

BRONX SHEPHERDS RESTORATION CORPORATION
1932 WASHINGTON AVENUE
Bronx New York 10457

APPLICATION FOR APARTMENT

A. Name and Address

NAME _____

Current Address _____ (Number, Street, Apt#)

_____ (City, State, Zip)

Home phone No() _____ Work Phone No () _____

B. 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.

HOUSEHOLD MEMBER	Name and Address of employer	How long Employed	Gross Earnings
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

C. Income from Other Sources

List all other income, for example, welfare (including housing allowance) AFDC, Social Security, S.S.I., pension, disability, compensation, unemployment compensation, Interest Income babysitting, caretaking, alimony, child support, annuities, dividends, Income from Real Property, Armed Forces Reserves, scholarships, and/or grants.

HOUSEHOLD MEMBER	Type of Income	Amount
1. _____	_____	\$ _____ per _____
2. _____	_____	\$ _____ per _____
3. _____	_____	\$ _____ per _____
4. _____	_____	\$ _____ per _____

Total Annual Household Income

Add all income listed above and indicate the total earned for the year

\$ _____ 00 per year

E. Current Landlord

Landlord's Name _____
If you are living in a public housing project write "NYCHA." If you are living in a City-Owned ("In Rem") building write HPD.)

Landlord's Address _____ (Number, Street, apt#)
_____ (City, State, ZIP)

Landlord's Phone N) _____

F. Current Rent

What is the current rent on the apartment where you currently live or are staying temporarily? \$ _____ .00 per month

How much do you contribute to the total rent on the apartment? (If you do not contribute anything, write "0") \$ _____ .00 per month

G. Reason for Moving

Why are you moving? Check all that apply.

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

2. 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 the application)

H. Household information

How many persons in your household including yourself, WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING? _____

List all of the people WHO WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING, starting with yourself, and provide the following information. Add additional pages if necessary.

FULL NAME	Relationship to Applicant	Birth Date	Age	Sex (M/F)	Social Security Number	Occupation (Write "in School if attending)
1. _____	Self	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____

I.

Are you or a member of your household disabled? () Yes () No
If yes, would you describe the disability as () mobility impairment () visual impairment

hearing impairment

If you checked either mobility impairment, or hearing impairment, do you or a member of your household require a special accommodation? Yes No

If yes, please remember to place a check mark on the outside of your envelope, and please specify the special accommodations required.

J. Assets

	Bank/Branch Address	Account Number
Checking Accounts	_____	_____
	_____	_____
	_____	_____
Passbook Savings	_____	_____
	_____	_____
	_____	_____
Savings Certificates	_____	_____
	_____	_____

K. Sources of Information

How did you hear about this development?

- Newspaper Sign Posted on Building
 Local Organization or church Friend
 A city affordable housing hotline Other
Listing new ads for the month

L. Ethnic Information (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.

- White (non Hispanic origin) Black
 Hispanic Origin Asian or Pacific Islander
 American Indian or Alaskan Native Other

M. Signature

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

OFFICE USE ONLY

Community Board Resident Yes No
Borough Resident Yes No

FOR OFFICE USE ONLY

Size of Apartment Assigned

- () Studio
- () One (1) Bedroom
- () Two (2) Bedroom
- () Three (3) Bedroom

Family Composition:

Adult Males _____ Persons with disability () M () V () H

Adult Females _____

Male children _____

Female Children _____

Verified Earned Income

- 1. \$ _____ .00/year
- 2. \$ _____ .00/year
- 3. \$ _____ .00/year
- 4. \$ _____ .00/year

Total \$ _____ .00/year

Verified Other Income

- 1. \$ _____ .00/year
- 2. \$ _____ .00/year
- 3. \$ _____ .00/year
- 4. \$ _____ .00/year

Total \$ _____ .00/year

Total Verified Household Income: \$ _____ .00/year