TO: NYS Division of Housing and Community Renewal
Housing Management Bureau
25 Beaver Street, New York, NY 10004

From: Development Name:_____ DHCR No._____

Contact Person:_____ Telephone No._____

Return Address:_____ Zip_____

Email Address: _____

SUBJECT: **Request for Approval of Apartment Applications**

DIRECTIONS: Type or print information in heading and Sections I, II, and III. Submit form in triplicate with original application and documents used to establish eligibility including (a) for new admissions - income or non-employment verification* and credit report for each adult in household; (b) for transfers - income or non-employment verification for each adult in household* and application for current apartment; and (c) for successions - proof of eligibility per 9NYCRR Section 1727-8. Provide an updated copy of the admission and/or transfer application log as needed to justify selection. Maintain a copy of records submitted. Keep this form as a permanent record upon completion by DHCR.

I. Application Information							II. Apartment Information					IV. FOR DHCR USE ONLY	
Type Code (1)	If Transfer - Current Bldg/Apt	Application Date	Application Number	Applicant Name	No. of Persons	Adjusted Household Income*	Bldg	Apt	No. of BR's	Rent*	Income Limit*	Remarks	Status Code (2)

III. Certification:

I certify that: (a) the above applications have been processed in accordance with 9NYCRR Part 1727 and federal program regulations, if applicable**;
(b) applicants meet income and occupancy eligibility requirements; and (c) applicants were selected in the prescribed order.

Authorized Signature:_____ Title:_____

Name (Type/Print):_____ Date:_____

(1) TYPE CODE

N - New Admission
S - Succession
T - Transfer

(2) STATUS CODES:

A - Approved
D - Disapproved
I – Insufficient Documentation

DHCR REVIEWER: _____ DATE:_____

TELEPHONE NUMBER: (212) 480-

* This information/documentation is not required for Section 236 applicants.

** Section 8 and Section 236 developments are subject to HUD Handbook 4350.3.
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