



Affordable Cooperatives coming soon at 839 Tilden Street

AG HABITAT TILDEN STREET LLC is pleased to announce that applications are now being accepted for **56** newly constructed cooperative apartments at 839 Tilden Street, Bronx, NY 10467 Williamsbridge

Amenities: Parking Lot (additional fee), Bicycle Storage, Laundry, and Community Room
Property will have a 40 year Article XI Tax Exemption. This is a Smoke-Free Building

Transit: Trains: 2, 5 – Buses: Bx10, Bx28, Bx31 & Bx38

No application fee • No Broker's Fee • Owner Occupancy Required • More information: <https://Habitatnyc.org/housing-help/>

This building is being constructed through the Open Door Program of the New York City Department of Housing Preservation and Development.

Who Should Apply?

Individuals or households who meet the income requirements listed in the table below may apply. Qualified applicants will be required to meet additional selection criteria. General preference will be given to New York City residents

A percentage of units is set aside for people with disabilities:

- Mobility (5%)
 - Vision/hearing (2%)
- Preference for a percentage of units goes to:
- Residents of **Bronx Community Board 12** (50%)
 - Municipal Employees (5%)

Eligible buyers should have 1% of the purchase price available for down payment plus additional funds for closing costs.

Please note that the quoted sales prices, maximum household income, asset limit, etc., are estimated and are subject to change.

EACH BUYER MUST OCCUPY THE COOPERATIVE APARTMENT AS THEIR PRIMARY RESIDENCE.

ANY PROSPECTIVE APPLICANT WHO CURRENTLY OWNS OR HAS PREVIOUSLY PURCHASED A RESIDENTIAL PROPERTY IS INELIGIBLE.

The estimated sales prices, unit sizes, and income requirements are as follows:

Unit Size	Units Available	Asset Limit ³ (\$186,725 + Minimum Down Payment)	House- hold Size ¹	Annual Household Income ² Minimum – Maximum	Estimated Monthly Carrying Costs ⁴	Estimated Sales Price	Unit Size	Units Available	Asset Limit ³ (\$186,725 + Minimum Down Payment)	House- hold Size ¹	Annual Household Income ² Minimum – Maximum	Estimated Monthly Carrying Costs ⁴	Estimated Sales Price
1 bedroom	22	\$188,613	1 person	\$ 38,100 - \$ 59,760	\$1,050	\$188,823	2 bedroom	9	\$189,547	2 people	\$ 56,715 - \$ 76,860	\$1,560	\$282,182
			2 people	\$ 38,100 - \$ 68,320						3 people	\$ 56,715 - \$ 86,490		
1 bedroom	4	\$188,917	1 person	\$ 44,135 - \$ 59,760	\$1,215	\$219,185	3 bedroom	1	\$189,828	3 people	\$ 65,150 - \$ 86,490	\$1,755	\$310,335
			2 people	\$ 44,135 - \$ 68,320						4 people	\$ 65,150 - \$ 96,030		
			3 people	\$ 65,150 - \$ 103,770						5 people	\$ 65,150 - \$ 111,420		
2 bedroom	14	\$189,212	2 people	\$ 49,600 - \$ 68,320	\$1,365	\$248,700	3 bedroom	6	\$189,986	3 people	\$ 66,240 - \$ 86,490	\$1,825	\$326,099
			3 people	\$ 49,600 - \$ 76,880						4 people	\$ 66,240 - \$ 96,030		
			4 people	\$ 49,600 - \$ 85,360						5 people	\$ 66,240 - \$ 103,770		
			4 people	\$ 49,600 - \$ 85,360						6 people	\$ 66,240 - \$ 111,420		

¹ Subject to occupancy Criteria

² Income guidelines subject to change; larger down payments may allow for lower minimum incomes.

³ Asset limit subject to change

⁴ Monthly Carrying Costs include Mortgage Principle and Interest, Maintenance, Real Estate Taxes and Insurance

How Do You Apply?

DOWNLOAD THE APPLICATION ONLINE: <https://Habitatnyc.org/housing-help/#application>

Completed applications must be returned **by regular mail only to the address that is listed on the application.**

Only send one application per development. Do not submit duplicate applications. Applicants who submit more than one application may be disqualified.

To request an application by mail, send a self-addressed envelope to: **SYDNEY HOUSE, c/o Habitat NYC at 111 John Street, 23rd Floor, New York NY 10038.**

Please Note: do not mail your completed application to this address. Mail the completed application to the address listed on the application.

Informational sessions will be held on:

June 19th at 6:00-7:00pm at Bronx Community Board 12, 4101 White Plains Road, Bronx NY 10466

July 10th at 6:00-7:00pm at Bronx Christian Fellowship Church, 1015 East Gunhill Road, Bronx NY 10469

Seminar attendance is not mandatory to purchase a Cooperative.

When is the Deadline?

Applications must be postmarked by: **July 31, 2019**

What Happens After You Submit an Application?

After the deadline, applications are selected for review through a lottery process.

If yours is selected and you appear to qualify, you will be invited to an appointment to continue the process of determining your eligibility. Interviews are usually scheduled from 2 to 10 months after the application deadline. You will be asked to bring documents that verify your household size, identity of members of your household, and your household income.

This advertisement is not an offering. It is a solicitation of interest in the advertised property. No offering of the advertised units can be made and no deposits can be accepted, or reservations, binding or non-binding, can be made until the offering plan, as filed with the New York State Department of Law, is provided to an eligible applicant. This advertisement is made pursuant to Cooperative Policy Statement No. 1, issued by the New York State Department of Law, FILE NO.CP-19-0005.

Sponsor: **AG HABITAT TILDEN STREET LLC, c/o Habitat NYC 111 John Street, 23rd Floor New York NY 10038.**

Español
Para solicitar por correo una solicitud de este anuncio en "ESPAÑOL", envíe un sobre con su nombre y dirección como destinatario a la siguiente dirección: Sydney House Coop, c/o Habitat For Humanity NYC at 111 John Street, 23rd Floor, NYC NY 10038 En la parte posterior del sobre, escriba en inglés la palabra "SPANISH". Para descargar una solicitud en línea haga clic aquí: <https://Habitatnyc.org/housing-help/#application>. Las solicitudes deben tener el sello postal con fecha del 31 de julio 2019 o anterior.

简体中文
如需通过邮件获取该广告申请表的“简体中文”版本，请将盖章的回邮信封邮寄至：Sydney House Coop, c/o Habitat For Humanity NYC at 111 John Street, 23rd Floor, NYC NY 10038. 请在信封的背面用英文写下“CHINESE”。在线下载申请表：<https://Habitatnyc.org/housing-help/#application>。请保证申请表的邮戳日期在2019年7月31日之前。

Русский
Чтобы запросить заявление по данному объявлению на РУССКОМ языке по почте, отправьте вложенный в письмо конверт с обратным адресом отправителя и маркой по адресу Sydney House Coop, c/o Habitat For Humanity NYC at 111 John Street, 23rd Floor, NYC NY 10038. На оборотной стороне конверта напишите латиницей слово «RUSSIAN». Скачать заявление можно через Интернет: <https://Habitatnyc.org/housing-help/#application>. Штемпель на заявлении должен быть поставлен до 31 июля 2019.

한국어
우편을 통해 이 홍보문 신청서의 "한국어"본을 요청하려면 우표가 붙은 자기 주소록 명기한 회신용 봉투를 Sydney House Coop, c/o Habitat For Humanity NYC at 111 John Street, 23rd Floor, NYC NY 10038 로 보내주세요. 봉투 뒷면에는 영어로 "KOREAN"이라고 적습니다. 신청서를 온라인으로 다운로드하려면 <https://Habitatnyc.org/housing-help/#application> 로 이동하십시오. 신청서는 반드시 2019년 7월 31일까지 소인이 찍힌 우편으로 발송되어야 합니다.

Kreyòl Ayisyen
Pou mande yon aplikasyon piblisite sa a an "KREYÒL AYISYEN" pa lapòs, voye yon anvlòp ki tou gen adrès ou ak tenb sou li bay : Sydney House Coop, c/o Habitat For Humanity NYC at 111 John Street, 23rd Floor, NYC NY 10038. On the back of the envelope, write in English the word "HATIAN CREOLE." To download an application online: <https://Habitatnyc.org/housing-help/#application> Applications must be postmarked before 31 jiyè 2019.

عربي
Sydney House Coop, c/o Habitat For Humanity NYC at 111 John Street, 23rd Floor, NYC NY 10038. فور طلبك رسالة إعلاننا، فإرسالها مع طابعك، وعلامة بريدك إلى: Sydney House Coop, c/o Habitat For Humanity NYC at 111 John Street, 23rd Floor, NYC NY 10038. على الجزء الخلفي من الرسالة، اكتب بالإنجليزية الكلمة "ARABIC". لتحميل الطلبات عبر الإنترنت: <https://Habitatnyc.org/housing-help/#application>. يجب أن يكون لديك طابع بريدك قبل 31 يوليو 2019.

Governor Andrew Cuomo • Mayor Bill de Blasio • HPD Commissioner Louise Carroll • HCR Commissioner/CEO RuthAnn Visnauskas



APPLICATION FOR HOMEOWNERSHIP

INSTRUCTIONS:

1. **SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD.** You may be disqualified if more than one application is received per lottery for your household.
2. **Applications are selected randomly through a lottery. Depending on the volume of applications received, it may not be possible for all of them to be processed. Accordingly, it is possible that you may not receive a response.** All applicants are encouraged to monitor the online housing resource center established by The City of New York (www1.nyc.gov/site/housing/resources/resources.page) to keep up with new housing opportunities to which they may apply. Applying to more buildings, including those in locations that might not be your first preference, can only increase the chances that one of your applications will be processed.
3. **You must complete the first three sections (Sections A, B, and C) as well as sign and date the application in order for your application to be reviewed if it is selected for further processing. The application should be completed very carefully. Incomplete information for the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, do not use white-out or liquid paper anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.**
4. When completed, this application must be returned by regular mail ONLY to the address below. To ensure that it arrives successfully at the P.O. Box, do not use certified mail, return receipts, or any method requiring a signature confirmation.
5. The completed application must be postmarked no later than **July 31, 2019**
6. Only the application should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.
7. Mail completed application to:
**SYDNEY HOUSE COOPERATIVE
P.O. Box 234003
Ansonia Station
New York NY 10023**
8. **No payment should be given to anyone in connection with the preparation or filing of this application.** No broker or application fees may be charged. If your application is selected for further processing, a non-refundable credit check fee may be collected by the management company at that time. For units with income limits set at or below 80% of New York City's Area Median Income (AMI) level, the fee is not to exceed \$25 per application (for households with 1 or 2 adult members), or \$50 (for households with 3 or more adult household members). For units with income limits set above 80% AMI, the fee is not to exceed \$50 per

application (for households with 1 or 2 adult members) or \$75 per application (for households with 3 or more adult members).

9. **Income Eligibility:** Please review the chart in the project advertisement which breaks down the mandatory income levels for the HPD housing program of the building you are applying to, based on household size. All income sources for all household members should be listed on the application. In general, gross income is calculated for most applicants, except that net income is analyzed for self-employed applicants. Net business income from current and prior years is considered for self-employed applicants, and such applicants must have at least two (2) to three (3) complete years in the same self-employed field. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for further processing you will be contacted, via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.

10. **Other Eligibility Factors:** In addition to the income requirements, other eligibility factors will be applied. Eligibility factors include, but are not limited to:
 - a. Credit History
 - b. Criminal Background Checks
 - c. Documented Proof of Assets for Down Payment and Closing Costs
 - d. Eligibility for a Cooperative Mortgage
 - e. Qualification as a Household – the Agency’s housing programs are designated for individuals, families and households who can document financial interdependence as a household unit. These affordable programs are not intended for “roommate situations” and so such applicants may not be eligible under this household criterion.
 - f. Continuing Need – Applicants to the HPD affordable housing programs must demonstrate a continuing need for housing assistance through an analysis of their assets and recent income history.
 - g. Property Ownership –No member of the applicant household may own, or have previously purchased, any residential property, including shares in a co-op.
 - h. Asset Limits – There is a limit to the amount of total household assets allowed (excluding specifically designated retirement and college savings accounts). For a homeownership unit, the value of the applicant’s household assets may not exceed the current four (4)-person HUD income limit for 175% of area median income (AMI) plus the amount of the required down payment. The 2019 asset limit for homeownership units is \$186,725.

11. **Application Preferences and Set-Asides:** There is a general preference in the lottery for current New York City residents. Households outside of New York City are free to apply, but their applications will be assigned a low priority and processed only after all NYC resident applicants.

12. **Primary Residence Requirement:** Any applicant approved for this development must maintain the new home as their sole primary residence. If approved for an affordable housing unit, the applicant must surrender any unit where applicant is then currently residing. Each member of the applicant’s household who leases rental residential real property must terminate the lease for and surrender possession of such rental property on or before the purchase date for a homeownership affordable unit. For a homeownership affordable unit, the applicant must agree to continuously occupy the affordable housing unit as his or her sole primary residence, residing there no less than 270 days per year, with the exception of days spent on active military duty or subleasing (where permitted by the project’s regulatory documents).

13. **Submission of False or Incomplete Information:** Prospective applicants should be aware that this is a governmentally assisted housing program. The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will not only result in an applicant’s disqualification, but will be forwarded to the appropriate authorities for further action – including the possibility of criminal prosecution. All paperwork and documents submitted by applicants are subject to review by the New York City Department of Investigation, a fully empowered law enforcement agency of the City of New York.

A. Name & Address (Required)

First, Middle Initial, & Last Name, Suffix:	
Current Address Line 1:	
Current Address Line 2:	
City:	
State:	
Zip Code:	
Cell Phone:	
Home Phone:	
Work Phone:	
Email:	
How long have you lived at this address? _____ Years, _____ Months	
Please select one of the following, email or paper mail as your preferred method of communication for ALL future correspondence regarding this application. If your preferred mailing address is different than the one listed above, please indicate the preferred mailing address in the space provided:	
<input type="checkbox"/> Email: _____	
<input type="checkbox"/> Paper Mail (specify if mailing address is different than above): _____	

B. Household Information (Required)

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used. Providing Social Security Numbers and/or Taxpayer Identification Numbers on this application is voluntary. Social Security Numbers and Taxpayer Identification Numbers which are voluntarily disclosed on this application will be used only to establish an organized and specific method of identifying applicants who are seeking affordable housing within the City of New York, will be kept in a secure location, and will not be used or disclosed for any other purpose. Failure to provide a Social Security Number or Taxpayer Identification Number on this application will not result in an applicant's disqualification at this time. If your application is selected for further processing, the building's landlord will have the right to require this information at that time in order to perform a credit check.

How many persons, 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 (Head of Household), and provide the following information. Please indicate if the household member has a disability. If yes, would you describe the disability as a mobility impairment **(MI)**, visual impairment **(VI)**, or hearing impairment **(HI)**:

First, Mid. Initial, & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date (MM/DD/YY)	Sex	Occupation	Disabled?		
						MI	VI	HI
		Head of Household						

Are you or a member of your household a Veteran of the U.S. Armed Forces? Yes No

*Please see Definition of Eligibility below.

If you checked either mobility, visual, or hearing impairment, do you or a member of your household require a special accommodation?

Yes – please specify the accommodation required: _____

No

*Definition of veteran from 38 U.S.C. 101(2):

The term “veteran” means a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.

C. Income (Required)

Question 1	
Are you or a member of your household 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes,” please specify the agency or entity at which you or a member of your household is employed.	
Question 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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. Such statement would not be

required until later in the application process, after you have been selected through the lottery, when you will also be required to provide other documents to verify income and eligibility.

HPD EMPLOYEES ONLY: If you are an HPD employee, please read the Commissioner's Order regarding conflicts of interest and consult with the agency's Office of Legal Affairs before you submit your application.

1. Income from Employment

List all full and/or part time employment income for ALL HOUSEHOLD MEMBERS including yourself, WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employment earnings:

Household Member	Employer Name & Address	Length of Employment		Earnings	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
		Years	Months			
Head of Household						

2. Income from Other Sources

List all other income sources for each household member, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.

Household Member	Type of Income	Dollar Amount	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
Head of Household				

3. TOTAL ANNUAL HOUSEHOLD INCOME

Add ALL Annual Gross Income (Sections 1 & 2 above) and list the TOTAL ANNUAL HOUSEHOLD INCOME:

4. Assets

Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please indicate assets for each household member:		
Household Member	Type of Asset/Account	Current Cash Value
Head of Household		

D. Current Landlord

- New York City Housing Authority (NYCHA)
- Other City Owned (In Rem)
- A Company or Organization
- An Individual

Landlord Name <small>(Company, Organization, or Individual Name)</small>	Landlord Address	Landlord Phone #
What is the total rent on the apartment where you currently live or are temporarily staying?	_____ monthly	
How much do you contribute to the total rent of the apartment? If nothing, write "0."	_____ monthly	

F. Source of Information

How did you hear about this development? Please check all that apply:	
Newspaper	City "affordable housing hotline"
Local organization or church	Friend
Sign posted on property	www.nyc.gov/housingconnect
Community Board	Elected representative
Other website:	Other:

G. Ethnic Identification

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:	
White (non-Hispanic origin)	Black
Hispanic origin	Asian or Pacific Islander
American Indian/Native Alaskan	Other:

H. Language

In what language would you like to be contacted about your application? Please choose one. If you do not choose a language, communication will be in English.	
English	한국어 (Korean)
简体中文 (Chinese)	Русский (Russian)
Kreyòl Ayisyen (Haitian Creole)	Español (Spanish)
(Arabic) العربية	

I. Signature (Required)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (We) have not withheld, falsified, or otherwise misrepresented any information. I (We) fully understand that any and all information I (we) 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 (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 criminal 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: _____

OFFICE USE ONLY:

Person with Disability: Mobility Visual Hearing

Community Board Resident: Yes No

Municipal Employee: Yes No

Size of Apartment Assigned: Studio 1BR 2 BR 3 BR 4 BR

Family Composition: Adult (Males) _____ Adult (Females) _____

 Children (Males) _____ Children (Females) _____

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ PER YEAR