



We do business in Accordance With the  
Federal Fair Law  
(The Fair Housing Amendments of 1988)



174 EAST 104TH STREET  
NEW YORK, NY 10029

Log No. \_\_\_\_\_

Received: \_\_\_\_\_

**APPLICATION FOR APARTMENT**

**Instructions:**

1. Submit only one (1) application per family.
2. When completed, return by mail to the post office address listed at the top of this application.
3. **NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION OR FILING OF THIS APPLICATION FOR HOUSING.**
5. This information is to be filled out by the applicant only and be sure to sign the application.
5. A credit check fee will be charged at the time of your interview.

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone No. ( ) \_\_\_\_\_

How long have you been living at this address? \_\_\_\_\_ years \_\_\_\_\_ months

**A. REASONS FOR MOVING**

Why are you moving? Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Living with parents  | <input type="checkbox"/> Do not like the neighborhood                    |
| <input type="checkbox"/> Not enough space   | <input type="checkbox"/> Living with relatives or another family         |
| <input type="checkbox"/> Bad housing conditions                                       | <input type="checkbox"/> Rent too high                                   |
| <input type="checkbox"/> Health reasons   | <input type="checkbox"/> Increase in family size (marriage, birth, etc.) |
| <input type="checkbox"/> Current apartment not suitable for persons with disabilities | <input type="checkbox"/> Living in shelter or on the streets             |
| <input type="checkbox"/> Other _____  |  |

**B. ARE YOU APPLYING FOR A SPECIFIC BUILDING/LOCATION**

yes     no    If "yes", indicate location preference: \_\_\_\_\_

What size apartment are you interested in? Studio  1-Bedroom  2- Bedroom   
3-Bedroom

(NOTE: Occupancy restrictions apply to government regulated buildings.)

**C. SECTION 8 HOUSING ASSISTANCE**

Are you presently receiving a Section 8 housing certificate or voucher? [ ] Yes [ ] No  
(Please check "yes" or "no". This information will not affect the processing of your application.)

If Yes, expiration date of Voucher \_\_\_\_\_

**D. CURRENT LANDLORD INFORMATION**

Landlord's Name: \_\_\_\_\_

(If you are living in a public housing development project write "NYCHA". If you are living in a City-owned ("In-Rem) buildings write "HPD".)

Landlord's Address: \_\_\_\_\_

(Number, Street, Apt. #)

\_\_\_\_\_  
(City, State, Zip Code)

Landlord's Phone No. ( ) \_\_\_\_\_

**E. CURRENT RENT**

What is the monthly rent where you currently live or are staying temporarily? \$ \_\_\_\_\_ per month

If you are receiving assistance with paying the rent (i.e. Section 8 or other rental assistance programs), how much do you contribute to the total rent? (If you do not contribute anything, write "0")

\$ \_\_\_\_\_ per month

**F. PREVIOUS LANDLORD**

Landlord's Name: \_\_\_\_\_

(If you are living in a public housing development project write "NYCHA". If you are living in a City-owned ("In-Rem) buildings write "HPD".)

Landlord's Phone No. ( ) \_\_\_\_\_

**G. INCOME FROM EMPLOYMENT**

List all full and/or part-time employment for *all household members*, including yourself, *who will be living with you* in the residence for which you are applying. *Include self-employed earnings.*

List all other income, for example: Temporary Assistance to Needy Families (TANF), Aid to Families with Dependent Children (AFDC), Social Security, Supplemental Security Income (SOI), pension, disability compensation, unemployment compensation, interest income, baby-sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships, and/or grants

1. Employment wages or salaries? Include overtime, tips, bonuses, commissions and payments received in cash):



Are you or a member of your household disabled?  Yes  No.  
 (Please check "yes" or "no". This information will not affect the processing of your application.  
 If yes, would you describe the disability as:  mobility impairment?  visual impairment?  hearing impairment? If you checked either mobility impairment, visual impairment, or hearing impairment, do you or a member of your household require a special accommodation?  Yes  No  
 If "yes", please specify: \_\_\_\_\_  
 \_\_\_\_\_

**I. ASSETS**

Include all assets held and the income derived from the asset. **INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBER INCLUDING MINORS.**

Bank/Branch Office	Address	Type:Checking/Savings Stocks, Bonds Ira, etc	Current Balance

**J. EMERGENCY CONTACT**

List someone that is not already on this application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known \_\_\_\_\_

I/WE \_\_\_\_\_, CERTIFY THAT THE INFORMATION AND STATEMENTS PROVIDED ABOVE ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE CONSENT TO THE RELEASE OF INFORMATION NEEDED BY OWNER OR ITS AGENT IN ORDER TO QUALIFY FOR AN APARTMENT UNIT. I/WE UNDERSTAND THAT PROVIDING FALSE INFORMATION OR MAKING FALSE STATEMENTS MAY BE GROUNDS FOR DENIAL OF MY/OUR APPLICATION, AND MAY SUBJECT ME/US TO CRIMINAL PENALTIES. I/WE AGREE TO PROVIDE VERIFICATION OF ALL INCOME AND ASSETS AS REQUIRED BY THE OWNER OR ITS AGENT. I/WE FURTHER AUTHORIZE DISCLOSURE OF ALL INFORMATION WHICH WILL VERIFY MY/OUR INCOME AND ASSETS. I/WE UNDERSTAND APPLICANTS MUST BE ELIGIBLE FOR THE APARTMENTS UNITS.

Authorization and Signature

*I hereby authorize Hope Community, Inc. to verify all the above information; to do a credit check on my financial conditions, savings accounts, deposits, bonds, stocks, notes, contracts, leases, mortgages, investments, and any other securities or resources of any kind in my name; to research any further information from outside sources including school records and public references; and to visit my current home with reasonable warning, as necessary.*

*I instruct Hope Community, Inc. to keep all such information confidential, and to use it only to determine my eligibility for this housing development. I hereby release any person or firm from any liability for information furnished pursuant to this authorization.*

*I declare that statements contained in this application are true and complete to the best of my knowledge.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Ethnic Identification (used for statistical purposes only)**

This information is optional and will not affect the processing of the application.  
Please check one group which best identifies the applicant.

- |   |  |
|---|--|
| <input type="checkbox"/> White (non Hispanic origin)          | <input type="checkbox"/> Black                     |
| <input type="checkbox"/> Hispanic origin                      | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian<br>or Alaskan Native | <input type="checkbox"/> Other                     |

How did you hear about Hope Community?

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Newspaper  | <input type="checkbox"/> Posted Sign |
| <input type="checkbox"/> Local Organization or Church                       | <input type="checkbox"/> Friend      |
| <input type="checkbox"/> A city "apartment seeker" brochure listing new ads |                                      |
| <input type="checkbox"/> Other:   |                                      |

**OFFICE USE ONLY:**

- |                              |                                     |                                    |                                     |
|------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| Community Board #11 Resident | <input type="checkbox"/> Yes        | <input type="checkbox"/> No        |                                     |
| Manhattan Resident           | <input type="checkbox"/> Yes        | <input type="checkbox"/> No        |                                     |
| Size of Apartment Assigned:  | <input type="checkbox"/> Studio     | <input type="checkbox"/> 1 Bedroom | <input type="checkbox"/> 2 Bedrooms |
|                              | <input type="checkbox"/> 3 Bedrooms |                                    |                                     |

- |                     |                 |       |
|---------------------|-----------------|-------|
| Family Composition: | Adult Males     | _____ |
|                     | Adult Females   | _____ |
|                     | Male Children   | _____ |
|                     | Female Children | _____ |

- Person with Disability:  
 M  V  H