

October 22, 2008

Dear Applicant:

Re: Apartment Application

Please submit copies of the following documents for your above reference application

1. Last two (2) Tax Returns and W-2 Forms (2008 & 2007)
2. Five Current Pay Stubs
3. Employment Letter (Salary, Occupation, Years at work)
4. Any Other Income Information.
5. Three Months Recent Bank Statement
6. Current Lease
7. Last Four (4) Rent Receipts Or Canceled Checks.
8. Recent Con Edison And Telephone Bills.
9. Social Security Cards (S).
10. Picture ID (S) Driver's License, Non-Driver ID, School ID, ect.
11. If Attending School, School Letter Or Report Card.
12. Children Birth Certificate
13. Non-Refundable Credit Check Fee Of \$30.00(Money Orders Only) Per Adult.

INSTRUCTIONS

1. MAIL ONLY ONE (1) APPLICATION PER FAMILY BY **REGULAR MAIL**. (DO NOT SEND BY REGISTERED OR CERTIFIED MAIL). THIS APPLICATION MUST BE **RECEIVED BY**:_____.

MAIL TO: New Start
 1469 Bedford Avenue
 Brooklyn NY 11238

2. Each application received will be recorded. Since so many families/elderly need housing, this Development will not be able to accommodate all who are eligible. Each applicant will be contacted regarding the status of his or her application.
3. NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR HOUSING.
4. THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT.

A. Name: _____

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Work Phone No.: _____

Social Security Number: _____

Name/address/telephone number of present landlord/managing agent:

Type of Unit Desired: Studio ____ 1BD ____ 2BD ____ 3BD ____

How many persons are in your household? _____

How long have you lived at this address? _____

Name/address of prior landlord: _____

List all persons who will live with you in the unit for which you are applying:

<u>Full Name</u>	<u>Relationship to Applicant</u>	<u>Birth Date</u>	<u>Age</u>	<u>M/F Sex</u>	<u>(Check if Attending School)</u>
1. _____					
Occupation: _____	Social Security No.: _____				
2. _____					
Occupation: _____	Social Security No.: _____				
3. _____					
Occupation: _____	Social Security No.: _____				
4. _____					
Occupation: _____	Social Security No.: _____				
5. _____					
Occupation: _____	Social Security No.: _____				

SPECIAL ACCOMMODATIONS:

Do you or a member of your family require special accommodation in your residence due to mobility, visual or hearing disability? YES NO

If "YES" please specify

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

<u>Household Member Earnings</u>	<u>Name & Address of Employer</u>	<u>Gross</u>
1. _____	_____	\$ _____ Per
2. _____	_____	\$ _____ Per
3. _____	_____	\$ _____ Per
4. _____	_____	\$ _____ Per

OTHER SOURCES OF INCOME: (Examples: welfare (including housing allowance), social security, AFDC SSI, disability compensation, unemployment compensation, baby sitting, care taking, alimony, child support, annuities, dividends, Armed Forces Reserves, scholarships, and/or grants).

<u>Household Member</u>	<u>Type of Income</u>	<u>Amount</u>
_____	_____	\$ _____ Per
_____	_____	\$ _____ Per
_____	_____	\$ _____ Per
_____	_____	\$ _____ Per

C. ASSETS: For each household member indicate:

	<u>Bank</u>	<u>Account No.</u>	<u>Current Balance</u>
1. a. Checking Accounts:	_____	_____	
b. Passbook Savings:	_____	_____	
c. Savings Certificates:	_____		
2. Stocks, Bonds, Treasury bills, Certificates of Deposit, Money Market Funds (value)	\$ _____		
3. U.S. Savings Bonds (value)	\$ _____		
4. Trusts Value	\$ _____		
Monthly Income	\$ _____		
5. IRA or Keogh Accounts (value)	\$ _____		
6. Retirements and Pension Funds Value	\$ _____		
Monthly Income	\$ _____		
7. Lump Sum Receipts (e.g. lottery, inheritance, insurance payments)	\$ _____		
8. Investment Property (e.g. jewelry, antiques)	\$ _____		

Do you **NOW** own Real Estate? YES NO

If "YES", state the value. \$ _____

State any Monthly Income. \$ _____

D. GENERAL

How did you hear about this development? (Please check one)

- 1. Sign Posted on Building []
- 2. Newspaper []
- 3. Local Organization []
- 4. Friend []
- 5. Other _____ []

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. IF MORE THAN ONE APPLICATION IS RECEIVED, ALL APPLICATIONS WILL BE PLACED AT THE END OF THE LIST.

The following information is required for statistical purposes so that we may determine the degree of program utilization. This information must be completed. **IT WILL NOT AFFECT THE PROCESSING OF THIS APPLICATION.**

RACIAL GROUP IDENTIFICATION (Used for statistical purposes only). Please check one group, which identifies the **head of household:**

- White/Non-Hispanic Origin []
- Black/Non-Hispanic Origin []
- Hispanic []
- American Indian/Alaskan Native []
- Asian/Pacific Islander []

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY ARE EMPLOYED BY THE NEW YORK CITY HOUSING DEVELOPMENT CORPORATION OR ITS SUBSIDIARIES OR THE OWNER OR ITS PRINCIPALS.

WARNING: WILLFUL FALSE, MISLEADING, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

SIGNATURE _____ DATE: _____