

INSTRUCTIONS APPLICATION FOR SUCCESSOR TENANCY

nyc.gov/hpd
Office of Asset & Property
Management
100 Gold Street
New York, N.Y. 10038

VICKI BEEN
Commissioner

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Deputy Commissioner

Chapter 24 of Title 28 of the Rules of the City of New York (RCNY) allows a family member, as defined in Section 24-01, of the tenant of record who meets all the requirements to remain as a lawful tenant after the tenant of record has permanently vacated the apartment. These occupancy rights of family members are often referred to as succession rights. The complete requirements for succession rights can be found on the attached copy of Chapter 24 of Title 28 of the Rules of the City of New York.

The conditions that must be met for succession are outlined in Chapter 24 and include:

- (1) Eligible Family Member
- (2) Occupancy during the Co-Residency Period

You must have occupied the subject apartment as your primary residence throughout the co-residency period and continuing through the date of application for succession rights. You have the burden of proving you meet the conditions by submitting appropriate documentation along with your application.

You must fully complete and sign an Application for Succession and submit the application, along with all required documents, to the following:

**NYC Department of Housing Preservation and Development
Tenant Succession Review Unit
100 Gold Street, Room 7Z7
New York, NY 10038**

Failure to provide the required documents will result in the rejection of your application for succession.

SECTION 1: SUCCESSOR APPLICANT INFORMATION

- 1.1: Print your full first and last names; the applicant should include his/her social security number.
- 1.2: Indicate your address and apartment number.
- 1.3: Indicate the date you moved into the apartment at the address indicated in 1.2 of the application.
- 1.4: Please check the box yes or no if you are a senior citizen (62 or over) or disabled. You will need to provide documentation of your age or disability (see below).
- 1.5: You must indicate your family relationship to the tenant of record as Identified in 2.1 of the application and provide proof of this relationship (see below).
- 1.6: You must indicate the address where you were living previous to moving into this apartment.
- 1.7: Indicate the full first and last names of all occupants currently in the apartment identified in 1.2 of the application, their relationship to you, their ages and their genders.
- 1.8: If applicant has received or is currently receiving public assistance, indicate the Public Assistance Case number.

SECTION 2: TENANT OF RECORD INFORMATION

- 2.1: Print the full first and last names of the tenant of record.
- 2.2: Indicate the number of years the tenant of record resided in the apartment indicated in section 1.2 of the Application.
- 2.3: Please indicate the status of the tenant of record by checking the applicable box and provide the **required documentation** (see below). Please note a tenant of record may have permanently vacated the apartment prior to his/her death.

SECTION 3: CERTIFICATION

- 3.1: After you have carefully read the certification, please initial, sign and date.

REQUIRED DOCUMENTS

You must provide all of the required documents to qualify for succession.

AUTHORIZED FAMILY MEMBER

You must provide birth certificate(s), marriage certificate, etc. to prove your family relationship to the tenant of record. If you are not a defined family member, you must prove an emotional and financial commitment and interdependence between you and the tenant of record as described in Chapter 24 §24-01(2) of Title 28 of the RCNY).

PROOF OF TENANT OF RECORD VACATING THE APARTMENT

You must provide documentation of the date the tenant of record permanently vacated the apartment indicated in 1.2 of the application as specified below:

- ◆ Vacated: Signed lease or occupancy agreement as well as utility bills from the beginning date of service at the new address of the tenant of record.
- ◆ Deceased: Death Certificate. **Note: A tenant of record may have permanently vacated the apartment prior to his/her death.**
- ◆ Divorce/Separation: Divorce/Separation agreement. In addition a signed lease or occupancy agreement as well as utility bills from the beginning date of service at the new address of the tenant of record.
- ◆ Nursing Home/Care Facility: Letter from the Director of the Facility indicating when the tenant of record permanently entered the facility. **Note: You cannot be considered for succession if the tenant of record is only temporarily in the nursing home/ care facility.**



CO-RESIDENCY

You must provide documentation that **you and the tenant** of record continually co-resided in the apartment indicated in 1.2 of the application for the two years immediately prior to the date the tenant of record permanently vacated the subject apartment or for one year if **YOU** are a senior citizen (62 years old or over) or are disabled. You must also provide documentation indicating that the subject apartment was your primary residence during this period and through the date of your application for succession rights.

Below are suggested documents to prove co-residency and primary residency. You should submit as many documents listed below as you can.

- ◆ Certified New York State Tax returns. If you were required to file New York State tax returns, your failure to provide certified copies of those returns will result in a finding that the subject apartment was not your primary residence.
- ◆ Employment Records – W-2s and/or 1099s, paystubs, pension and/or retirement records, etc.
- ◆ Documents from the Social Security Administration, Department of Social Services, Department of Labor or from any other governmental agency.
- ◆ Board of Elections records.
- ◆ Department of Motor Vehicles documents such as a Driver's license or Identification card and car registration, etc.
- ◆ Insurance policies and billing statements – apartment, health, life and car insurance, etc.
- ◆ Utility bills (electric, telephone, gas, cable).
- ◆ Credit card bills and statements and loan bills and statements (only a sample for each year). These statements can be redacted to eliminate any private information.
- ◆ Bank statements, including checking and savings accounts, and statements from other financial Institutions (only a sample for each year). Again, these statements can be redacted to eliminate any private information.
- ◆ Medical bills and statements, including medical insurance statements and "explanations of benefits", etc.
- ◆ Publications and other general correspondence addressed to you at the subject apartment which include a postmark.
- ◆ School records for you and/or your family members.
- ◆ U.S. Military Service Records.
- ◆ Marriage and/or Birth Certificates.
- ◆ If the apartment is in a building managed by a Tenant Association through the Tenant Interim Lease Program and the current apartment is a relocation apartment, you must submit a copy of the relocation agreement.
- ◆ **SENIOR CITIZEN OR DISABLED**
- ◆ If you declare yourself a senior citizen or a disabled person in Section 1.4 of the application, you also must submit the following:
 - ◆ Senior Citizen: Verification of Age.
 - ◆ Disabled: Government issued documentation from a governmental agency determining you to be disabled.



APPLICATION FOR SUCCESSOR TENANCY

SECTION 1: SUCCESSOR APPLICANT INFORMATION

FOR HPD USE ONLY

LOG# _____

1.1: Applicant Name _____
Social Security Number: _____

1.2: Address: _____ Apt: _____

1.3: Date (month /day/year) you moved into the apartment: _____.

1.4: Are you a senior citizen (62 or over), or disabled? Yes No
If you answered yes to this question, please submit birth certificate or other proof of age, or proof of disability.

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

1.6: Address where applicant lived immediately prior to moving into this apartment:
_____.

1.7: Persons Currently Residing in the Apartment with the applicant:

NAME	RELATIONSHIP TO APPLICANT	AGE	SEX (M/F)

1.8: If applicant has received or is currently receiving public assistance, please indicate your Public Assistance Case number:
_____.

SECTION 2: TENANT OF RECORD INFORMATION

2.1: Name of Tenant of record of apartment: _____.

2.2: Number of years Tenant of record resided at address/apartment: _____.

2.3: Status of Tenant 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): _____. Indicate name and address of facility: _____

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 above 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. The Agency reserves the right to request further information and documentation in reviewing this application. I understand if any information declared herein is false, my application for succession will not be approved and I may be subject to legal action.

_____ I understand that filing this application does not in any way bind the NYC Department of Housing Preservation and Development to grant me succession rights to the apartment indicated in 1.2 above, if I do not otherwise meet the requirements of Chapter 24 of Title 28 of the Rules of the City of New York.

_____ 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. I further understand and agree that if I am offered tenancy I will be required to pay future rent at a level set by the Agency as well as any arrears owed for up to one year.

Applicant Signature: _____

Date: _____

SECTION 4: FOR OFFICIAL USE ONLY

NYC DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT APPROVAL

DATE: _____

BY _____