

INSTRUCTIONS AND CERTIFICATION FORM FOR LOW AND MODERATE INCOME APARTMENTS

Notice: The owners and managers of all buildings owned or managed by Community Access support government Fair Housing Laws and do not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, disability, sexual orientation, lawful occupation, alien or citizen status.

If an applicant needs assistance to complete this application (because of, for example, impaired vision), please call 212 780 1400, extension 7746, and leave a message with a name, a contact number and a description of the assistance needed.

A. WE CANNOT PROCESS INCOMPLETE APPLICATIONS. PLEASE CAREFULLY FOLLOW THESE INSTRUCTIONS:

1. All applications must be complete and must include documents (listed on the application) that verify income.
2. Please complete "B" below so that we can send you notice that we have received your application.
3. Please complete and sign the certification below **AFTER** you have completed the application.
4. You may submit your application with your documentation by mail or by fax, or you may scan it with your documentation and submit it electronically.

Mailed submission: **985 Bruckner Boulevard Owners LLC**
985 Bruckner Blvd
Bronx, NY 10459

PLEASE CHECK (☒) HOW WE SHOULD SEND YOU A RECEIPT WHEN WE RECEIVE YOUR APPLICATION

- ☐ Address _____
- ☐ E-mail _____

B. Certification

Please certify that the information provided in your application is correct by signing it below.

By signing this application, I certify that

1. The information and documentation that I am providing is complete and accurate.
2. If I have submitted inaccurate information, I will not be allowed to resubmit my application.
3. I am aware that the large volume of applications received does not allow Community Access to respond to telephone or written inquiries about the status of applications.
4. I am aware that I will be called if or when an apartment becomes available that matches my preferences on this application, and that I will not be asked to interview until such a vacancy is (or is about to) become available.
5. No payment or fee has been given to anyone in connection with the preparation or filing of this application

Please print legibly:

Name _____ HomePhone _____
 Signature _____ Work Phone _____
 Date _____

A. HOUSEHOLD INFORMATION

I am applying for:

CHECK ALL THAT APPLY: () **Studio Unit** LOCATED IN () Lower East Side, MANHATTAN () BROOKLYN () BRONX
 () **1 Bedroom Unit** LOCATED IN () BROOKLYN or () BRONX
 () **2 Bedroom Unit** LOCATED IN () Lower East Side, MANHATTAN () BROOKLYN () BRONX

List all of the people who will live in the unit for which you are applying, starting with yourself, and provide the requested information.

For yearly income, please attach proof of all income from employment (including overtime), self-employment (including babysitting), unemployment compensation, disability or death benefits, Public Assistance (including housing allowance), Social Security, SSI/D, veteran's benefits, Armed Forces pay, alimony, child support, pensions, annuities, severance pay, interest, dividends, income from rental property, scholarships and/or grants, and other.

Add additional pages if necessary.

Full Names of Household Members	Relationship to Applicant*	Birth Date*	Full-time Student?	Yearly Income
	Household Head			

*Relationship, birth date, age, and sex are used to determine apartment size only.

How did you hear about our apartments? _____

Note that we will require social security cards and/or other forms of identification for each household member and that we will require proof of income and assets for each household member, which we will verify with a third party.

We may conduct credit checks, housing court checks, criminal background checks and/or home visits for all applicants.

The policies of the United States Department of Housing and Urban Development (HUD) and of the New York State Fair and Equitable Housing Office (FEHO) state that there are only two mandatory reasons to deny a person access to state funded housing: (1) conviction for methamphetamine production; and (2) being a lifetime registrant on a state or federal sex offender registry.

Community Access adheres rigorously to HUD and FEHO policies and guidelines that forbid discrimination against persons with histories of criminal convictions and will provide a written reason to anyone who is denied housing because of criminal history.

Households in which all persons are full-time students are not eligible, unless receiving Public Assistance, Federal job training, or SSI.

Proof of legal residency in the US is required.

- Does the above list of persons include everyone who would live in the apartment? If not, please include the other household members above. () Yes () No
- Do you presently have an active Section 8 housing voucher or certificate? () Yes () No
If "Yes", enclose a copy of the Section 8 voucher. We accept Section 8, HASA, etc.
- Has anyone who would live in your household ever been evicted? If "Yes", please explain. () Yes () No

4. Has anyone who would live in your household ever been convicted of any crime? () Yes () No
If "Yes", please list charges and dates and explain the circumstances: _____
5. Does anyone who would live in your household, including you, have any bank accounts, IRAs, CDs, stocks, bonds or other investments, real estate holdings, or any other assets? If "Yes" please list name of bank and type of account: _____
6. Do you have any outstanding bills such as a loan or charges on a credit card? () Yes () No
If "Yes", how much money do you pay each month on your bills? _____
If you have ever had any bills sent to a collections agency, please explain : _____
7. Do you or anyone who will reside with you have special needs to be accommodated in the apartment such as lowered sinks and countertops? If yes, please describe: _____

B. CURRENT AND PREVIOUS HOUSING INFORMATION

November 22, 2016 Current landlord's name _____ Phone _____

Current landlord's address _____

Monthly rent _____ How much do you contribute to the monthly rent? If nothing, write "zero" _____

of bedrooms? _____ # of occupants? _____ How long have you lived there? _____

Whose name is on the lease? _____ Relationship to Applicant _____

Previous residence address _____

Previous landlord's name _____ Phone _____

Whose name was on the lease? _____ Relationship to Applicant _____

Reason For Moving from Current Address (check all that apply):

- | | | |
|----------------------------|----------------------------------|-----------------------------------|
| () Rent Too High | () Health Reasons | () Don't Like Neighborhood |
| () Bad Housing Conditions | () Not Enough Space | () Living With Relatives/Friends |
| () Eviction | () Living in a Shelter/ Streets | () Other (please describe) _____ |

C. CURRENT AND PREVIOUS EMPLOYMENT INFORMATION ON ALL MEMBERS OF HOUSEHOLD

<u>Household Member</u>	<u>Type of Income</u>	<u>Yearly Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

DOCUMENTS NEEDED TO VERIFY INCOME.

1. COPIES OF SIX MOST RECENT PAY STUBS
2. EVIDENCE OF DISABILITY OR DEATH BENEFITS
3. CURRENT (WITHIN LAST THREE MONTHS) AWARD LETTER FROM SOCIAL SECURITY ADMINISTRATION
4. STATEMENTS VERIFYING CURRENT UNEMPLOYMENT COMPENSATION
5. LETTER FROM VETERANS' ADMINISTRATION VERIFYING BENEFIT
6. COPY OF COURT ORDER VERIFYING CHILD SUPPORT AND/OR ALIMONY
7. NOTARIZED LETTER FROM FORMER SPOUSE VERIFYING PAYMENT OF ALIMONY AND/OR CHILD SUPPORT
OTHER THAN OR IN ADDITION TO THAT ORDERED BY COURT
8. LETTER FROM SCHOOL OR OTHER ORGANIZATION AWARDED YOU A GRANT OR SCHOLARSHIP, INCLUDING
THE AMOUNT OF THE AWARD
9. PUBLIC ASSISTANCE BUDGET INCLUDING HOUSING ALLOWANCE
10. TAX RETURN VERIFYING INCOME FROM DIVIDENDS, INCOME FROM RENTAL PROPERTY, AND OTHER SOURCES
11. VERIFICATION OF INCOME FROM EMPLOYER IF YOU HAVE BEEN AT A JOB *LESS THAN SIX MONTHS*

EACH PERSON LISTED ABOVE WHO IS 18 YEARS OF AGE OR OLDER MUST COMPLETE THE EMPLOYMENT INFORMATION AND SIGN THE AUTHORIZATION FORM BELOW.

IF THE HOUSEHOLD MEMBER IS NOT CURRENTLY EMPLOYED, PLEASE WRITE "UNEMPLOYED."

Employment Information

Name of Household Member _____ Phone _____

Current Employer _____ Phone _____

Address _____ Fax _____

Gross **Annual** Income _____ Supervisor _____ Phone _____

How long have you worked there? _____ Full time? _____ Start date _____

Previous Employer _____ Phone _____

Address _____ Fax _____

Gross **Annual** Income _____ Supervisor _____ Phone _____

How long did you work there? _____ Full time? _____ Start/End dates _____

List the amounts of all income from sources other than from employment - for example, unemployment compensation, disability or death benefits, Public Assistance (including housing allowance), Social Security, SSI/D, veteran's benefits, Armed Forces pay, alimony, child support, pensions, annuities, severance pay, interest, dividends, income from rental property, scholarships and/or grants, and other.

If you have no income from other sources, please write "none."

Income from sources other than employment – state amount and source _____

Release of information

I authorize the release of information to Community Access, Inc. ("CAI") as part of my application for an apartment. CAI has my permission to request my wage and salary information from my employer and benefit letters from the issuing agency. CAI also has my permission to obtain credit checks, housing court checks, and criminal background checks, only for use in connection with this application for housing. By signing below, I agree to have this information provided to CAI and I solemnly, sincerely, and truthfully declare and affirm that the information provided in this application is true, accurate, complete and correct to the best of my knowledge and belief.

Applicant's Name _____ Applicant's Signature _____

Birth Date _____ Social Security # _____ Date: _____

IF THE HOUSEHOLD MEMBER IS NOT CURRENTLY EMPLOYED, PLEASE WRITE "UNEMPLOYED."

Employment Information

Name of Household Member _____ Phone _____

Current Employer _____ Phone _____

Address _____ Fax _____

Gross **Annual** Income _____ Supervisor _____ Phone _____

How long have you worked there? _____ Full time? _____ Start date _____

Previous Employer _____ Phone _____

Address _____ Fax _____

Gross **Annual** Income _____ Supervisor _____ Phone _____

How long did you work there? _____ Full time? _____ Start/End dates _____

List the amounts of all income from sources other than from employment - for example, unemployment compensation, disability or death benefits, Public Assistance (including housing allowance), Social Security, SSI/D, veteran's benefits, Armed Forces pay, alimony, child support, pensions, annuities, severance pay, interest, dividends, income from rental property, scholarships and/or grants, and other.

If you have no income from other sources, please write "none."

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Name of Household Member _____ Phone _____

Current Employer _____ Phone _____

Address _____ Fax _____

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How long have you worked there? _____ Full time? _____ Start date _____

Previous Employer _____ Phone _____

Address _____ Fax _____

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Applicant's Name _____ Applicant's Signature _____

Birth Date _____ Social Security # _____ Date: _____



EQUAL HOUSING OPPORTUNITY

****This Page is for Additional Adults in the Household to Fill out****

EACH PERSON WHO WOULD LIVE IN THE APARTMENT MUST FILL OUT AND SIGN THIS INCOME INFORMATION PAGE, IF 18 YEARS OF AGE or older

Employment Information

Current Employer _____ Phone _____

Address _____ Fax _____

Gross **Annual** Income _____ Supervisor _____ Phone _____

How long have you worked there? _____ Full time? _____ Start date _____

Previous Employer _____ Phone _____

Address _____ Fax _____

Gross **Annual** Income _____ Supervisor _____ Phone _____

How long did you work there? _____ Full time? _____ Start/End dates _____

Income from Other Sources

List all income besides employment, for example, unemployment compensation, disability or death benefits, Public Assistance (including housing allowance), Social Security, SSI, veteran's benefits, Armed Forces pay, alimony, child support, pensions, annuities, severance pay, interest, dividends, income from rental property, scholarships and/or grants, and other. If you have no income from other sources, please write "none."

Household Member

Type of Income

Yearly Amount

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

PLEASE GO TO NEXT PAGE TO SIGN

Notice: The owners and managers of this building support government Fair Housing Laws and do not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, disability, sexual orientation, lawful occupation, alien or citizen status.

I authorize the release of information to Community Access, Inc. ("CAI") as part of my application for an apartment. CAI has my permission to request my wage and salary information from my employer and benefit letters from the issuing agency. CAI also has my permission to obtain credit checks, housing court checks, and criminal background checks, only for use in connection with this application for housing. By signing below, I agree to have this information provided to CAI and I solemnly, sincerely, and truthfully declare and affirm that the information provided in this application is true, accurate, complete and correct to the best of my knowledge and belief.

Applicant's Name _____ Applicant's Signature _____

Birth Date _____ Social Security # _____ Date: _____



EQUAL HOUSING OPPORTUNITY

COMMUNITY ACCESS, INC

PHONE 212-780-1400
