Bayshore Senior Residence

APPLICATIONS ARE NOW BEING ACCEPTED FOR ENTRY INTO THE LOTTERY

We are pleased to announce that the waiting list is opening for Bayshore Senior Residence, a brand new garden style community with 66 **affordable apartments for seniors ages 55 and above**. These units are located at 28 Park Ave, The Hamlet of Bayshore, NY 11706. They will include, one and two bedroom units with **11 mobility and hearing impaired units**. The property is located in the Town of Islip with retail shops and transportation nearby. The project amenities in each unit include Energy Star appliances, on-site resident super, elevator, intercom system, security cameras, laundry room, community room, and accessible parking for tenants (limited availability). To be eligible for occupancy, all prospective tenant incomes must be verified and certified by onsite housing staff.

For an application, please visit **rentalapp.us** or call (516) 437-0900 Ext. 41
Give your name, address, and telephone number and an application will be mailed to you.
Only one application per household may be submitted. No Brokers Allowed.
NYHousingSearch.Gov
Application will be accepted as early as **March 4, 2021** Applications must be post marked no later than **May 3, 2021**

The property will feature **a state-of-the-art, inclusive, LGBT-friendly senior center** offering services and programs related to the arts and culture, fitness, food and nutrition, health and wellness operated by the LGBT Network.

Due to Covid- 19 restrictions a private lottery will be held and recorded.
May 17, 2021 at 100 Schoolhouse Rd, Levittown, NY 11756 @ 2pm

Unit Size	Monthly Rent	Units Available	Unit AMI	Household Size	Minimum Annual Housing Earnings	Maximum Annual Household Earnings
1 Bedroom	$994	1	50%	1 Person	$31,389	$44,350
				2 People		$50,650
1 Bedroom	$1,213	53	60%	1 Person	$38,305	$53,220
				2 People		$60,780
1 Bedroom	$1,519	10	80%	1 Person	$47,968	$70,960
				2 People		$81,040
2 Bedroom	$1,875	2	80%	2 People	$59,210	$81,040
				3 People		$91,200
				4 People		$101,280

Tenants are responsible for electricity and gas heating.
Income limits are subject to change.

The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. This apartment community does not discriminate on the basis of handicap/disability status. The management coordinates compliance with the nondiscrimination requirements contained in HUD's regulations implementing Section 504 (24 CFR Part 8 dated June

RuthAnne Visnauskas as HCR Commissioner, New York State Homes and Community Renewal
Andrew Cuomo, Governor

New York City Department of Housing Preservation and Development (HPD) and
New York City Housing Development Corporation (HDC)
Notice of Rights under the Violence Against Women Act (VAWA)
for Housing Applicants

To All Applicants for HPD or HDC Marketed Units:

The federal Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.[1] This notice explains your rights under VAWA and the responsibilities of HPD and HDC, collectively known as "the Agencies", and any marketing agents or other owner representatives engaged in your application process for HPD/HDC marketed housing units.

Protections for Applicants

Housing units marketed via NYC Housing Connect may be funded by a number of federal, state or local financing programs. If you otherwise qualify for admission**,** you cannot be denied admission on the basis of or as a direct result of the fact that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Additionally, applicants cannot be denied based on adverse factors that are a direct result of the fact that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Applicants who are domestic violence survivors may invoke their VAWA rights and appeal a rejection to housing if they wish to claim that the reason given for rejection is a direct consequence of their experience with domestic violence, dating violence, sexual assault or stalking. Such reasons may include, but are not limited to, poor credit, failure to pay rent, poor rental history and/or a criminal record. When submitting such a claim, applicants may be asked to provide supporting documentation.

Instructions on your rights to appeal and the related time frame for submitting such an appeal are explained in your rejection letter if you are denied acceptance to an HPD or HDC marketed unit. Should you need assistance in acquiring additional documents, you may contact one of New York City's Family Justice Centers, and inform them that you were referred by HPD or HDC for help documenting your status as a victim of domestic violence:

Bronx Family Justice Center, 198 East 161st Street, 2nd Floor, 718-508-1220
Brooklyn Family Justice Center, 350 Jay Street, 718-250-5111
Queens Family Justice Center, 126-02 82nd Avenue, 718-575-4545
Manhattan Family Justice Center, 80 Center Street, 212-602-2800
Staten Island Family Justice Center, 126 Stuyvesant Place, 718-697-4300

Family Justice Centers provide a variety of information and services. No appointment is necessary. All centers are open Monday through Friday from 9:00am to 5:00pm.

[1] Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted, HUD-insured, Low Income Housing Tax Credit financed and HPD/HDC financed housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Confidentiality

The Agencies and all marketing agents/owner representatives must keep confidential any information you provide, including the fact that you are exercising your rights under VAWA.

However, they may disclose the information provided if:

- You give written permission to release the information on a time limited basis.
- A law requires the Agencies or marketing agent/owner to release the information.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

For Additional Information

You may view a copy of HUD's VAWA Final Rule, covering many of HUD's housing programs, at **www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf**.

For questions regarding VAWA issues or concerns during the housing application process, please contact **ONE** of these representatives:

HPD Marketed Units: HPD Applicant Helpline, 212-863-7990
HDC Marketed Units: HDC Compliance Helpline, 212-227-6411

For help regarding an abusive relationship, you can call **NYC Domestic Violence Hotline at 1-800-621-4673.** Additional New York City resources for survivors of intimate partner violence include the **Family Justice Centers**, listed above under "Protections for Applicants."

Applicants who are or have been victims of stalking and are seeking help may visit the **National Center for Victims of Crime's Stalking Resource Center** at **www.victimsofcrime.org/our-programs/stalking-resource-center.**

For help regarding sexual assault, you may contact the **NYC Alliance Against Sexual Assault: 212-229-0345** or **Rape Abuse and Incest National Network (RAINN) at 1-800-656-4673**.

Victims of any crime, including stalking, may contact their local police stations.

BAYSHORE SENIOR RESIDENCE

Required Documentation

Photo Copies of:

- Birth Certificate
- Photo Identification
- Social Security Card

** For all persons requesting to live in the apartment*

- Marriage Certificate (if married)
- Legal copy of divorce or separation agreement
- Last Year Tax Return
- Name and address of Current Landlord
- Copy of current lease or current mortgage details and deed to home
- If any member is a student, please provide current enrollment information (copy of tuition payment receipt or course schedule)

Income and Assets:

- 6 Consecutive Pay Stubs
- 6 Months Consecutive Bank Statements
- Current copy of Social Security or SSI Benefit Award Letter
- Current copy of Pension and Annuity Benefit Award Letter
- Workmen's Compensation Statement
- Alimony Documents
- Child Support Documents

The above listed documents are required by the Federal Government for approval in Section 42 LIHTC housing.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations of any material facts involving the use or obtaining federal funds.

MAIL COMPLETED APPLICATION TO:

BAYSHORE SENIOR RESIDENCE

100 SCHOOLHOUSE ROAD, LEVITTOWN, NY 11756

****Non- Smoking Building/ No Pets Allowed**

Property Name: **Bayshore Senior Residence**
Address: **28 Park Ave.**
Bayshore, NY 11706

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State ZIP

Daytime Phone: _____ Email: _____

Preferred Method of Contact: ☐Email ☐Mail ☐Phone

No. of BR's in
Current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: $_____

If owned, do you receive monthly rental income from property? ☐ YES ☐ NO (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): $_____

Bedroom size requested: ☐ One BR ☐ Two BR ☐ Handicap BR

Check all that apply: ☐ Veteran ☐ Mobility Impaired ☐ Hearing Impaired ☐ Visually Impaired

Does any member of the household hold a housing voucher? ☐YES ☐NO (check one)

B. HOUSEHOLD COMPOSITION

	Name	**Relationship to head**	**Birth Date**	**Age** (optional)	**SS# (last 4 digits)**	**Student Y/N**
Head						
Co-H						
3.						
4.						

Have there been any changes in household composition in the last twelve months?	☐ Yes ☐ No
If yes, explain:	
Do you anticipate any changes in household composition in the next twelve months?	☐ Yes ☐ No
If yes, explain:	

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full time student(s) married and filing a joint tax return?	☐ Yes	☐ No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	☐ No
Are any full-time student(s) a TANF of a Title IV recipient?	☐ Yes	☐ No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	☐ Yes	☐ No

C. INCOME

List ALL source of income as requested below. If a section doesn't apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	$
	Social Security	$
	Social Security	$
	SSI Benefits	$
	SSI Benefits	$
	SSI Benefits	$
	Pension (list source)	$
	Pension (list source)	$
	Veteran's Benefits (list claim #)	$
	Veteran's Benefits (list claim #)	$
	Unemployment Compensation	$
	Unemployment Compensation	$
	Public Assistance (Title IV/TANF etc.)	$
	Contributions to the Household (monetary or not)	$
	Full-Time Student Income (18 & Over Only)	$
	Financial Aid (excluding loans)	$
	Annuities (list sources)	$
	Long Term Medical Care Insurance Payments in excess of $180/day	$
	Scheduled Payments from Investments	$

Household Member Name	Source of Income	Gross Monthly Amount
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you ***legally entitled*** to receive alimony?	☐ Yes ☐ No
	If yes, list the amount you are **entitled** to receive.	$
	Do you receive alimony?	☐ Yes ☐ No
	If yes list amount you receive.	$
	Child Support	
	Are you ***legally entitled*** to receive child support?	☐ Yes ☐ No
	If yes, list the amount you are ***entitled*** to receive.	$
	Do you receive child support?	☐ Yes ☐ No
	If yes, list the amount you receive.	$
	Other Income	$
	Other Income	$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts above x 12)		$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		$
Do you anticipate any changes in this income in the next 12 months?		☐ Yes ☐ No
Is any member of the household legally entitled to receive income assistance?		☐ Yes ☐ No
Is any member of the household likely to receive income or assistance (**monetary or not**) from someone who is not a member of the household as listed on Page 2 etc.)?		☐ Yes ☐ No
If yes to any of the above, explain:		
Is the income received?		☐ Yes ☐ No

How did you hear about us? ☐ Newsday ☐Noticia ☐The Suffolk Times

☐Community Contact ☐ Other: _____

D. ASSETS

If your assets are too numerous to list here, please request and additional form.
If a section doesn't apply, cross out or write N/A.

Checking Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Savings Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Trust Account	#	Bank	Balance $
Certificates of Deposit	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
Money Market Accounts	#	Bank	Balance $
	#	Bank	Balance $
Savings Bonds	#	Maturity Date	Value $
	#	Maturity Date	Value $
	#	Maturity Date	Value $
Life Insurance Policy	#		Cash Value $
Life Insurance Policy	#		Cash Value $

Mutual Funds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
Stocks	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
Bonds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
Investment Property				Appraised Value $

Real Estate Property: ***Do you own any property?***	☐ Yes ☐ No
If yes, Type of property	
Location of property	
Appraised Market Value	$
Mortgage or outstanding loans balance due	$
Amount of annual insurance premium	$
Amount of most recent tax bill	$

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	☐ Yes ☐ No
If yes, describe the asset:	
Date of disposition:	
Amount disposed	$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	☐ Yes ☐ No
If yes, describe:	
Do they have access to the asset(s)?	☐ Yes ☐ No

Have you sold/ disposed of any property in the last 2 years?	☐ Yes ☐ No
If yes, Type of property:	
Market value when sold/ disposed	$
Amount sold/ disposed for	$

Do you have any other assets not listed above (excluding personal property)?	$
If yes, please list:	
Date of transaction:	

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	☐ Yes ☐ No

Have you ever filed for bankruptcy?	☐ Yes ☐ No
If yes, describe:	

Have you or any member of your family ever been convicted of a felony?	☐ Yes ☐ No
If yes, describe:	

Have you or any member of your family ever been evicted from any housing?	☐ Yes ☐ No
If yes, describe	

F. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	Type of Vehicle:
Year/ Make/ Model:	Year/ Make/ Model:
Do you own any pets?	☐Yes ☐No
If yes, describe:	

G. REFERENCES

Current Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

☑ (I/WE) hereby acknowledge that (I/WE) have received the Vawa.

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be by/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

_____ _____
(Signature of Tenant) Date

_____ _____
(Signature of Co-Tenant) Date

_____ _____
(Signature of Co-Tenant) Date

_____ _____
(Signature of Co-Tenant) Date

TENANT DATA VERIFICATION

AUTHORIZATION TO OBTAIN A CREDIT REPORT/CRIMINAL

L&T COURT RECORD

APARTMENT # _____

BUILDING ADDRESS: _____

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR INSTITUTION TO RELEASE TO _____ AND OR ITS REPRESENTATIVE ANY AND ALL INFORMATION THAT THEY HAVE CONCERNING CREDIT REPORT ANY CRIMINAL ACTIVITY AND LANDLORD/TENANT COURT RECORDS… I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS, CONNECTED THEREWITH FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION….

Print Name: _____

Signature: _____

Social Security #:_____

Date of Birth: _____

Address: _____

_____

Tenant Screening Report Disclosure Statement

By signing below, I confirm that I have been made aware of, and understand all of the following information related to my application, and the consumer reports, tenant screening reports, investigative reports, criminal background search, OFAC watch list search, sex offender registry searches, employment, banking and tenancy verifications and any other searches that may be conducted in connection with my application.

1. **The information provided by me on my application will be used to obtain a tenant screening report, also known as a consumer report, and other such searches as listed above.**
2. **The tenant screening report will be obtained from one or more of the following sources:**
    a. **Experian, P.O. Box 954, Allen, Texas 75013 www.experian.com 888-397-3742.**
    b. **Equifax P.O. Box 740256, Atlanta, Georgia 30374 www.equifax.com 877-576-5734**
    c. **Trans Union P.O. Box 6790, Fullerton CA 92834 www.transunion.com 800-680-7289**
    d. **First Advantage Saferent/Core Logic Safe Rent 7300 Westmore Road Suite 3 Rockville, MD 20850-5223. 888-333-2413**
    e. **Fidelity Information Corporation, P.O. Box 49938, Los Angeles, CA 90049-0978 800-50-8085.**

I also understand that I have the right to inspect and receive one free copy of the report by contacting the Consumer Reporting Agency that was used to furnish the report. I further understand that I may obtain a free report from each of the 3 nation consumer reporting agencies (Experian, Equifax, and Trans Union) once annually either directly from them, or through www.annualcreditreprot.com and that I have the right to dispute any inaccurate information with them.

_____ _____

Signature Date

_____

Print Name

TENANT DATA VERIFICATION

AUTHORIZATION TO OBTAIN A CREDIT REPORT/CRIMINAL

L&T COURT RECORD

APARTMENT # _____

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Print Name: _____

Signature: _____

Social Security #:_____

Date of Birth: _____

Address: _____

_____

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_____ _____

Signature Date

_____

Print Name