



APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

IMPORTANT:

- **Completed applications must be mailed to: Concern for Independent Living, PO Box 378, Brooklyn, NY 11213. Only applications postmarked by June 30, 2016 will be considered in the initial lottery.**
- **Do NOT send more than one application. Applicants who submit more than one application will be penalized.**
- **Applications mailed to any address other than that listed below will be discarded.**

This is an application for housing at:	Project: Concern Bergen Address: 1552 Bergen Street, Brooklyn, NY
Please complete this application and return to:	Name: Concern for Independent Living, Inc. Address: PO Box 378, Brooklyn, NY 11213

Applications will be selected on a random basis through the use of a lottery. An applicant may be interviewed only after the receipt of this tenant application which must be fully completed and signed by all adult household members. **Please answer every question! Partially completed applications will be disqualified.**

PLEASE PRINT CLEARLY

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____

Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you:

Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: One BR Two BR Handicapped Accessible BR

Do you or any member of your household need any specific unit designs, such as wheelchair accessibility, visual aids or apparatus for hearing assistance? _____ Yes _____ No.

If Yes, describe: _____

Will you or any ADULT household member require a live-in care attendant to live independently?

Describe: _____

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Full-Time Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution with regular faculty and students?

Yes No

Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain	

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any full time student formerly received foster care assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, **cross out** or write **N/A**.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	TANF	\$
	TANF	\$
		\$
	Regular payments from a severance package?	\$
	Full-Time Student Income (18 & Over Only)	\$

	Interest Income (source)	\$
	Interest Income (source)	\$
	Regular gifts from anyone outside the household?	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount (gross income)	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount (gross income)	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount (gross income)	\$
	Employer:	
	Position Held	
	How long employed:	
	Self-Employment amount	\$
	Description:	
	How long has applicant been self-employed doing this work?	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list amount you receive.	\$
	Child Support	
	Are you <i>entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income (lottery winnings, etc.)	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Accounts	#	Bank		Balance \$
	#	Bank		Balance \$
	#	Bank		Balance \$
Trust Accounts	#	Bank		Balance \$
IRA Accounts	#	Where?		Balance \$
Certificates of Deposit	#	Bank		Balance \$
	#	Bank		Balance \$
	#	Bank		Balance \$
	#	Bank		Balance \$
401(k)/403 (b) Retirement Accounts	#	Where?		Balance \$
Credit Union	#	Bank		Balance \$
	#	Bank		Balance \$
Savings Bonds	#	Maturity Date		Value \$
	#	Maturity Date		Value \$
	#	Maturity Date		Value \$
Life Insurance Policy	#			Cash Value \$
Life Insurance Policy	#			Cash Value \$
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate (home, land, camp, mobile home, etc.): <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction	

Has anyone in the household disposed of any other assets in the last 2 years (Example: Given away money, sold property to a relative for less than fair market value, set up Irrevocable Trust Accounts, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above or are you holding jewelry, coins, stamps, etc. as an investment (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		

Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION		
Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:

Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

CERTIFICATION

I/We hereby certify that I do/we will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further consent to have the Owner verify all of the information contained in this Rental Application as well as my/our credit, landlord and personal references.

All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	

