

THE CITY OF NEW YORK
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
OFFICE OF DEVELOPMENT
100 GOLD STREET, ROOM 5G, NEW YORK, NEW YORK 10038
Inclusionary@hpd.nyc.gov

**AFFORDABLE HOUSING PLAN APPLICATION PURSUANT TO
THE CURE PROGRAM**

Please indicate "Not Applicable" or "NA" where appropriate. Do not leave any lines blank.

1. Applicant: _____
Address: _____
Fax: _____
Email: _____
Primary Contact (Name, Phone, Email):

2. Owner (if different): _____
Address: _____
Fax: _____
Email: _____
Primary Contact (Name, Phone, Email):

3. Administering Agent: _____
Address: _____
Fax: _____
Email: _____
Primary Contact (Name, Phone, Email):

4. General Contractor: _____
Address: _____
Fax: _____
Email: _____
Primary Contact (Name, Phone, Email):

5. Architect: _____
Address: _____
Fax: _____
Email: _____
Primary Contact (Name, Phone, Email):

6. Attorney and Firm: _____
Address: _____
Fax: _____
Email: _____
Primary Contact (Name, Phone, Email):

7. Location of Low Income Housing Units
Street Address: _____
Borough: _____
Block(s)/Lot(s): _____
Community Board: _____

8. Cure Requirement Floor Area (in both square feet and percentage of floor area) pursuant to:
 CONH Pilot Program, Local Law 1 2018
Square Feet: _____ Percentage: _____
 Special District: _____ ZR Section: _____ SRO
Square Feet: _____ Percentage: _____

9. Unit Count
Total units in project: _____ Total Cure units in project: _____ Super's units: ____
For projects with more than one building:
1. Address for first building: _____
Total units in first building: ____ Total Cure units in first building: ____ Super's units: ____
2. Address for second building: _____
Total units in second building: ____ Total Cure units in second building: ____ Super's units: ____
For additional buildings, please add additional pages as needed.

Income Distribution of Low Income Housing Units:
Number of low-income units (equal to or less than 40% AMI): _____
Number of low-income units (equal to or less than 50% AMI): _____
Number of low-income units (equal to or less than 60% AMI): _____
Number of low-income units (equal to or less than 80% AMI): _____

10. Tax Exemption to be requested: _____
No portion of the low income housing required shall qualify to satisfy an eligibility requirement for any tax exemptions.

11. Type of Project (check all that apply)

Construction type:

- New Construction
- Preservation
- Substantial Rehabilitation

Location of Floor Area Compensation:

- On-site
- Off-site
- On-site and Off-site

Cure Units:

- Rental
- Homeownership

Non-Cure Units:

- Rental
- Homeownership
- Not Applicable

Electric Utility Systems:

- N/A – Not Used
- Individual unit heating systems utilizing electric resistance heated PTACs or heat pumps
- Individual unit hot water systems heated by electrically powered boilers
- Electric stoves

12. If the project will contain a condominium or cooperative structure, please describe the structure and the use of each unit. If not, please indicate N/A:

Authorized Signature of Applicant: _____

Print name: _____

Date: _____