

**APPLICATION FOR SUCCESSION RIGHTS
NAME OF DEVELOPMENT _____**

SECTION 1: SUCCESSOR APPLICANT INFORMATION

FOR HPD USE ONLY LOG# _____

1.1: Applicant Name _____

1.2: Address: _____ Apt: _____

1.3: Date (month /day/yr.) you moved into the apartment indicated in 1.2 above: _____.

1.4: Are you a senior citizen (62 or over), or disabled? Yes No

1.5 Family Relationship to Tenant/Cooperators of Record _____.
(See instructions). You must provide proof of family relationship.

1.6 Persons Currently Residing in the Apartment indicated in 1.2 above:

NAME	RELATIONSHIP TO APPLICANT	AGE	SEX (M/F)

SECTION 2: TENANT/ COOPERATOR OF RECORD INFORMATION

2.1: Name of Tenant/Cooperators of record of apartment indicated in 1.2 above:
_____.

2.2: Number of years Tenant/Cooperators of record resided at address/apt indicated in 1.2 above: _____.

2.3 Status of Tenant/Cooperators of Record: (Please check applicable box and refer to instructions for required documentation:

A: Permanently Vacated: Date permanently vacated (m/d/y) _____.

B: Deceased: Indicate date of death (m/d/y) _____.

C: Divorce/Separation: Date of divorce/ separation (m/d/y) _____, Date permanently vacated (m/d/y) _____.

D: Permanently Moved to a Nursing Home/Care Facility: Date permanently entered Nursing Home/Care Facility(m/d/y): _____.

E: Other _____

SECTION 3: (3.1) APPLICANT CERTIFICATION

I certify that the statements made in this application for succession to the apartment indicated in 1.2 of 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 as well as the documents and information provided. I understand if any information declared herein is false, my application for succession will not be approved and I will be subject to legal action. I understand that filing this application does not in any way bind the Housing Company or the NYC Department Housing Preservation and Development to grant me succession to the apartment indicated in 1.2 above if I do not otherwise meet the requirements of Section 3-02 (p) of the City Mitchell-Lama Rules. I understand that should I be granted succession rights and I do not meet the occupancy standards for the apartment indicated in section 1.2, I may be asked to move to an appropriately size apartment when one becomes available.

Applicant Signature _____

Date _____

SECTION 4: FOR OFFICIAL USE ONLY

HOUSING COMPANY APPROVAL

DATE: _____

BY: _____

I have fully reviewed both this application and its supporting documents and certify that all the required documents have been provided to approve this application for succession rights.

HOUSING PRESERVATION AND DEVELOPMENT APPROVAL

DATE: _____

BY _____

This approval is without prejudice to any outstanding rent or maintenance charges .