

Gates Avenue Co-ops LLC
The Gates Cooperative
566 Gates Avenue, Brooklyn, NY 11221



APPLICATION FOR APARTMENT

Instructions:

1. When completed, this application must be returned by email, mail, fax or by hand.
2. Fax: 718-522-6945. Or scan and email pdf to nadine_pierre@prattarea.org or mail to:
Gates Co-op
c/o PACC
201 Dekalb Avenue
Brooklyn, NY 11205
3. No payment should be given in connection with the preparation or filing of this application.
4. This information to be filled out by the Applicant:

B. Name and Address

Last Name: _____ MI: _____ First Name: _____
Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____ Years at this address: _____
Home Phone: _____ Cell/Business Phone: _____
Email: _____

If at above address less than two years, please list prior address.

Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____

Co-Applicant (if any). Co-applicant is 2nd person who will be on the mortgage.

Last Name: _____ MI: _____ First Name: _____
Address: _____ Apt #: _____
City: _____ State: _____ Zip: _____ Years at this address: _____
Home Phone: _____ Cell/Business Phone: _____
Email: _____

If at above address less than two years, please list prior address.

Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____

A. Unit Preference (Check (√) based on income & household size.

1-Bedroom \$134,550–\$139,500 (TIER B) _____ **2-Bedroom \$167,253 (TIER C)** _____

HOUSEHOLD INCOME MAXIMUMS: **\$84,480** (for households between 1- 4 persons)

Incomes are based on current pay stubs and also include bonuses, overtime, child support, etc. There is no income minimums but we estimate the lower range of acceptable incomes are **\$50,000/yr** for the 1-bedroom and **\$57,000/yr** for the 2-bedroom unit in order to qualify for a mortgage. Also, there is a total asset maximum for each household that cannot exceed **\$52,749** for the 1-bedroom and **\$58,538** for the 2-bedroom (This does not include money in 401K or other retirements accounts.)

C. Household Information

How many persons in your household, including yourself, will live in the unit for which you are applying? _____

List all of the people who will live in the unit for which you are applying, starting with yourself, and provide the following information.

Full Name:	Relation to Applicant	Birth Date	Age	Sex	Occupation
	SELF				

Are you or any member of your household disabled? Yes No
 If yes, would you describe the disability as mobility impairment? visual impairment? hearing impairment? _____
 If you checked either mobility impairment, or visual impairment, or hearing impairment, do you or a member of your household require a special accommodation? Yes No
 If yes, please specify the special accommodation required: _____

D. Income from Employment

1) Are you an employee of the City of New York, the New York City Housing Development Corporation, the New York City Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation? Yes _____ No _____ (If Yes, please identify the agency or entity at which you are employed):

Agency/Entity _____

2) If you answered "yes" to Question 1 above, have you personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application? Yes ___ No ___

NOTE: If you answered 'Yes' to Question 1 above, you may be required to submit a statement from your employer that your application does not create a conflict of interest. If you answered 'Yes' to Question 2 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest.

566 Gates Cornerstone Cooperative, 566 Gates Avenue, Brooklyn, NY 11221. Sponsor: Gates Avenue Co-Ops LLC, c/o PACC, Inc., 201 Dekalb Ave., Brooklyn NY 11205. This advertisement is not an offering. No offering can be made until an offering plan is filed with the Department of Law of the State of New York. This advertisement is made pursuant to Cooperative Policy Statement No. 1 issued by the New York State Attorney General. File # CP08-0109



E. Applicant Income Information:

List all income, including salary, bonus, alimony, child support, annuities, dividends, income from rental property, AFDC, Social Security, SSI, pension, disability compensation, unemployment compensation, Interest income, welfare (including housing allowance), babysitting, care-taking, Armed Forces Reserves, scholarships and/or grants, etc.

APPLICANT NAME _____

Current Annual Salary: \$ _____ Overtime: \$ _____ Bonus: \$ _____
Child support/Alimony: \$ _____ SSI, Disability: \$ _____ Pension: \$ _____
Income from Property: \$ _____ Dividends/Interest: \$ _____ Grants: \$ _____
Other(_____): \$ _____ **TOTAL INCOME (all lines above)** \$ _____

CO-APPLICANT NAME (if any) _____

Current Annual Salary: \$ _____ Overtime: \$ _____ Bonus: \$ _____
Child support/Alimony: \$ _____ SSI, Disability: \$ _____ Pension: \$ _____
Income from Property: \$ _____ Dividends/Interest: \$ _____ Grants: \$ _____
Other(_____): \$ _____ **TOTAL INCOME (all lines above)** \$ _____

Total Combined Income of Household Applying (include adults 18 and over who will be living in co-op, even if they will not be on mortgage—income is combined salary, alimony, etc.)

Adult 1 Total Income \$ _____ Adult 2 Total Income \$ _____
Adult 3 Total Income \$ _____ Adult 4 Total Income \$ _____
Total Combined Income of All Adults (Add all Income Lines Above) \$ _____

F. Applicant Minimum Monthly Debt Payments

Credit Card(s): \$ _____ \$ _____ \$ _____
Student Loan: \$ _____ Car Loan: \$ _____ Alimony: \$ _____
Child Support: _____ Other(_____): \$ _____
Total Minimum Monthly Debt Payments (Add All Debt Lines Above): \$ _____

Co – Applicant, if any, Minimum Monthly Debt Payments

Credit Card(s): \$ _____ \$ _____ \$ _____
Student Loan: \$ _____ Car Loan: \$ _____ Alimony: \$ _____
Child Support: _____ Other(_____): \$ _____
Total Minimum Monthly Debt Payments (Add All Debt Lines Above): \$ _____

G. Down Payment Information (include co-applicant, if any). Buyer will need at least 5% of sales price for down payment and approximately 5% of sales price for closing costs)

Maximum amount of money available for down payment and closing costs: \$ _____
Source of funds (e.g., savings, CD, gift from someone, etc.): _____
Bank Checking Acct. Amount \$ _____ Savings Acct. Amount \$ _____
401K/IRA/Retirement Account Amount \$ _____

H. Assets

Total Assets of Household Applying (include co-applicant, if any, and any adult over 18 who will be living in condominium). Total Assets of all adults must be listed here even if they are not going to be on the mortgage. Group your assets in A) or B) below.

A) 401K/IRA Acct. Amount \$ _____
B) All Other Assets Amount \$ _____ (this line includes stocks, bonds, property, CDs, Savings Account, Checking, etc., that are not retirement accounts.)

I. Source of Information

How did you hear about this development?

- Newspaper Advertisement
- Local Organization
- Real Estate Broker
- Other _____
- Sign Posted on Property
- PACC email blast
- Homeownership Workshop
- Word of Mouth

J. Ethnic Identification (Used for Statistical Purposes Only)

This information is optional and will not affect the processing of the application. Please check one group that best identifies the applicant.

- White (non Hispanic origin)
- Hispanic origin
- American Indian/Alaskan Native
- Black
- Asian or Pacific Islander
- Other

K. Signature

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I authorize you to obtain a credit report and conduct a background check on the applicant names listed on this application. (If married less than two years or if you are known by another name or have a designation at the end of your surname such as Jr., Sr., or III, please indicate). I understand that false or inaccurate answers will constitute sufficient ground for the rejection of application. Incomplete or unsigned applications will not be processed.

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY ARE EMPLOYED BY THE NEW YORK CITY HOUSING DEVELOPMENT CORPORATION OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.

Signature of Applicant	Date	Signature of Co-Applicant (if any)	Date
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OFFICE USE ONLY:

- Community Board Resident Yes No
- Municipal Employee Yes No
- Size of Apartment Assigned: 1 Bedroom 2 Bedroom
- Family Composition: Adult Males _____ Adult Females _____
- Male Children _____ Female Children _____
- Person with Disability Mobility Visual Hearing
- TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ per Year

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