



**Bronx Shepherds Restoration Corporation
 APPLICATION FOR APARTMENT**

A. Name and Address

Name _____

Current Address _____ (Number, Street, Apt#)

_____ (City, State, Zip)

Home Phone # _____ Work Phone # _____

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, including self employed earnings*

Household Member	Name of Employer	Address Of Employer	How Long Employed	Gross Earnings
1.				\$
2.				\$
3.				\$
4.				\$

C. Income from Other Sources

List all other Income/or 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	Occurrence
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

\$ _____ per year



Bronx Shepherds Restoration Corporation

D. Current Landlord

Landlord's Name _____

If you are living in a public housing project, write "NYCHA". If you are living in a City-Owned building write "HPD"

Landlord's Address _____ (Number, Street, Apt#)

_____ (City, State, Zip Code)

Landlord's Telephone _____

E. Current Rent

What is the current rent on the apartment where you currently live or are staying temporarily?

\$ _____ per month

How much do you contribute to the total rent on the apartment? (If you do not contribute anything, write "0")

\$ _____ per month

F. Reason for Moving

Why are you moving? (Select 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 Homeless | <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 (Specify) _____ |

* 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)



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G. Household Information

How many persons in you 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	Date of birth	Age	Sex	Social Security Number	Occupation
1.	Self					
2.						
3.						
4.						
5.						

Are you or a member of your household disabled? Yes No
If yes, please describe the disability as

Mobility impairment Visual impairment Hearing impairment

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

H. Assets

	Bank / Branch Address	Account Name
Checking Accounts	1.	1.
	2.	2.
	3.	3.
Passbook Savings	1.	1.
	2.	2.
	3.	3.
Savings Certificates	1.	1.
	2.	2.
	3.	3.



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I. Sources of Information

How did you hear about this development?

- | | |
|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Sign Posted on Building |
| <input type="checkbox"/> Local Organization or Church | <input type="checkbox"/> Friend |
| <input type="checkbox"/> A city affordable housing hotline | <input type="checkbox"/> Other |

J. 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.

- | | |
|--|--|
| <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 or Alaskan Native | <input type="checkbox"/> Other |

K. 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