



**Dear Applicant,**

Thank you for your interest in applying to the Riverbay Corporation for an apartment at Co-op City, a serene, park-like residential community located in the Baychester section of the Bronx, N.Y. and served by zip code 10475.

Riverbay Corporation, the corporate-owner entity of Co-op City, offers affordable one, two and three-bedroom apartments for sale. Approved shareholders must meet certain credit, family composition and income criteria.

An Application Form, which is required at the time of your interview, must be filled out to apply for a residential cooperative unit at Co-op City. **You may complete the application form available here on the website and/or print it on LEGAL size paper.** The completed application must be returned by mail to the Riverbay Sales office, 2057A Bartow Avenue, Bronx, NY 10475, **OR** by dropping it in the carrying charge box located in the Administrative Building at 2049 Bartow Avenue, Bronx, NY 10475. **Please note:** A non-refundable \$75.00 application fee (postal or bank money order, or certified or cashier's check ONLY) must accompany this application form. The balance of required fees will be requested approximately 90 days prior to an apartment becoming available, and at which time, processing of your application will be completed. This will include running your credit report, income verification, criminal background check, property owner information and scheduling an in-home visit. You will be required to update your application and provide current information at that point.

Riverbay Corporation provides reasonable accommodations to persons with disabilities, as required by law. In addition, Riverbay also complies with an amendment to Section 31 of the Private Housing Finance Law, which requires housing companies to give preference in admission to veterans as defined in Section 85 of the Civil Service Law.

Once an apartment preference is declared, it can **ONLY** be changed for **increase or decrease in family size**, without incurring a penalty. However, additional application processing fees may apply.

Please read this application in its entirety to fully understand the application process as well as the development to which you are applying for residence. **You must sign and notarize page 8 of this application, and sign and date page 9 before submitting.** Additionally, there are a number of documents that must be provided at the time of your interview. A letter requesting these documents will be forwarded to you at a later date.

Following is the list of required documents and **NON-REFUNDABLE** fee information.

Please contact the Residential Sales Office at the number listed above with any questions regarding this application.





## **REQUIRED DOCUMENTS AND FEES**

### **(SUBMITTED AT INTERVIEW)**

**Applicants must provide the following documents at their interview:**

- Copy of your W-2 form for the most current year.
- Copy of your New York State form for the most current year.
- Copy of your Federal Tax Form for the most current year.
- If not employed in New York State, applicable W-2, State and Federal Form.
- If self-employed, a letter from your CPA on his/her letterhead stating current estimated earnings and Federal Form 1040, schedule C.
- If no taxes were filed, IRS transcript for the most current year.
- Proof that a legal separation or divorce has been commenced in court if you are applying for an apartment on your own even though you are still legally married.
- For each adult on the application, a copy of his/her driver's license. If no driver's license, then other Photo Identification is required, such as job ID or passport.
- A copy of the birth certificate for each person listed on the application.
- Verification of employment for each adult on the application. This must be submitted on employer's letterhead and signed by the appropriate department head. The verification should include date of hire, current position and current salary.
- For each child listed over the age of five (5), please submit a letter from the current school stating that he/she attends the school.

**IF YOU ARE RETIRED**, substitute W-2 and job letter with the following, if applicable:

Social Security Award Letter.

- Copies of Pension award, most recent year's bank interest and dividend form
- 1099.
- Documentation of all income from any other source.
- Copy of most recent New York State and Federal tax form.
- IRS transcript for the most current year.

### **NON-REFUNDABLE FEES ARE AS FOLLOWS:**

1. Basic Application Fee: The basic application fee is \$75.00. This is paid at the time of application.
2. Ninety days prior to an apartment becoming available based on your declared preference, the Residential Sales Office will contact you to request the balance of fees required to complete processing your application. Below are the fees to be paid for your credit report, criminal report and home visit. These fees must be **paid by bank or postal money order, or certified check. NO PERSONAL CHECKS ARE ACCEPTED.**
3. The criminal investigation fee of \$153.00 per adult (age 18 and over) residing in the apartment even if they are not the applicant or co-applicant.
4. The credit fee is \$42.41 for each applicant and each co-applicant.
5. The home visit fee is \$84.92 per address of applicant, and an additional \$84.92 for each co-applicant and occupants with different address.





## APPLICATION FORM

On the following page is the application for a one, two or three-bedroom apartment in Co-op City. Please be sure to read the application in its entirety before signing and notarizing these documents. You are advised of the following in connection with this application:

- This application is to secure an application number in regards to obtaining an apartment at Co-op City. Please note that there are no apartments available on an immediate basis. Approximately 90 days prior to an apartment becoming available, you will be contacted by a residential sales agent for payment of the balance of fees outlined on the previous page.
- All applicants are subject to credit investigation, which will include a FICO credit score. Riverbay requires a FICO credit score of **650** or greater. Any application with a FICO credit score below these levels will be denied. If you are not sure about your FICO credit score, you are encouraged to obtain your own credit report and FICO score at [www.myfico.com](http://www.myfico.com) prior to paying the additional fees in connection with this application.
- In the event you have no credit score because you have not established a credit history, your application will be considered provided you can demonstrate that you have paid other bills on a consistent basis. For this purpose, we will consider gas and electric bills, cable bills, telephone bills, current landlord verification, etc.
- All applicants, co-applicants and proposed occupants (age 18 or older) will be subject to criminal investigation. The cost of these investigations is the responsibility of the applicant and must be paid when contacted as indicated on the previous page. Should your application be denied based upon the results of the criminal investigation for you or anyone listed on your application, none of the fees assessed will be refunded as they are **NON-REFUNDABLE**. Any applicants, co-applicant or proposed occupant with a criminal conviction for producing methamphetamine in the home or who is legally required to be a lifetime registrant on the state sex offender registry will result in the application being denied. If a criminal conviction or arrest is still pending that involved physical violence to persons or property or which affected the health, safety and welfare of others, then Riverbay will make an individual assessment for each applicant which may include such factors as (a) seriousness of the crime, (b) time elapsed since the offence, (c) age of the person at the time of the crime (d) evidence of the person's rehabilitation and (e) whether they are an actual danger to their neighbors.
- A home visit at your current residence will be conducted by an independent investigative company and a resulting report will be forwarded to Riverbay Corporation. Should this home visit result in denial of your application, all fees paid in connection with the processing of this application are **NON-REFUNDABLE**.
- All applications are accepted for a waiting list only, and are subject to review for eligibility under the rules and regulations established by Riverbay Corporation, with the approval of the commissioner of the New York State Division of Housing and Community Renewal. Riverbay adheres to New York State Rules and Regulations, section 1727-1.3(F) which states, **"Eligible applicants shall be given one right of refusal of an apartment without prejudice to their standing on the waiting list. A second refusal shall result in their removal from the waiting list."**
- With regard to apartment selection, applicants will be allowed to specify the section location(s) they are interested in, but cannot limit their selection to a particular building(s). Applicants may also limit the floor(s) they wish to live on to the bottom half or top half of the building, but cannot specify specific floors.



Riverbay Corporation does not discriminate on the basis of race, creed, religion, sex, national origin, age, familial status, disability or socio-economic class.



- Accordingly, applicants may indicate preferences, for a specific size apartment, a particular area of the complex, or for a higher or lower floor, at the time of their application. However, any changes in preferences after their application is submitted, but prior to an apartment being offered, will result in their application being placed at the bottom of the waiting list which reflects the new preference.

**THIS PAGE DELIBERATELY LEFT BLANK.**  
**Please scroll to the following page for the application form.**





**APARTMENT APPLICATION**

**Directions:** Print or type all requested information and sign certification. Original application will be time and date stamped upon receipt and entered into NYS Homes and Community Renewal's Automated Waiting List (AWL) in chronological order. Applicant will be given a print-out of the AWL summary with application number. Applicants can monitor waiting list position and update their contact information using the AWL's public access function @ [www.nyshcr.org](http://www.nyshcr.org).

**Applicant Address:** Apartment #: \_\_\_\_\_ Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone#: \_\_\_\_\_ Phone #: \_\_\_\_\_

<b>Head of Household:</b> <i>(Must be completed. Head of household must be 18 years of age or older.)</i>			
Last Name	First Name	Social Security No.	Age

<b>Co-Head of Household:</b> <i>(Complete if applicable. Co-head must be 18 years of age or older.)</i>			
Last Name	First Name	Social Security No.	Age

<b>Other Household Members:</b> <i>(List all other persons who will reside in apartment.)</i>			
Last Name	First Name	Social Security No.	Age

**Apartment Size:** *(Select one or two sizes. Household must meet applicable occupancy standards.)*

- 1 Bdrm(1-2 persons)3.0  
  1 Bdrm(1-2 persons)3.5  
  1 Bdrm(1-2 persons)4.0\*  
  2 Bdrm(2-4 persons)4.5  
 2 Bdrm(2-4 persons)5.0\*  
  3 Bdrm(4-6 persons)6.0  
  3 Bdrm(4-6 persons)6.5\*  
 \*Denotes a Terrace Apartment

<b>Special Requirements:</b> <i>(Note that special requirements can extend your wait for an apartment.)</i>	
Gross Household Income:	\$ _____
Enter total adjusted gross income reported on the federal income tax returns for the prior calendar year for all household members, less \$1,000 for each personal and dependent exemption, and less \$20,000, or actual earnings if less, for each secondary wage earner.	

**Veterans Admission Preference:**  *If head- or co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference. (Not applicable for limited Dividend housing companies.)*

**Certification:** *(Head of household and co-head must sign and date.)*

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying this information and I agree to furnish all required documentation.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Company Use Only					HCR Use Only:
Application Date (date original application stamped received):				AWL #:	
Is this the original application? (check yes/no; if no, attach original application)				Yes _____, No _____	
BLDG#:	Apt :	# Bdrms:		# Rental rms:	Date: / /
Mthly Rent/CC:	Utilities:	Totals:		Equity, if co-op:	Comments:
Max Income	Comment:				
Approved By:				Date: / /	

HM-80 (11/11) (Co-op City)



Riverbay Corporation does not discriminate on the basis of race, creed, religion, sex, national origin, age, familial status, disability or socio-economic class.



I/we certify that all statements and/or answers in this application are true and accurate and that any false statements and/or answers to questions noted during the required background investigation will cause this application to be rejected. **I/we understand that any decision to reject this application is final, subject to formal appeal by applicant to the New York State Division of Housing and Community Renewal.** I/we authorize Riverbay Corporation and their agents and investigators to verify all statements in this application. I/we understand that contacts with employers, former and current landlords, credit bureaus and government agencies will verify this application. I/we hereby authorize such investigations and waive any objection to such investigation. I/we understand the requirement to attend a “New Cooperator Orientation” after closing on my/our apartment and prior to my/our move-in to Riverbay/Co-op City. The residential sales agent will assign a date to attend an orientation session.

**INCOME REQUIREMENTS AND COST OF APARTMENTS AS OF SEPTEMBER 1, 2019**

<u>Size of Apt.</u>	<u>Minimum and Maximum of People</u>	<u>Equity at \$5,500</u>	<u>Approximate Carrying Charges \$230 Per Room</u>	<u>Minimum income</u>	<u>Maximum Income 3 or less, 4 or more Residents</u>
3	1-2	\$16,500.00	\$723.00	\$25,764	\$65, 964 N/A
3.5	1-2	\$19,250.00	\$843.00	\$29,958	\$77,698 N/A
4	1-2	\$22,000.00	\$965.00	\$34,177	\$87,374 N/A
4.5	2-4	\$24,750.00	\$1,085.00	\$38,510	\$99,941 to \$114,218
5	2-4	\$27,500.00	\$1,205.00	\$42,764	\$110,834 to \$124,830
6	4-6	\$33,000.00	\$1,447.00	\$51,298	\$132,513 to \$151,970
6.5	4-6	\$35,750.00	\$1,557.00	\$55,617	\$142,699 to \$164,107

**Important note: In accordance with Housing Management Bureau Memorandum #2008-B-14 and NYCRR 1727-2.8, to apply for a particular size apartment, your family composition must meet the minimum number of people indicated above. Thus, a family composition which consists of one, two or three people, cannot apply for a three-bedroom apartment. A family composition of one, cannot apply for a two-bedroom apartment. Also, family compositions cannot exceed the maximum number of people indicated above. The minimum income required for senior citizens (62 years of age or older) is less than that listed above. For senior citizens ONLY, the minimum income is as follows:**

<u>Apt. Size</u>	<u>Minimum for Seniors</u>
3	\$23,093
3.5	\$26,971
4	\$30,490
4.5	\$34,659
5	\$38,487
6	\$47,134
6.5	\$50,053

The 4.0, 5.0, and 6.5 room apartments have terraces. The 3.0, 3.5 and 4.0 room apartments have one-bedroom. The 4.5 and 5.0 room apartments have two-bedrooms and the 6.0 and 6.5 room apartments have three-bedrooms.



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1. Have you, your co-applicant or any family members living with you ever been criminally convicted for producing methamphetamine? Yes  No
2. Is the applicant, co-applicant or any proposed occupant required to be a lifetime registrant on a state sex offender registry? Yes  No  If you answered “no” to questions 1 & 2, please answer question 3:
3. Have you, your co-applicant or proposed occupant ever been convicted or arrested for a crime affecting the health, safety and/or welfare of others, but for which the outcome is still pending? Yes  No
4. If you answered “yes” to questions 1 through 3 above, please answer the following: Period of time that has elapsed since the criminal conviction(S) or arrest(S) for which the outcome(S) is/are still pending: \_\_\_\_\_

Age of the convicted person at the time of his/her conviction(s): \_\_\_\_\_

Describe the act(s) which were the basis of the conviction or arrest, for which the outcome is still pending:

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Provide any information/documentation that can be produced on behalf of the proposed occupant, describing rehabilitation and good conduct, including, but not limited to, evidence of completion of treatment, rehabilitative programming, history of employment and tenancy, volunteer or community activity, and letters of reference from employers, landlord, community member or others specifically addressing the person’s conduct since their conviction(s).

5. Have any child(ren) living with you ever been expelled from school? Yes  No  If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

6. Does any child(ren) living with you have youthful offender status? Yes  No
7. Do you, your co-applicant or any family members living with you presently use illegal drugs or abuse alcohol? Yes  No
8. Have you or your co-applicant ever been evicted from an apartment for any reason? Yes  No

If you answered “yes” to questions 4 through 7, this is not an automatic disqualification. Please provide a description of the facts for each “yes” Answer:

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9. Are you a veteran? Yes  No



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Riverbay will not reject any applicant solely based on the fact that a household member has a criminal conviction(s) which involved physical violence to persons or property, or that adversely affected the health, safety and welfare of others, but will conduct any individual assessment of each household member who has such convictions. The above information will be used to make this assessment. Please provide any additional information that you believe will be helpful in reviewing your application. I have read and completed the above form. The above information is true and accurate to the best of my knowledge. I/we have no objection to inquiries for the purpose of verifying the facts herein stated. I/we further agree to furnish any and all documents or affidavits needed to verify income or other items related to this application. Please note that your application may be denied for false statements. Riverbay Corporation accepts this application for its waiting list only. Formal approval is subject to our review for eligibility under the rules and regulations of Riverbay Corporation and The New York State Division of Housing and Community Renewal.

The applicant(s) give full authorization for an investigative report whereby third parties may be contacted to report on their character, general reputation, personal characteristics and mode of living, including salary, income, consumer credit, court and criminal history, as well as banking financial practices. I have the right to make a written request for disclosure of the nature, result and scope of this investigation. I may not, however, receive or view my consumer credit file. I agree to hold Riverbay Corporation and their agents and investigators harmless for any claims that may arise as a result of this investigation. I further authorize banks, financial institutions, landlords, civil and criminal courts, motor vehicle bureaus, business associates, credit bureaus, attorneys, accountants and other persons or institutions with whom I am acquainted to furnish any and all information regarding me. This authorization also applies to any updates, which may be ordered as needed. I am agreeable that a photocopy or fax of this authorization can (or should) be accepted with the same authority as the original.

I have read the advisories and notices on pages 1 through 4 and have completed the application on page 5. I have also reviewed the required document page and completed this application fully understanding and agreeing to follow the rules and regulations of Riverbay Corporation and the New York State Division of Housing and Community Renewal.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ before me personally appeared

\_\_\_\_\_ to me known to be the person who executed this application.

\_\_\_\_\_  
Notary Public

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ before me personally appeared

\_\_\_\_\_ to me known to be the person who executed this application.

\_\_\_\_\_  
Notary Public

**VETERANS RECEIVE PREFERENCE FOR ADMISSIONS**



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**HOME VISIT AGREEMENT – RIVERBAY CORPORATION (Co-op City)**

This application process includes a home visit. You will be contacted by one of our agents regarding this home visit and at that time, you will need to make an appointment as soon as possible with our investigator. The investigator will provide a 4-hour window in which the home visit will take place. You and all individuals moving with you must be available in your home during this home visit.

1. The home visit will take place at the address (which should be your current residence) on your application.
2. All persons moving with you must be present.
3. The investigator will conduct a brief interview and photograph all applicants and others listed on your application.
4. Photographs will also be taken of each room occupied or used by the applicant(s), for example, the living room, kitchen, bathroom and bedrooms.
5. If any of the above requirements are not met, the home visit will be deemed a *no show*, and your application will be voided and/or may result in an additional fee being charged.
6. You will be provided with a phone number to cancel appointments in case of an emergency. All cancellations must be made at least 24 business hours in advance, or it will be considered a *no show*.

**Please note: This entire home visit process takes approximately 10 minutes. If you have any questions or concerns, it is important that you speak to the management group at the time of your application. Please note that the home visit investigator does not make decisions regarding applications. Your cooperation is appreciated.**

Applicant:		
Co-Applicant Name:		
Complete Address: ( include house number, street, apartment number, city, state and zip code)		
Home phone number:		
Work phone number:		
Cell phone number:		
Translator name: (if applicable)		
Translator phone number:		

By signing below, I have read, understand and agree to the conditions and terms of the home visit.

X \_\_\_\_\_ DATE \_\_\_\_\_

X \_\_\_\_\_ DATE \_\_\_\_\_



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