

## NEW YORK CITY DEPARTMENT OF HOUSING PRESERVATION & DEVELOPMENT

### Application for NYC 15/15 Rental Assistance Program

#### APPLICATION INSTRUCTIONS

Owners must complete a separate Application Package for each project for which NYC 15/15 Rental Assistance is requested. Application Package consists of:

1. Project Description Form
2. HRA Provision of Congregate Supportive Housing Preliminary Award Letter
3. ***If Owner and Service Provider are not Related Entities:*** Description of proposed agreement between property owner and service provider

Please use the fillable fields in this application form to provide required information wherever possible.

#### NYC 15/15 BACKGROUND

The NYC Supportive Housing Initiative aims to fund and develop 15,000 new units of supportive housing in New York City over the next 15 years. This far reaching and comprehensive initiative targets the most vulnerable homeless New Yorkers in need of supportive housing. Supportive housing combines affordable housing with appropriate social services to help special populations, including individuals and families with serious mental illness, substance use disorders and/or disabling medical conditions.

The City's 15,000-unit plan is comprised of a projected 7,500 newly-developed congregate (single-site) units and a projected 7,500 scattered-site apartments. The NYC Department of Housing Preservation and Development (HPD) will award rental assistance and capital to support the congregate projects.

NYC 15/15 funding is available to provide project-based rental assistance to eligible households meeting the population criteria for HRA's Provision of Congregate Supportive Housing Request for Proposals. Project must have a tentative award letter for the HRA Provision of Congregate Supportive Housing services in order to receive an award for NYC 15/15 Rental Assistance. Rental assistance would be provided for up to the number of units specified in the HRA Provision of Congregate Supportive Housing award letter.

## PROJECT DESCRIPTION FORM

Applicant should be the owner of the supportive housing project. Eligible owners include nonprofit organizations or joint ventures between nonprofit and for-profit entities. Owner may also be the service provider or may partner with a provider to deliver on-site services to tenants.

### OWNER INFORMATION

Name of Legal Owner:

Name of Developer:

Address:

Contact Person:

Phone Number:

Email Address:

### SERVICE PROVIDER INFORMATION

Applicant Name:

Address:

Contact Person:

Phone Number:

Email Address:

### PROJECT INFORMATION

Project Name:

Project Address(es):

Block and Lot Number:

Number of Buildings in Project:

Project Type:

New Construction  Rehabilitation

HPD Loan Program (if applicable):

Complete the bedroom distribution chart below for the overall project and for the requested NYC 15/15 Rental Assistance contract units.

	SRO	OBR	IBR	2BR	3BR	Total
All Units in Project						
Total Proposed NYC 15/15 Contract Units						

**Utilities:** Select whether tenant or owner is responsible for payment for each utility.

	Electric	Electric Stove	Gas	Heat	Hot Water	Oil
Owner Pays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Pays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Construction Schedule:** Complete the following schedule.

Construction Finance Closing Date  
 Construction Completion Date  
 Occupancy Date

**Certification Statements:**

I, \_\_\_\_\_, understand that the site must prevent discrimination of persons seeking rent, lease, secure financing for or purchase of NCY 15/15 Rental Assistance units on the basis of age, alienage or citizenship status, color, disability, gender, gender identity, lawful occupation, lawful source of income, marital or partnership status, race, religion/creed, national origin, pregnancy, the presence of children, sexual orientation, status as a victim of domestic violence, stalking and sex offenses. I understand and agree to abide by all applicable NYC 15/15 Rental Assistance requirements found in its HPD's Administrative Plan.

I, \_\_\_\_\_, attest and certify that all of the information herein contained is true and accurate to the best of my knowledge. I understand that by submitting this application for project-based assistance there is no commitment from the New York City Department of Housing Preservation and Development that my proposal will be selected.

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Signature of Applicant \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Completed Application Package must include:

1. Project Description Form
2. HRA Provision of Congregate Supportive Housing Preliminary Award Letter
3. ***If Owner and Service Provider are not Related Entities:*** Description of relationship and proposed agreement between property owner and service provider

Please return completed Application Package to HPD:

By email to [NYC1515@hpd.nyc.gov](mailto:NYC1515@hpd.nyc.gov)

Or by mail to  
NYC 15/15 Rental Assistance Program  
New York City Department of Housing Preservation and Development  
100 Gold Street, Room 9C10  
New York, NY 10038

**ATTACHMENT: HRA PROVISION OF CONGREGATE SUPPORTIVE  
HOUSING PRELIMINARY AWARD LETTER**

**ATTACHMENT: DESCRIPTION OF RELATIONSHIP AND AGREEMENT  
BETWEEN PROPERTY OWNER AND SERVICE PROVIDER**

Only submit if Owner and Service Provider are not Related Entities