EQUAL HOUSING OPPORTUNITY

For Office Use Only: Date___ Time___ Chronological I.D. #_____

CARLOS M. RIOS SENIOR RESIDENCE

174 EAST 104TH STREET

NEW YORK, NY 10029

RE-RENTAL APPLICATION

Federal Subsidized Multifamily Housing Programs

INSTRUCTIONS: 1.MAIL IN ONLY ONE (1) APPLICATION, PER FAMILY BY REGULAR MAIL TO THE ADDRESS ABOVE.

2. Each application received will be recorded and reviewed in a random order determined by lottery. Since so many families/elderly need housing, this project will not be able to accommodate all who are eligible

3. NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING, OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.

4. A credit check fee will be charged at the time of your interview.

I.HEAD OF HOUSEHOLD IDENTIFICATION: (THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT)

Name:

Address:

Apt#:_____ City:_____State:_____Zip Code:_____

Home #:_____Work#:_____Social Security Number: _____

II. FAMILY COMPOSITION:

HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD? 1OR 2 (PLEASE CIRCLE ONE) LIST ALL THE PERSONS THAT WILL BE LIVING WITH YOU IN THIS DEVELOPMENT:

Full name	Relationship	Date of Birth	Age	Social Security #	M/F
	Self				

III. FUNCTIONAL STATUS

Are you or any member of your household who will live with you disabled or handicapped? Yes/No (circle one)

If "Yes", enter the name of the household member:_____

Do you or any member of your household require a unit designed for a wheelchair, accessibility, or emergency exit systems designed for the hearing impaired? Yes/No (Circle One)

If "Yes", enter the name of the household member:_____

At your current residence designed for the disabled/handicapped. Yes/ No (Circle One)

IV. INCOME:

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

Household Member	Name of Employer	Address of Employer	Gross Earnings

Other sources of income: (Examples: Welfare, Social Security, SSI, Pension disability compensation, Unemployment compensation, Interest, Babysitting, Alimony, Child Support, Annuities, Dividends, Income from rental property, Armed force reserves.)

Household Members	Type of Income	Amount

Current Asset:

Checking Accounts- Bank_____Acct #: _____ _____ Amount: _____

Passbook Savings-Bank_____Acct#:_____Amount: _____

Savings Certificates- Bank_____Acct#: _____Amount: _____

Stocks and Bonds (Value) $_____War Bonds (Value) $_____ Do you currently own real estate? Yes or No (Circle One) If "Yes"; what is the value:_____

Other Assets: (Examples: Car, Boat, Mobile home/trailer, Partnership interest, Etc.) Type: _____

Value: _____ Assets Recently disposed of: Has any family member disposed of any assets for less than fair market value, during the past two years? Yes or No (Circle One) If "Yes", please provide the following information:

Asset	Value at the time of disposition	Date of Disposition	Amount Received

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Medical Expenses: If the HEAO of household or SPOUSE is age 62 or older, handicapped, or disable- what are the medical expense anticipated to be paid by your household in the coming 12 month period? $. (Only include medical expense that will not be paid by an outside source, Ex- insurance, grants by a State agency, or charitable organization.) What is your state of health? Good_ Fair_ Poor_

V. FEDERAL PREFERENCE STATUS:

Substandard Housing: (Check any situations that applies to your house hold)

Are you living in substandard housing because the unit

__ is dilapidated (endangers the health, safety, or well-being of the family)?

__ does not have operable indoor plumbing.

__ does not have a useable flush toilet for the exclusive use of the family

__ does not have a useable bathtub/shower for the exclusive use of the family

_ does not have electricity, or has inadequate, or unsafe electrical service

__ does not have a safe or an adequate source of heat

does not have a useable kitchen for the exclusive

__ declared unfit for habitation by an agency or unit of government

If you or your family's primary night-time residence:

_ Supervised public/privately operated shelter designed to provide temporary accommodation.

__ an institution that provides a temporary residence for individuals intended to be institutionalized.

__ public/private place not designed for, or ordinarily used for sleeping?

Involuntary Displacement: (Check any situation that applies to your household)

Have you been (or are you being) involuntarily displace because __ A disaster such as a fire or flood has made the unit uninhabitable? ___The unit or building is undergoing code enforcement activities by a U.S. State or city agency. __ The project owners has taken action which resulted in your having to vacate the unit and __ the action was beyond your control __ the action occurred despite your compliance with all conditions of occupancy the action was not a rent increase __ Actual or threatened physical violence against you? __ live in a unit with an individual who engages in such violence.

Paying more than 50% of income for rent: Are you paying more than 50% of gross monthly for rent and utilities? Yes or No What is your monthly income (before deduction) $_____what is your monthly rent? $_____What is your actual average monthly utilities for the past 12 months? $_____Circle here the utilities paid by you and indicate the monthly amount: Gas: $ _____. Electric: $ _____Heat: $_____Water: $_____

Project Based or Tenant Based Subsidy:

Do you live in Public Housing, State Housing, or Federal Housing and/or receive the benefits of monthly housing assistance payments? Yes or No (Circle One)

VI. Name and address of current Landlord

Name of project (if applicable)	Address	Name and Telephone of Landlord

VII. Program Information:

How did you hear about this Development: (Circle the ones that apply) Sign & Poster on building, Newspaper, Hope herald, Local organization or Church, Friend or Family, Assisted Housing list, Brochure/Pamphlet, or Other.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, WARNING: WILLFUL FALSE STATEMENT OR MISREPRESENTATION IS A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

1 hereby authorize Hope Community, Inc. to verify all the above information, by obtaining any information from records available including credit checks, school or job records, references, etc. as needed. I instruct Hope Community, Inc. to keep all such information confidential, and to use it only to determine my eligibility for this housing development.

SIGNATURE: _____ DATE: _____

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION.

The following information is required for statistical -purpose so that the Department of HUD may determine the degree to which its programs utilized. This information must be completed. IT WILL NOT AFFECT THE PROCESSING OF THIS APPLICATION.

Please check one group that identifies the **HEAD OF HOUSEHOLD**

White (Non- Hispanic Origin) __

African American (Non- Hispanic Origin)__

Hispanic_

American Indian or Alaskan Native_

Asian or Pacific Islander_