



Dear Applicant,

Thank you for requesting an application for an apartment. Enclosed please find an application package. Your application will be retained for a period of 2 years from receipt. If you are not contacted for an available apartment within 2 years, you must submit a new application.

Please read the application *carefully*, complete every section, and date where indicated. Mail the **completed** application to our office, to the attention of “***Apt. Application Submission***”, at the address below. **Please keep the first 3 pages of this application for your reference.**

When an apartment becomes available, you will be asked to come to the office for an interview. At that time, you will be required to bring the (applicable) documents listed on ‘Page 3’. Any required documentation is for everyone listed on the application, including children. For further information, please contact **718-292-3113**.

Sincerely,  
Property Management  
South Bronx Overall Economic Development Corporation

The completed application must be returned to the following address:

**SoBRO Property Management Dept.  
Attn: Apt. Appl. Submission  
555 Bergen Avenue, 3<sup>rd</sup> floor  
Bronx, New York 10455**

**\*\*\*NOTE:** *There is NO PRIORITY STATUS for Applicants. Applications are Logged either by the date the application is signed, or by the “Postmark Date” on the envelope (if mailed).*

**\*\*\*No Additional Documents are Required with your Application\*\*\***

- ✓ **Do not send money with your application.**
- ✓ **Do not mail or bring ANY documents until you are called for an interview.**
- ✓ **Do not call for “Status Updates”; You Will ONLY be Contacted if the Information on your Application matches the criteria of an Available Unit.**



## **APPLICATION INFORMATION**

**Please be sure to read this in its entirety before signing and dating these documents.**

- Please note that there are *no apartments available on an immediate basis*. This application is to secure an apartment request. When an apartment becomes available, which will accommodate your family size and household income, we will contact you for an interview.
- By submitting and signing the application you:
  - Certify that all Statements and/or questions in this application are true and correct and that all false statements and/or answers to questions noted during the required background investigation will cause this application to be rejected.
  - Authorize SoBRO and their agents and investigators to verify all statements in this application. Contact employers, former and or current landlords, credit bureaus and government agencies will verify this application.
  - Any decision to reject this application is FINAL; if you have further information which will assist in overturning the decision, you may request a formal appeal in writing.



## **REQUIRED DOCUMENTS ONCE CONTACTED FOR INTERVIEW**

When an interview has been scheduled with you, the following documentation will be required and must be submitted for you and each person listed on your application.

- Copy of the W-2 form and entire Federal and New York State tax return form for the most current year.
- If self-employed, a letter from your CPA on his/her letterhead stating current estimated earnings and Federal Form 1040, schedule C. (For the last three (3) years)
- Verification of employment for each adult listed on the application. This must be submitted on employer's letterhead and signed by the appropriate department head. The verification should indicate date of hire, current position and current salary.
- Last six (6) consecutive pay stubs.
- Current Social Security Award Letter. (If you are receiving SSI, you must provide a State Supplement Benefit Letter which you may obtain by contacting (855) 488-0541) Along with Direct Express card or other prepaid card if not receiving benefits in a bank account and the most recent 2 statements for the Direct Express or Prepaid Card
- Copy of Pension or Veteran's award letter, most recent year's bank interest and dividend form 1099.
- Budget letter (if receiving Public Assistance and/or SNAP benefits).
- Proof of child support. (Court Order and disbursement history showing payments)
- Documentation of all income from any other source.
- Last six (6) consecutive bank statements (all pages).
- Written explanation for any miscellaneous deposits on the bank statements (including deposits of checks, cash, or external account transfers from individuals not within your household)
- Proof of any other assets (bankbook, CD, Stocks, Bonds, Equity in Real Property, etc).
- Copy of picture identification for each adult listed on the application, i.e. driver's license, passport, valid immigration naturalization status (INS) card.
- Copy of birth certificate for each person listed on the application.
- Copy of social security card for each person listed on the application.
- For each child listed over the age of five (5) please submit a letter from the current school stating that he/she attends the school full or part-time (Pre-K through College).
- Section 8 voucher, certificate, and complete transfer package (if applicable).
- Current lease agreement or letter from landlord indicating your status in their property.
- Last six (6) rent receipts or cancelled checks.
- Last two (2) utility bills (telephone and/or Con Edison).



South Bronx Overall Economic  
Development Corporation  
555 Bergen Avenue, Bronx, NY 10455  
(p) 718.292.3113 (f) 719.292.3115

***Property Management Dept.***



## Application for Apartment

### Instructions:

1. Mail only one (1) application per family. You will be disqualified if more than one application per family is received.
2. When completed, this application must be returned by regular mail only, do not send by registered or certified mail.
3. Mail completed application to: **SoBRO**  
**Attn: Apartment Application Submission**  
**555 Bergen Avenue, 3<sup>rd</sup> floor**  
**Bronx, New York 10455**
4. No payment or fee should be given to anyone in connection with the preparation or filling out of this application for housing.
5. This information is to be filled out by the applicant.

### A. Name and Address

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

Current Address: \_\_\_\_\_ (Number, Street, Apt. #)

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

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

How long have you been living at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

If less than two (2) years, prior address: \_\_\_\_\_ (Number, Street, Apt. #)

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

### B. Income and 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 & Address of Employer	How Long Employed	Gross Earnings
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____



**C. Income from Other Sources**

List all other income, for example, Public Assistance (including household allowance), AFDC, Social Security, S.S.I., pension, disability compensation, unemployment compensation, interest income, baby-sitting, care taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships, and/or grants.

HOUSEHOLD MEMBER	Type of Income	Amount	
1. _____	_____	\$ _____	Per _____
2. _____	_____	\$ _____	Per _____
3. _____	_____	\$ _____	Per _____
4. _____	_____	\$ _____	Per _____
5. _____	_____	\$ _____	Per _____
6. _____	_____	\$ _____	Per _____

**D. 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 Code)

Office Phone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

**F. Current Rent**

What is the total 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:

- Living with parents
- Do not like neighborhood
- Not enough room
- Living with relatives or another family
- Living in a shelter
- Rent too high
- Bad housing conditions
- Increase in family size (marriage, birth)
- Current apartment not suitable for persons with disabilities
- Other: \_\_\_\_\_

**H. 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)



**I. 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 "student" if attending school)
1. _____	<b>Self</b>	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____

\*Are you or a member of your household disabled?  Yes  No

If "yes", would you describe the disability as:

visual impairment?  mobility 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 place a check mark on the outside of your envelope, and please specify the special accommodations required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**J. Assets**

**Financial / Savings Information**

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



**K. Source of Information**

How did you hear about this development?

- Newspaper
- Local Organization or Church
- A City "affordable housing" hotline listing new ads for the month
- Sign posted on Building
- Friend
- Other: \_\_\_\_\_

**L. 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.

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

**M. Signature**

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I/We hereby consent South Bronx Overall Economic Development Corporation (SoBRO) to obtain my/our Consumer Reports including, but not limited to: credit profile, housing court history and criminal background and other reports deemed necessary to process this application and in the future to ensure compliance with regulations and the lease; or in the event of a default of the lease. I/We agree to hold harmless South Bronx Overall Economic Development Corporation (SoBRO) and its affiliates for any harm, which may arise from this investigation.

***\*All Adult Household members 18 years of age and older who are listed on this application must sign and date below\****

Signature \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_





**OFFICE USE ONLY: Please do not write in the area below!**

Community Board Resident:       Yes       No

Borough Resident:                 Yes       No

Size of Apartment Assigned:     Studio     1 Bdrm     2 Bdrm     3 Bdrm     4 Bdrm

Person with Disability:             M             V             H

Family Composition:            Adult Females      \_\_\_\_\_  
   Adult Males            \_\_\_\_\_  
   Female Children      \_\_\_\_\_  
   Male Children        \_\_\_\_\_

**Verified Earned Income:**

**Verified Other Income:**

1.        \$ \_\_\_\_\_ .00/year

1.        \$ \_\_\_\_\_ .00/year

2.        \$ \_\_\_\_\_ .00/year

2.        \$ \_\_\_\_\_ .00/year

3.        \$ \_\_\_\_\_ .00/year

3.        \$ \_\_\_\_\_ .00/year

4.        \$ \_\_\_\_\_ .00/year

4.        \$ \_\_\_\_\_ .00/year

TOTAL: \$ \_\_\_\_\_ .00/year

TOTAL: \$ \_\_\_\_\_ .00/year

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