



*Linden Plaza*

675 LINCOLN AVENUE  
Brooklyn, N.Y. 11208  
(718) 235-7600

Dear Applicant,

Thank you for your interest in applying for an apartment at Linden Plaza Preservation, LP. Please take a moment to answer the questions below and return this form with the attached application.

1. Check below the bedroom size you are applying for? **(please refer to the attached occupancy standards before choosing a bedroom size)**

Studio

1Bedroom

2Bedroom

3Bedroom

2. How did you hear about Linden Plaza Preservation? **(Please check one, if newspaper please indicate name of newspaper)**

Friend	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Newspaper—which Newspaper?	<input type="checkbox"/>
Relative	<input type="checkbox"/>
Community Center	<input type="checkbox"/>

3. Are you a Veteran or on Active Military Duty? (if yes, you must submit a copy of your DDS 214 form with your application).

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

4. Will you need reasonable accommodation when you come for an interview?  
If yes please explain.

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This form must be submitted to our office with the attached application in order to properly process your application on the waiting list.

Once you submit the application you will receive a notice from our office within 14 days stating your log ID number and the waiting list bedroom size you qualify for based on the attached occupancy standards.

Sincerely,

Linden Plaza Preservation,  
Rental Office

**Linden Plaza Preservation, LP**  
**675 Lincoln Avenue, Brooklyn, NY 11208**

Revised 2010

New York City Mitchell-Lama Housing Company formed under Article II of  
 The Private Housing Finance Law of the State of New York under the supervision  
 Of Housing Preservation and Development, City of New York.

MHB No. \_\_\_\_\_  
 Appl. No. \_\_\_\_\_  
 Bldg. No. \_\_\_\_\_  
 Apt. No. \_\_\_\_\_  
 No. of Rooms \_\_\_\_\_  
 No. of Bedroom \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip Code 

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Check One ( ): Rent  Co-op  Homeowner  Other  Explain \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

No. of Rooms \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ Monthly Rent or Carrying Charge \_\_\_\_\_

Years at Present Address \_\_\_\_\_ If Former Site Resident, give Site Address \_\_\_\_\_

Persons to Reside in Apartment: \_\_\_\_\_ No. of Persons \_\_\_\_\_

NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD**	AGE *	SEX*	SOCIAL SECURITY NUMBER
1.				
2.				
3.				
4.				
5.				
6.				

\* must be supplied for any person under 21 years of age; voluntary for other household members.

\*\* Voluntary Information.

Sources of Income for each person to reside in apartment:

Earning (include Self-Employed) \_\_\_\_\_ No. of Persons Employed \_\_\_\_\_

NAME	EMPLOYER'S NAME AND ADDRESS	ZIP CODE	HOW LONG EMPLOYED	ANNUAL EARNING	
				CURRENT	ESTIMATED NEXT YEAR

**DO NOT WRITE HERE**

Monthly Rent ..... \$ \_\_\_\_\_  
 Gas and Electric.....\$ \_\_\_\_\_  
 Total Charges.....\$ \_\_\_\_\_  
 Equity Investment (Co-ops Only) ..... \$ \_\_\_\_\_  
 Painting/Appliance (Co-ops Only)..... \$ \_\_\_\_\_

**MAXIMUM INCOME**

A. Income Ratio (7X) (8X) .....\$ \_\_\_\_\_  
 B. Median Income \_\_\_\_\_ Persons .... \$ \_\_\_\_\_  
 HIGHER AMOUNT OF A OR B .....\$ \_\_\_\_\_  
 Total Earning .....\$ \_\_\_\_\_  
 Other Income .....\$ \_\_\_\_\_

TOTAL INCOME .....\$ \_\_\_\_\_

**ALLOWABLE DEDUCTIONS:**

Secondary Wage Earner Deductions .....\$ \_\_\_\_\_  
 Personal Deduction  
 For Each Household Member.....\$ \_\_\_\_\_  
 Medical and Dental Expenses  
 As Report on State Tax Return.....\$ \_\_\_\_\_

**ELIGIBILITY INCOME**

(Total Income Less Deductions  
 Cannot Exceed Greater of A or B)..... \$ \_\_\_\_\_

APPROVED (housing Company)

By \_\_\_\_\_  
 Date \_\_\_\_\_

APPROVED ( Housing Preservation and Development)

Date \_\_\_\_\_ By \_\_\_\_\_  
 Date \_\_\_\_\_ By \_\_\_\_\_

Total Current Annual Earnings \_\_\_\_\_

Total Current Other Income \_\_\_\_\_

Total Current Annual Earnings \_\_\_\_\_

Total Income from all Sources \_\_\_\_\_

**Check if declaring a Veterans Preference.**  
**(Must include documentation)**

I certify statements made in this application have been examined by me and to the best of my knowledge and belief are true, correct and complete. I have no objection to inquiries being made for the purpose of verifying the facts herein stated. I understand that if any of the information declared is false, my application will become void and I will lose my place on the waiting list. I further understand that the filing of this application does not in any way bind the Housing Company to reserve or assign an apartment to me.

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**NO CASH ACCEPTED**

The solicitation or acceptance of any other payment by any sales  
 Or rental agent in connection with the sale or lease of any  
 apartment constitutes a misdemeanor. Penal Law, Section 180.55.