

12 CV 01525

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

SAMUEL FARRELL JR.

(In the space above enter the full name(s) of the plaintiff(s).)

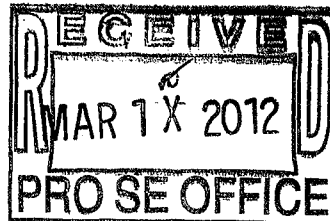
COMPLAINT

-against-

Jury Trial: Yes No
(check one)

NEW YORK CITY, NEW YORK CITY LANDLORD & TENANT
RIVERSIDE PARK COMMUNITY L.C. RIVERSIDE PARK
COMMUNITY II L.C.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name SAMUEL FARRELL JR.
Street Address 3333 BROADWAY # D32C
County, City NEW YORK, NEW YORK
State & Zip Code 10031
Telephone Number 212-926-5678

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name New York City Comptrollers Office
Street Address 100 Church Street 4th Floor
County, City New York, New York
State & Zip Code 10007
Telephone Number _____

Defendant No. 2 Name New York City Landlord & Tenant
Street Address 111 Centre Street #1127A
County, City New York, New York
State & Zip Code 10007
Telephone Number _____

Defendant No. 3 Name Riverside Park Community L.L.C.
Street Address 590 56th Street
County, City West New York
State & Zip Code NJ 07093
Telephone Number 212-862-4847

Defendant No. 4 Name Riverside Park Community II, LLC
Street Address 45 Broadway, 25th Floor
County, City New York NY 10006
State & Zip Code NY 10006
Telephone Number 212-862-4847

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

- Federal Questions Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Due-Process (Fifth Amendment)

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____
Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? It started 6/25/09 to 2/27/12
Trial Date: 9/28/12 Decision Date: 12/23/12

B. What date and approximate time did the events giving rise to your claim(s) occur? Starting
9/23/12 At 9:30 A.M For 2 days of Trial

C. Facts: I first went to trial on 9/28/12 but on 9/23/12 I was denied an adjournment
and I was not allowed to present certain evidence without any explanation. I wasn't given
any time to certify any documents if needed. The building was not own by Riverside Park
Community LLC and also own by Housing Preservation and Development. Yet no notice
was presented in trial verifying they had H.P.D. permission to take the Respondent to L&T
Court. The Judge allow the evidence that goes back too 2004 which was accepted, that
verify I WAS NAME ON THE CERTIFICATION BY H.U.D WHICH SHOW MY ADDRESS AS 3333
BROADWAY #D32C AND NO EVIDENCE WAS PROVIDED TO SHOW I EVER MOVE OUT. ALSO THERE WAS A
VOUCHER BY U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ISSUED IN 2009, YET IT WAS NOT
ACCEPTED INTO EVIDENCE. JUDGE CHERYL GONZALES TRY TO CLAIM THAT THE BURDEN OF PROOF WAS
SHIFTED TO THE RESPONDENT EVEN THO THERE WAS EVIDENCE GOING BACK TO 2004 YET THE
PETITIONER NEVER SHOWED ANY EVIDENCE TO PROVE I MOVED. ALSO THE PETITIONER DENIED
THE RESPONDENT RIGHT TO RECEIVE SUBPOENA DOCUMENTS AND THE JUDGE DID NOT PROVIDE
A DISMISSAL OR FORCE THE PETITIONER TO PRESENT THE DOCUMENTS. THIS VIOLATED MY RIGHTS TO
DUE PROCESS (FIFTH AVENUE)

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. Asking for either A retrial or dismissal and since my rights to Due-Process (Fifth Amendment) was violated because this is a L.L.C. and there was no Public Announcements and this case started in 6/25/09 until 2/27/12 and I'm Pro-se and no Assistant was provided to let me know where I can go or where there was no information to any law libraries or any law books that could help me concerning Landlord & Tenants that is why I asking for damages of 2,500,000 for punitive Damages

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 1 day of March, 2012.

Signature of Plaintiff Samuel Juree
Mailing Address 3333 Broadway D32C
New York NY 10031
Telephone Number 712-926-5678
Fax Number (if you have one) _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____
Inmate Number _____

RIVERSIDE PARK COMMUNITY LLC &
RIVERSIDE PARK COMMUNITY II LLC

AFFIRMATION
TO BE REHEARD

Petitioner/Landlord,

- Against -

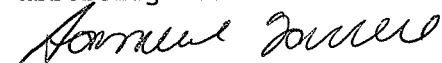
Samuel Farrell, Jr.

County of New York

I Samuel D. Farrell Jr. affirm under penalty of law that what I say is true under the penalty of perjury.

- (I) Why was I denied the right to an adjournment when many of my evidence that was denied could have been certified and be able to be presented to you as part of my defense.
- (II) Why was my voucher from the U.S. Department of Housing and Urban Development denied to be presented as evidence?
- (III) Why the judge did not allow respondent after evidence was presented by HUD which was the certification which showed that I was accepted as a resident of 3333 Broadway D32C, New York, NY 10031 and yet this was in 2004 and no evidence was presented to show that I was no longer living here.
- (IV) Also, in 2009 there was an enhanced voucher from the U.S. Department of Housing and Urban Development which established that I Samuel D. Farrell Jr. was approved for a housing subsidy.
- (V) This same document that I was discussing in previous sentence IV was not accepted as evidence. I would like to have an answer why this document was not accepted and if it was not certified; why I was not given time to certify it. This document also establishes that I was still living at the same address, so how come the judge felt that I did not present evidence to prove I was still living there.
- (VI) Based on the evidence that Judge Cheryl Gonzales claims that HPD denied my application for the enhanced voucher, but yet the same evidence happens to show that I was still living at the above address and yet no evidence was ever provided that I moved.
- (VII) I would like Judge Cheryl Gonzales to explain how the burden of proof shifted to me the responded to prove my claim of succession when she accepted that in 2004 that the HUD actually accepted the document, but yet the petitioner never accepted any evidence at any time to show that I was not living there or that I have moved.
- (VIII) When Judge Gonzales had been notified that the petitioner did not respond to a subpoena for records the judge denied me the right to an adjournment but yet she did not threaten the petitioner with a dismissal if they did not provide the evidence towards my defense. So I am asking how this could have occurred.
- (IX) The deed of this building is owned by HUD. And the law requires that the petitioner should have written approval by HUD before starting any legal action. We have not seen any HUD approval which means they do not have prima facie.
- (X) I am letting judge Gonzales and the court know that if this is not reheard or this case is not dismissed I will file my complaint and show cause in Federal Court against the City Of New York and the courts.
- (XI) It is my belief that the court does not have subject matter jurisdiction, therefore it becomes the duty and the burden of the petitioner that the court has subject matter jurisdiction. The burden of proving jurisdiction rests upon the party asserting it.

Dated: February 27, 2012
GUTMAN, MINTZ, BAKER & SONNENFELDT, P.C.
813 Jericho turnpike
New Hyde Park, NY 11040
(516) 775-7007

Signed: 
Samuel D. Farrell Jr.

THE CITY OF NEW YORK
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
Division of Rent Subsidies
SECTION 8 EXISTING HOUSING PROGRAM
APPLICATION FOR RENTAL ASSISTANCE

INSTRUCTIONS:

1. Print all information requested. Use ink.
To avoid misunderstanding, it is important that all information be printed clearly.
2. When printing your name and address, be sure that:
Names of both husband and wife are given.
If you are a resident of Queens or Richmond, the name of the section in which you live is also to be given (such as Jamaica, St George, etc.).
3. Applications will be returned unless every question is answered.
4. Sign your name under applicant's declaration.
5. No payment or fee should be given to anyone in connection with the preparation, filing or processing of this application for Section 8 housing assistance.

FOR HPD USE ONLY
DATE / TIME APPLICATION RECEIVED
I. D. NUMBER
CERTIFICATE NUMBER

THIS INFORMATION TO BE FILLED OUT BY APPLICANT:

NAME SAMUEL D. FARRELL

STREET ADDRESS 3333 BROADWAY APT. NO. D32C

CITY NEW YORK STATE NY ZIP CODE 10031

HOME PHONE (212) 926 1149 WORK PHONE (212) 926 5678 SOC. SEC. NO. 065-448305

If you do not have a home phone, please indicate where you can be reached. (N/A) N/A

(Check here) the utilities paid by you monthly, and indicate the amount. GAS \$ _____ ELECTRIC \$ 89.00

List landlord's name, address, and telephone number: HENRY DUBO, RIVERSIDE MANAGEMENT CORPORATION
3333 BROADWAY NEW YORK NY 10031 212 862 4844

Are you presently being subsidized through Section 8? Yes No Date moved into present apartment: MAY 1976

What is your present monthly rent? \$ 539.00 How many persons are in your household? 6 How many bedrooms do you have? 3

List in order all your addresses for the last 3 years. Start with the present address.		Date at each address:		Amount of rent paid per month
ADDRESS	CITY	FROM	TO	
<u>Same address at 3333 Broadway</u>	<u>Since 1976</u>	<u>/</u>	<u>/</u>	<u>/</u>

FAMILY COMPOSITION: List all persons who live with you (including yourself):

1.	FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	HPD SEX	CHECK IF ATTENDING SCHOOL
	OCCUPATION	SOCIAL SECURITY NO.	PLACE OF BIRTH	CHECK ONE: <input checked="" type="checkbox"/> CITIZEN <input type="checkbox"/> RESIDENT ALIEN <input type="checkbox"/> NON-CITIZEN		
1.	<u>SAMUEL D. FARRELL</u>	<u>SELF</u>	<u>10-7-1941</u>	<u>63</u>	<u>M</u>	<input type="checkbox"/>
2.	<u>ANNETTE FARRELL</u>	<u>WIFE</u>	<u>10-14-1925</u>	<u>49</u>	<u>F</u>	<input type="checkbox"/>
3.	<u>VICTORIA FARRELL</u>	<u>DAUGHTER FROM 1ST WIFE</u>	<u>1-18-67</u>	<u>37</u>	<u>F</u>	<input type="checkbox"/>
4.	<u>SAMUEL FARRELL JR</u>	<u>SON FROM 1ST WIFE</u>	<u>5-31-66</u>	<u>38</u>	<u>F</u>	<input type="checkbox"/>
5.	<u>ROLANDO SILVERIO</u>	<u>GRANDSON</u>	<u>2-8-97</u>	<u>7</u>	<u>M</u>	<input checked="" type="checkbox"/>

INCOME: List all full and/or part time employment for all household members. Include self-employed earnings.

HOUSEHOLD MEMBER	NAME, ADDRESS, & PHONE NUMBER OF EMPLOYER	GROSS EARNINGS
SAMUEL D. FAYTEL	3323 BROADWAY B2C NEW YORK NY 10021 Telephone (212) 926 5072	\$ 1,500.00 per MONTH
	Telephone ()	\$ _____ per _____
	Telephone ()	\$ _____ per _____
	Telephone ()	\$ _____ per _____
	Telephone ()	\$ _____ per _____

OTHER SOURCES OF INCOME:

(Examples: welfare, social security, S.S.I, pension, disability compensation, unemployment compensation, interest, baby sitting caretaking alimony, child support, annuities, dividends, income from rent property, Armed Forces Reserves; scholarships, and/or grants.)

HOUSEHOLD MEMBER	TYPE OF INCOME	AMOUNT
SAMUEL D. FAYTEL	SALARIED INCOME	\$ 1,500.00 per month
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____

ASSETS:	BANK NAME AND ADDRESS	ACCOUNT NO.	AMOUNT
CHECKING ACCOUNT	BANK OF AMERICA 3540 BWAY NY 10021	4800005303	82.67
	BANK OF AMERICA 3540 BWAY NY 10021	4800004397	1277.62
PASSBOOK SAVINGS	BANK OF AMERICA 3540 BWAY NY 10021	48000032479	628.72
	BANK OF AMERICA 3540 BWAY NY 10021	48000049955	624.08
SAVINGS CERTIFICATES			
OTHER SAVINGS	BANK OF AMERICA 3540 BWAY NY 10021	4800014246	2759.11

STOCKS (Name)	NUMBER OF SHARES	DIVIDENDS PER SHARE	EXCHANGE

Do you NOW own real estate? YES NO If "Yes", what is the value? \$5,000.00

MEDICAL AND UNUSUAL EXPENSES

Do you pay for babysitting while you and your family are employed? YES NO Cost: per week \$ _____ or per month \$ _____

If "Yes", list babysitter's name, address and telephone number: _____

Do you pay for any medical insurance or hospitalization (such as Blue Cross, etc.)? YES NO

If paid directly by you, indicate amount of premium and how often paid. _____

Are you receiving Medicare benefits? YES NO

Are you making payments on outstanding medical bills? YES NO Do you take prescription drugs on a regular basis? YES NO

Do you anticipate any health care related expenses for the next 12 months which are not covered by health insurance? YES NO

PROGRAM INFORMATION: Have you ever participated in the section 8 Program before? YES NO

If "Yes", explain. _____

I declare that the statements contained in this application are true and complete to the best of my knowledge.
 WARNING: Willful false statements or misrepresentation are a criminal offense under Section 1001 of Title 18 of the U.S. Code.
 Signature: [Signature] Date: January 25, 04

The following information is required for statistical purposes so that the Department of HUD may determine the degree to which its programs are utilized. The information must be completed. It will not affect the processing of this application.

ETHNIC IDENTIFICATION (Used for statistical purposes only)
 Please check one group which identifies the Head of Household

WHITE BLACK HISPANIC AMERICAN INDIAN OR ALASKAN NATIVE ASIAN OR PACIFIC ISLANDER OTHER

Voucher
Housing Choice Voucher Program

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB No. 2577-0169
(exp. 07/31/2007)

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number 156366
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size	5
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy)	06/19/2009
3. Date Voucher Expires (mm/dd/yyyy) Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)	3. Expiration Date (mm/dd/yyyy)	10/17/2009
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)	4. Date Extension Expires (mm/dd/yyyy)	

5. Name of Family Representative Samuel D Farrell	6. Signature of Family Representative <i>Samuel D. Farrell</i>	Date Signed (mm/dd/yyyy) 06/19/2009
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7. Name of Public Housing Agency (PHA) New York Housing Preservation & Development		
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8. Name and Title of PHA Official Marjorie Robinson	9. Signature of PHA Official <i>Marjorie Robinson</i>	Date Signed (mm/dd/yyyy) 06/19/2009
---	--	---

- 1. Housing Choice Voucher Program**
- A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
 - B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.
- 2. Voucher**
- A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.
- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
 - C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.
- 3. PHA Approval or Disapproval of Unit or Lease**
- A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (on the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**
 - B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.
 - C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provisions of the HUD tenancy addendum shall control.

**New York City Department of Finance
Office of the City Register**

HELP

[Click help for additional instructions]
Selecting a help option will open new window

Current Search Criteria:

Borough: MANHATTAN / NEW YORK
Block: 2001
Lot: 5
Date Range: To Current Date
Document Class: All Document Classes

Search Results By Parcel Identifier

Records 1 - 6 << previous next >> Max Rows [Search Options] [New BBL Search] [Edit Current Search] [View Tax Map] [Print Index]

View	Reel/Pg/File	CRFN	Lot	Partial	Recorded / Filed	Document Type	Pages	Party1	Party2	Party 3/ Other	More Party 1/2 Names	Corrected/ Remarks	Doc Amount
		2012000031620	5	PARTIAL	1/25/2012 8:44:50 AM	UCC3 CONTINUATION	12	RIVERSIDE PARK COMMUNITY II, LLC	FANNIE MAE				0
	96PN34614		5	ENTIRE	8/7/1996	INITIAL UCC1	18	RIVERSIDE PARK COMMUNITY (STAGE I), INC	CITY OF NY DEPT. OF HOUSING PRES. & DEVELOPMENT				0
		2344/292	5	ENTIRE	7/15/1996	AGREEMENT	35	SECRETARY/HOUSING & URBAN DEVELOPMENT	STATE STREET BANK AND TRUST COMPANY				0
		2337/1864	5	ENTIRE	6/26/1996	ASSIGNMENT, MORTGAGE	4	CITY OF NEW YORK (HPD)	STATE STREET BANK & TRUST COMPANY				0
		449/1984	5	ENTIRE	8/22/1978	MISCELLANEOUS	5	CITY OF NEW YORK	CITY OF NY				0
		439/1808	5	ENTIRE	5/25/1978	DEED	93	COMMISSIONER OF FINANCE NY	CITY OF NEW YORK			✓	0

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RIVERSIDE PARK COMMUNITY LLC

against

JANE DOE
3333 BROADWAY--
APT#: D32C
NEW YORK

BUILDING D

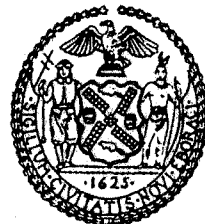
NY 10031
"John and Jane Doe"

Name of Tenant and/or undertenant being fictitious and unknown, person intended, occupying apartment set forth below.

Petitioner
Landlord

Respondent
Tenant

Respondent
Undertenant



City Marshal
Richard E. McCoy #43
241-04 Hillside Avenue
Bellerose, NY 11426
(718) 347-6844

NOTICE OF EVICTION

Alternative Service / Mailing

NOTIFICACION DE DESAHUCIO

Notificación Alternativa / Postal

To the above named tenants and undertenants:

A los susodichos inquilinos y sub-inquilinos:

Please take notice that the Court has issued a warrant for your eviction. If you fail to vacate the described premises, **YOU MAY BE EVICTED, WITHOUT FURTHER NOTICE, ON THE SIXTH BUSINESS DAY AFTER THE DATE OF THIS NOTICE** or on any business day thereafter. "Business days" are Monday through Friday except legal holidays.

Tenga a bien notar que la Corte ha emitido una orden de desahucio en contra de usted. Si no desaloja al local descrito, **USTED PUEDE SER DESHAUCIADO, SIN NOTIFICACION ADICIONAL, EL SEXTO DIA HABIL A PARTIR DE LA FECHA DE ESTA NOTIFICACION** o en cualquier dia habil de ahi en adelante. Los "dias habiles" son Lunes a Viernes, excepto los dias de fiesta legales.

The **ONLY** way you can stop this eviction is if a Court issues an order to show cause that stays your eviction. You may apply for such an order at the Civil Court, Landlord - Tenant part, in your borough.

Usted puede detener este desahucio **SOLAMENTE** si una Corte emite una orden judicial instruyendole a usted a mostrar motivos justificantes para suspender su desalojo. Usted puede solicitar esa orden (Order to Show Cause) en la Corte Civil, Seccion del Propietario - Inquilino (Civil Court, Landlord - Tenant part) en su condado.

If a Court stay of your eviction is in effect, you will be evicted only if the stay ends or is vacated by the Court. If the Court has already ordered that you may be evicted if you fail to make a payment or comply with the Court's order by a certain date, your failure to pay or comply with the Court's order by that date may result in your eviction without further notice.

Si una suspension de su desahucio por orden de la Corte esta en efecto, usted sera desalojado solo si la suspension caduca o la Corte la anula. Si la Corte ha ordenado ya que usted puede ser desalojado si no cumple con hacer un pago o con la orden de la Corte a partir de una fecha de vencimiento, su incumplimiento con el pago o con la orden de la Corte al llegar esa fecha puede resultar en su desahucio sin notificacion adicional.

If you are dependent upon a person in the military service of the United States, advise the clerk of the Court immediately in order to protect your rights.

Si usted depende de una persona que pertenece al Servicio Militar de los Estados Unidos, notifiquesele inmediatamente al Secretario de la Corte (Court Clerk) para asi proteger sus derechos legales.

If you need public assistance, the Legal Aid society may be able to assist you (check telephone listing in your borough). A senior citizen who needs legal assistance may call 311.

Si usted necesita ayuda legal, la Legal Aid Society tal vez pueda ayudarlo (consulte la guia telefonica de su condado). Una persona de edad avanzada que necesita ayuda legal puede comunicarse con el 311.

If you receive public assistance, notify your caseworker immediately. The Human Resources Administration may be able to help you with back payments whether or not you receive public assistance. Call (877) 472-8411 or 311 for information.

Si usted recibe asistencia publica, notifiquesele a su trabajador social (caseworker) inmediatamente. La Administracion de Recursos Humanos tal vez pueda ayudarlo con los pagos atrasados, reciba usted o no asistencia publica. Llame al (877) 472-8411 o 311 para informacion.

DATE OF NOTICE²

FECHADA

Monday, February 27, 2012

¹ Formerly known as "72-hour notice." Additional time has been allowed for mailing.

Anteriormente conocido como "Aviso de Desahucio de 72 Horas." Se ha concedido tiempo adicional para enviar por correo.

² The date of this notice shall be on or after the date the notice is mailed to the respondent.

La fecha de este notificacion se fijara el dia en que se le envia al apelado o despues de ese dia.

RIVERSIDE PARK COMMUNITY LLC

against

SAMUEL FARRELL JR.,
3333 BROADWAY- BUILDING D
APT#: D32C
NEW YORK NY 10031

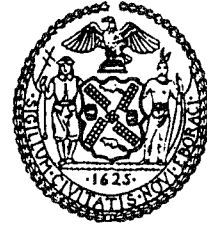
"John and Jane Doe"

Name of Tenant and/or undertenant being fictitious and unknown. person intended, occupying apartment set forth below.

Petitioner
Landlord

Respondent
Tenant

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Undertenant



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(718) 347-6844

NOTICE OF EVICTION

Alternative Service / Mailing

NOTIFICACION DE DESAHUCIO

Notificación Alternativa / Postal

To the above named tenants and undertenants:

A los susodichos inquilinos y sub-inquilinos:

Please take notice that the Court has issued a warrant for your eviction. If you fail to vacate the described premises, **YOU MAY BE EVICTED, WITHOUT FURTHER NOTICE, ON THE SIXTH BUSINESS DAY AFTER THE DATE OF THIS NOTICE** or on any business day thereafter. "Business days" are Monday through Friday except legal holidays.

Tenga a bien notar que la Corte ha emitido una orden de desahucio en contra de usted. Si no desaloja al local descrito, **USTED PUEDE SER DESHAUCIADO, SIN NOTIFICACION ADICIONAL, EL SEXTO DIA HABIL A PARTIR DE LA FECHA DE ESTA NOTIFICACION** o en cualquier dia habil de ahi en adelante. Los "dias habiles" son Lunes a Viernes, excepto los dias de fiesta legales.

The **ONLY** way you can stop this eviction is if a Court issues an order to show cause that stays your eviction. You may apply for such an order at the Civil Court, Landlord - Tenant part, in your borough.

Usted puede detener este desahucio **SOLAMENTE** si una Corte emite una orden judicial instruyendole a usted a mostrar motivos justificantes para suspender su desalojo. Usted puede solicitar esa orden (Order to Show Cause) en la Corte Civil, Seccion del Propietario - Inquilino (Civil Court, Landlord - Tenant part) en su condado.

If a Court stay of your eviction is in effect, you will be evicted only if the stay ends or is vacated by the Court. If the Court has already ordered that you may be evicted if you fail to make a payment or comply with the Court's order by a certain date, your failure to pay or comply with the Court's order by that date may result in your eviction without further notice.

Si una suspension de su desahucio por orden de la Corte esta en efecto, usted sera desalojado solo si la suspension caduca o la Corte la anula. Si la Corte ha ordenado ya que usted puede ser desalojado si no cumple con hacer un pago o con la orden de la Corte a partir de una fecha de vencimiento, su incumplimiento con el pago o con la orden de la Corte al llegar esa fecha puede resultar en su desahucio sin notificacion adicional.

If you are dependent upon a person in the military service of the United States, advise the clerk of the Court immediately in order to protect your rights.

Si usted depende de una persona que pertenece al Servicio Militar de los Estados Unidos, notifiquesele inmediatamente al Secretario de la Corte (Court Clerk) para asi proteger sus derechos legales.

If you need public assistance, the Legal Aid society may be able to assist you (check telephone listing in your borough). A senior citizen who needs legal assistance may call 311.

Si usted necesita ayuda legal, la Legal Aid Society tal vez pueda ayudarlo (consulte la guia telefonica de su condado). Una persona de edad avanzada que necesita ayuda legal puede comunicarse con el 311.

If you receive public assistance, notify your caseworker immediately. The Human Resources Administration may be able to help you with back payments whether or not you receive public assistance. Call (877) 472-8411 or 311 for information.

Si usted recibe asistencia publica, notifiquesele a su trabajador social (caseworker) inmediatamente. La Administracion de Recursos Humanos tal vez pueda ayudarlo con los pagos atrasados, reciba usted o no asistencia publica. Llame al (877) 472-8411 o 311 para informacion.

DATE OF NOTICE:

FECHADA

Thursday , February 09, 2012

1 Formerly known as "72-hour notice." Additional time has been allowed for mailing.

Anteriormente conocido como "Aviso de Desahucio de 72 Horas." Se ha concedido tiempo adicional para enviar por correo.

2 The date of this notice shall be on or after the date the notice is mailed to the respondent.

La fecha de este notificacion se fijara el dia en que se le envia al apelado o despues de ese dia.

CIVIL COURT OF THE CITY OF NEW YORK
COUNTY OF NEW YORK

INDEX NO. LT N073122/09
MARSHAL'S DOCKET NO. 306045
RESIDENTIAL

RIVERSIDE PARK COMMUNITY LLC

against

SAMUEL FARRELL JR,
3333 BROADWAY- BUILDING D
APT#: D32C
NEW YORK NY 10031

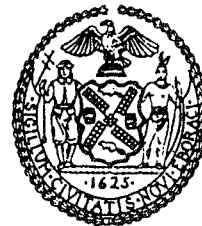
"John and Jane Doe"

Name of Tenant and/or undertenant being fictitious and unknown, person intended, occupying apartment set forth below.

Petitioner
Landlord

Respondent
Tenant

Respondent
Undertenant



City Marshal
Richard E. McCoy #43
241-04 Hillside Avenue
Bellerose, NY 11426
(718) 347-6844

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DATE OF NOTICE²

FECHADA

Friday , February 10, 2012

¹Formerly known as "72-hour notice." Additional time has been allowed for mailing.

Anteriormente conocido como "Aviso de Desahucio de 72 Horas." Se ha concedido tiempo adicional para enviar por correo.

²The date of this notice shall be on or after the date the notice is mailed to the respondent.

La fecha de este notificacion se fijara el dia en que se le envia al apelado o despues de ese dia.



NOV 19 11 03
FBI - HOUSTON

RECEIVED
FBI - HOUSTON
NOV 19 11 03
JUDGE

REPLY TO THIS ACTION OF REBE/D1604RBB COUNSEL, A FERNANDEZ, FOR RESP

RECEIVED
NUMBERED
REBE/D1604RBB COUNSEL, A FERNANDEZ, FOR RESP

Appellate Division Order

Petitioner's motion to restore is granted to the
After following argument respondent's motion to be discharged as
counsel is granted. The proceeding is adjourned
to 7/19/11 for trial at 9:30am. Pursuant to an order
dated Feb 15, 2011 u.o. of \$2,131 was to be paid
to petitioner by respondent within 7 days, which
was not done. This court order u.o. to be paid
at the monthly rate of \$200 pendente lite and
commenced with the month of Feb of 2011. Total
u.o. presently owed is \$1,000 payable by June 30 2011.
July u.o. to be paid by July 10. All u.o. due
by the 10th of each month. Respondent's request
is denied as untimely. This adjournment is
also granted to afford respondent an opportunity
8/14/11 to obtain counsel.

SO ORDERED
JOHN H. STANLEY
JUDGE, HOUSING PART

CIVIL COURT OF THE CITY OF NEW YORK
COUNTY OF NEW YORK
HOUSING PART P, RM. 1127A
FEBRUARY 27, 2012

INDEX NO. 073122/2009
MOTION SEQUENCE NO.: 006

RIVERSIDE PARK COMMULLC & RIVERSIDE
PETITIONER(S),
AGAINST
FARRELL JR SAMUEL
RESPONDENT(S)

DECISION/ORDER

PRESENT:

~~LAURIE L. LAD~~ CHERYL GONZALES
JUDGE

RECITATION, AS REQUIRED BY CPLR 2219(A), OF THE PAPERS CONSIDERED IN THE REVIEW OF THIS OSC TO VACATE DEFAULT JUDGMENT/RESTORE TO THE CALENDAR

PAPERS	NUMBERED
NOTICE OF MOTION AND AFFIDAVITS ANNEXED.....	_____
ORDER TO SHOW CAUSE AND AFFIDAVITS ANNEXED....	1, 2
ANSWERING AFFIDAVITS.....	3
REPLYING AFFIDAVITS.....	3
EXHIBITS.....	4-12
STIPULATIONS.....	_____
OTHER.....	_____

UPON THE FOREGOING CITED PAPERS, THE DECISION/ORDER IN THIS MOTION IS AS FOLLOWS:

*Respondent's Osc is hereby denied
with argument without prejudice
to any arguments that respondent
can pursue on appeal. Petitioner may
execute on the warrant ~~set up~~ ~~for~~ ~~the~~ ~~same~~
on the marshal's advice ~~by mail~~ ~~by~~ ~~hand~~
~~by~~ ~~hand~~.*

2/27/12
DATE

CHERYL J. GONZALES
JUDGE, HOUSING COURT

JUDGE, CIVIL/HOUSING COURT

ADJOURNMENTS

Voucher
Housing Choice Voucher Program

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB No. 2577-0169
(exp. 07/31/2007)

Public Reporting Burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Please read entire document before completing form Fill in all blanks below. Type or print clearly.		Voucher Number 156366
1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)	1. Unit Size	5
2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family.	2. Issue Date (mm/dd/yyyy)	06/19/2009
3. Date Voucher Expires (mm/dd/yyyy) Insert date sixty days after date Voucher is issued. (See Section 6 of this form.)	3. Expiration Date (mm/dd/yyyy)	10/17/2009
4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form)	4. Date Extension Expires (mm/dd/yyyy)	

5. Name of Family Representative Samuel D Farrell	6. Signature of Family Representative <i>Samuel D. Farrell</i>	Date Signed (mm/dd/yyyy) 06/19/2009
---	---	---

7. Name of Public Housing Agency (PHA)
New York Housing Preservation & Development

8. Name and Title of PHA Official Marjorie Robinson	9. Signature of PHA Official <i>Marjorie Robinson</i>	Date Signed (mm/dd/yyyy) 06/19/2009
---	--	---

1. Housing Choice Voucher Program

- A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

2. Voucher

- A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.

- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

3. PHA Approval or Disapproval of Unit or Lease

- A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (on the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**
- B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.
- C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provisions of the HUD tenancy addendum shall control.

November 19, 2008

Samuel D. Farrell, Jr.
3333 Broadway D32C
New York, NY 10031

Dear Mr. Farrell,

I am writing in response to your letters to New York City Department of Housing Preservation and Development (HPD) Commissioner Shaun Donovan and Deputy Commissioner Laurie LoPrimo regarding your enhanced Section 8 application.


According to HPD records, Samuel D. Farrell, Sr. applied for HPD's enhanced Section 8 program in 2004 when Riverside opted out of the Mitchell Lama program. HPD mailed your father a Denial of Assistance notice on October 5, 2005 and February 7, 2006 for failure to provide requested documents. Your father appealed HPD's Denial of Assistance and was subsequently scheduled for an informal review. Your father failed to attend the informal review and as such, the denial was upheld.

Upon review of your father's file, the documents HPD requested were received. HPD will process a new application for your household. Please come to HPD on November 26, 2008 at 10am to complete a new application. All household members age 18 or over must attend and you must bring social security cards, proof of date of birth, and income and asset information for all household members.

If your application is complete and your household is eligible for an enhanced voucher, HPD will issue you a voucher and conduct a Housing Quality Standards (HQS) inspection of your unit. After you complete the Section 8 application, are determined eligible, and your unit passes HQS, HPD will process your subsidy effective the first or 15th of the month following the date the unit passed inspection or your voucher was issued, whichever is later.

If you have any additional questions please contact Felicia Soodeen, Project Manager for the Initial Subsidies Unit, at (212) 863-7192.

Sincerely,



Jamie Vander Loop
Director, Initial Subsidies Unit

Enclosure





DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
SHAUN DONOVAN, Commissioner

Office of Property Management
DIVISION OF TENANT RESOURCES
100 GOLD STREET, NEW YORK, N.Y. 10038

JOHN WARREN, First Deputy Commissioner
Patricia Zafiriadis, Assistant Commissioner

ADDITIONAL INFORMATION NOTICE

Name: Samuel D Farrell

April 20, 2005

Address: 3333 Broadway #D32 c

Tel: (917) 286-4300

New York, NY 10031

Fax: (212) 863-8832

Community Assistant: E Moore

Program: RIVERSIDE PARK

IN ORDER TO PROCESS YOUR SECTION 8 APPLICATION YOU ARE REQUIRED TO SUBMIT THE DOCUMENT (S) CHECKED BELOW. FAILURE TO COMPLY IN 10 BUSINESS DAYS WILL RESULT IN YOUR CASE BEING TERMINATED.

- Copy of lease and last 3 month rent receipts
- Social Security Card(s) or proof of number(s) for: **Everyone in Household**
- Copy of recent gas and electric bills:
- Recent pay stubs or statement of earnings: **Samuel D Farrell 4 to 6 pay stubs**
- Recent award or adjustment letter from Social Security Administration indicating amount of Social Security benefits received:
- Recent award or adjustment letter from Social Security Administration indicating amount of Supplemental Security Income (SSI) received: **Victoria**
- Recent award or adjustment from union indicating amount of pension benefits received:
- Copy of latest check or award notice for disability or other compensation.
- Notarized statement of childcare payments.
- Verification of school attendance for: **Rolando/Rollendy Silverio**
- Notarized affidavit for contribution from relatives.
- Copy of bankbooks or statements showing assets and income received:
- Birth Certificate(s) for: **Everyone in Household**
- Proof of citizenship or legal alien status for:
- Proof of ongoing medical expenses not covered by insurance
- OTHER: **Samuel D Farrell Sr, please complete the Rental Income Worksheet and submit the following documents: Deed, Utilities such as: Water Trash or Sewer, Lease and Property Tax. Please have Annette complete the Unemployment Statement form. Please have Victoria and Samuel complete the Declaration of Assets forms. Please submit copies of your most recent bank statements. Please have completed and notarized the Absent Parent Affidavit.**

Encl.

November 19, 2008

Samuel D. Farrell, Jr.
3333 Broadway D32C
New York, NY 10031

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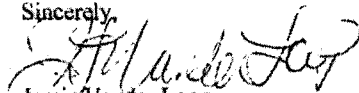
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Sincerely,


Jamie Vander Loop
Director, Initial Subsidies Unit

Enclosure



Kim, Yong Ju

From: Ruiz, Evelyn
Sent: Thursday, November 06, 2008 3:59 PM
To: Vander Loop, Jamie
Cc: Gonzalez, Milton; Kim, Yong Ju; Theodore, Paule; Soodeen, Felicia; Zafiriadis, Patricia
Subject: Samuel Farrell Jr.

Good afternoon Jamie:

Yong Ju brought this case to my attention and it seems HPD may have made either made a mistake or documents were enclosed in the file after the Denial of Assistance.

The tenant was denied assistance because he failed to submit all the required documents. Mr. Samuel Farrell Sr. died and when his son Jr. attempting to get the voucher transferred under his name, I responded that he was not part of the household therefore not entitled to the subsidy. The review of the file reflects that Samuel Sr, was not a singled household member as listed in Full App. HPD never entered the entire household and based on this information, incorrect communication was sent to Legal Aide and the son.

Yong Ju is going to forward this case to Milton (which now includes documents that HPD Al the tenant for). The case needs to be organized, reviewed and presented at the Review Committee because:

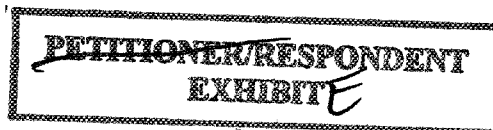
1. HPD never vouchered the tenant
2. HPD Denied Assistance
3. Tenant requested an Informal Hearing, but never showed up.
4. The head of household passed away in 2008 and the son came forward to take over voucher that was never issued and HPD told him that he was not entitled because was not part of the household at the time of conversion. The application clearly reflects that the son has always lived there.
5. Case must presented to determine how to proceed. HPD needs to be summarized and make a proposal on how to resolve this case.

We need to expedite because the son may be facing eviction due to arrears.

Jamie, since the son is in arrears for the past two months, I propose that we have him complete a new application with the current family composition, income and asset. Issue an Enhanced Section 8 voucher and schedule an HQS inspection. Process a new admission effective 8/1/08 to address the two months of arrears.

Case file will be forwarded to Milton Gonzalez

Evelyn Ruiz, Director
Continued Occupancy Unit
Phone (212) 863-5666
Fax (212) 863-5776
ruize@hpd.nyc.gov



11/6/2008