibility.

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**APPLICANT'S SIGNATURE**

**DATE**



**THE FRIEDMAN RESIDENCE  
EMPLOYMENT AND INCOME VERIFICATION FORM**

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

\_\_\_\_\_  
**Applicant's Name (printed)**

\_\_\_\_\_  
**Applicant's Signature**

Dear Supervisor/HR Department Representative:

The above-named person is an applicant to a federal housing program regulated by the Internal Revenue Service (IRS). The IRS program rules require verification of all income information. We ask your cooperation in providing the requested information. **Please note that correction fluid cannot be used on this form.** Thank you for your assistance.

All sections must be answered - **if a question does not apply to the employee/contractor, please write "N/A" in the applicable line.** Please return to:

**This form needs to be sent directly by employer with a coversheet via fax, email or mail.**

*Mail: Friedman Residence Intake Unit, 475 West 57<sup>th</sup> Street, 2<sup>nd</sup> Floor, New York, NY 10019*

*Fax: (212)246-5091      Attn:                      Email: \_\_\_\_\_@breakingground.org*

1. Employee/Contractor's Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position/Job Title: \_\_\_\_\_
2. Still Employed/Contracted?:  Yes  No If no, last date worked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Will the employee/contractor earn income within the next 12 months?:  Yes  No
  - a. If no, please explain: \_\_\_\_\_
4. Year to Date Gross Earnings: \$ \_\_\_\_\_ through pay period ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_
5. Average Gross Pay: \$ \_\_\_\_\_ per  week  bi-week  semi-monthly  monthly  annual
6. Hourly Pay Rate: \$ \_\_\_\_\_
7. Average Hours per: \_\_\_\_\_ per  week  bi-week  semi-monthly  monthly  annual (not a range)
8. Does the employee/contractor have the ability to earn overtime?:  Yes  No
  - a. If yes, what is current rate of overtime pay?: \$ \_\_\_\_\_
  - b. Anticipated amount of OT hours: \_\_\_\_\_ per  week  bi-week  semi-monthly  monthly  annual
9. Anticipated Tips, Commissions, Bonuses: \$ \_\_\_\_\_ per  week  bi-week  semi-monthly  monthly  annual
10. Do you anticipate any changes in rate of pay or number of hours in the next 12 months?:  Yes  No
  - a. If yes, please explain: \_\_\_\_\_
11. Is work seasonal or sporadic?:  Yes  No
  - a. If yes, please indicate layoff period(s): \_\_\_\_\_

This information is provided in strict confidence by:

\_\_\_\_\_  
**Signature of Employer**

\_\_\_\_\_  
**Printed Name and 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.*



**THE 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 to:

*Mail: Friedman Residence Intake Unit, 475 West 57<sup>th</sup> Street, 2<sup>nd</sup> Floor, New York, NY 10019*  
*Fax: (212)246-5091    Attn:                      Email: \_\_\_\_\_@breakingground.org*

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**