Catholic Charities Brooklyn and Queens
Progress of Peoples Management
Corporation

Dear Applicant,

Thank you for your interest in the housing lottery for the waitlist at Monsignor Joseph F. Stedman Apartments, located in Brooklyn, NY. The waitlist generated from this mailing will be used to fill future vacancies. You are receiving this application because you previously expressed interest in an affordable apartment at this site. If you are no longer interested, please disregard this mailing.

Tenants pay their own electricity, and rents are subsidized by the US Department of Housing and Urban Development. Rents are determined based on the household's adjusted gross income.

Maximum Gross Income limits (50% AMI)

- Household of One: $54,350
- Household of Two: $62,150

Eligibility for admission to this HUD subsidized property is limited to the following. Note that there are additional eligibility criteria which will be reviewed when the application is initially reviewed and/or at a housing interview.

- A single person 62 years of age or older
- A household of two, where the head of household or spouse is 62 years of age or older

How to apply?
Please complete the attached housing application and mail to "Monsignor Stedman Apartments C/O POP Management Corporation P.O. Box 25050 Brooklyn, NY, 11201-5050. Do not send more than one completed application. Do not give brokers or application fees to anyone in connections with the obtaining, preparing or filing of this application for housing.

When is the deadline?
Applications must be postmarked by May 24, 2024. Applications postmarked after this date will not be considered for the waitlist.

What happens after submitting an application?
The first 500 randomly selected applications will be assigned an ID number. You will be notified of the application status whether or not it is within the first 500 randomly selected applications. Any blanks on the application will delay the processing of your application. When vacancies occur, Property Management will reach out to eligible candidates from the waitlist to conduct interviews. You will be asked to bring documents that verify identity of members of your household as well as your household's income, assets, and qualifying expenses. Additionally, applicants must pass a credit and criminal background check.

Please note that at no time in the process are you guaranteed an apartment until you have signed a lease and received your keys. You may keep this cover sheet for future reference.

Sincerely,
Progress of Peoples Management Corporation

EQUAL HOUSING OPPORTUNITY

For Office Use Only

Log ID # _____

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MAIL TO: **MSGR JOSEPH F. STEDMAN SENIOR HOUSING**
C/O: POP MANAGEMENT CORPORATION
P.O. BOX 25050
BROOKLYN, NEW YORK 11201-5050

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MAIL **ONLY ONE** (1) APPLICATION PER FAMILY BY REGULAR MAIL. IF MORE THAN ONE APPLICATION IS RECEIVED THE LAST APPLICATION RECEIVED WILL BE THE I.D. NUMBER OF RECORD. DO **NOT** SEND BY REGISTERED, CERTIFIED, EXPRESS, ETC. IT WILL **NOT** BE ACCEPTED.

IF YOU MAIL YOUR APPLICATION TO ANY OTHER ADDRESS IT WILL NOT BE PROCESSED

APPLICATION MUST BE POST MARKED BY MAY 24, 2024.

Each application received will be recorded. Since so many elderly need housing, this development will not be able to accommodate all who are eligible. As eligible applicants can be accommodated, they will be called in for an interview which will occur at the apartment building, located at 930 53rd Street Brooklyn, NY, 11219. No payment or fee should be given to anyone in connection with obtaining, preparing, filing, or processing of this application for Section 8 housing. Proof of legal status, income, assets, and expenses will be required.

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THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT

Name: _____

Street Address: _____ Apt. # _____

City _____ State _____ Zip code _____

Home phone # _____ Alternate phone # _____

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Mailing address (if different from address above):

Street Address: _____ Apt. # _____

City _____ State _____ Zip code _____

FUNCTIONAL STATUS

If you or any member of your household has a disability, as defined in Section 223 of the Social Security Act, please note below as to how we may accommodate your needs. If applicable, please include any special unit features which may be required. A Reasonable Accommodation may include a wheelchair accessible unit, grab bars, a service animal or etc.

Does the **Head of Household** permanently require the use of a wheelchair?	Yes ☐	No ☐
Does the **Co-Applicant** permanently require the use of a wheelchair?	Yes ☐	No ☐
Would you or co-applicant benefit from the features of an accessible unit?	Yes ☐	No ☐

FAMILY COMPOSITION

(LIST ONLY THE FAMILY MEMBERS WHO WILL LIVE IN THIS APARTMENT)

(1) **YOU, HEAD OF HOUSEHOLD**

Name_____ Sex_____ Age_____

Date of Birth _____ Social Security # _____

(2) **SECOND PERSON**
RELATIONSHIP TO HEAD OF HOUSEHOLD: _____

Name_____ Sex_____ Age_____

Date of Birth_____ Social Security #_____

If any household member was 62 or older as of January 31st 2010 and *does not have* a SSN, were they receiving HUD rental assistance at another location on January 31st 2010? Yes ☐ No ☐ Not Applicable ☐

INCOME FOR ALL HOUSEHOLD MEMBERS

Type of Income: Examples are wages, welfare, social security, SSI, pension, disability compensation, unemployment compensation, interest income, alimony, annuities, dividends, income from rental property.

If any household member has zero income, please state that below.

HOUSEHOLD MEMBER	TYPE OF INCOME	AMOUNT
1) _____	_____	_____ PER YEAR
1) _____	_____	_____ PER YEAR
2) _____	_____	_____ PER YEAR
2) _____	_____	_____ PER YEAR

CURRENT ASSETS

Do you own a bank account? (INCLUDING DIRECT DEPOSIT CARDS) Yes ☐ No ☐
If yes, please provide ALL of the following information:

Checking Acct Name of Bank_____ Acct #_____ Current Balance $_____
Checking Acct Name of Bank_____ Acct #_____ Current Balance $_____
Savings Acct Name of Bank_____ Acct #_____ Current Balance $_____
Direct Deposit Name of Bank_____ Acct #_____ Current Balance $_____
Cert. of Deposit Name of Bank_____ Acct #_____ Current Balance $_____
Stocks/Bonds Value $_____
IRA/401k/etc. Value $_____

Do you now own Real Estate? Yes ☐ No ☐
If yes, what is the value, during the past two years? $ _____
Have you sold, given or disposed of any assets in the last two years? Yes ☐ No ☐ If yes, please provide the following information:

Asset Received	Asset Value at time of Disposition	Date of Disposition	Amount Received

Were there any penalties, broker/legal fees or settlement costs you had to pay in order to dispose of these assets?

Yes ☐ No ☐ Amount $ _____

MEDICAL EXPENSES

This allowance is permitted only for households whose Head or Spouse is age 62 or older, Handicapped or Disabled. Consider ONLY medical expenses which will not be paid by an outside source like health insurance, medicare, grants or a charitable organization. How much are the medical expenses you EXPECT to be paid by your household in the next 12-month period? $ _____

CRIMINAL BACKGROUND

List all states in which household members 18 years of age and older have resided: _____

Were you or any member of your household evicted in the last three years from federally assisted housing for drug-related criminal activity? Yes ☐ No ☐

Do you currently use illegal drugs or abuse alcohol? Yes ☐ No ☐

Were you or any member of your household subjected to State lifetime sex offender registration in any state?
Yes ☐ No ☐ If yes, lists the state(s) here: _____

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

WARNING: FALSE STATEMENTS OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Signature _____ Date _____

MARKETING INFORMATION

How did you hear about the availability of these apartments? Please check and fill in all choices that apply.
Friend ☐ Walk in ☐ Local Organization/neighborhood center/church ☐
Newspaper advertisement ☐ _____ Other ☐ _____

The following information is required for statistical purposes so that HUD may determine the degree to which its programs are utilized. This information must be completed. It will not affect the processing of this application.

ETHNICITY:
Please check one which identifies the head of household: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

RACIAL GROUP IDENTIFICATION:
Please check one which identifies the head of household:

☐ White ☐ Black or African American ☐ American Indian or Alaskan Native
☐ Asian ☐ Native Hawaiian or Other Pacific Islander



Progress of Peoples Management Corp. does not discriminate directly or indirectly on the basis of race, color, religion, sex, national origin, disability or familial status in the admission or access to, or treatment or employment in its programs or activities regardless of the presence of federal financial assistance. Under Section 504 of the Rehabilitation Act of 1973 the owner honors reasonable accommodation requests for modifications in policies, practices and facilities, when such modifications may be necessary to afford an individual equal opportunity to use and enjoy the benefits of this development and are not fundamental program changes.

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant **Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.