



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 <u>completed</u> application to our office, to the attention of "Apt. Application Submission", at the address below. <u>Please keep the first 3 pages of this application for your reference.</u>

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 <u>everyone</u> 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 <u>secure an apartment request</u>. 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.

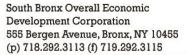




### REQUIRED DOCUMENTS ONCE CONTACTED FOR INTERVIEW

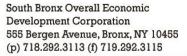
When an interview has been scheduled with you, the following documentation will be required and must be submitted for you and each person listed on your application.

- 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).





# Property Management Dept.





### **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:				(Nu	mber, Street, Apt. #)
				(Cit	y, State, Zip Code)
Home Phone No. ( )		Work Pho	ne No. ( )		
How long have you been living	at this address?	Years	Months		
If less than two (2) years, prior	address:			(Nu	mber, Street, Apt. #)
				(City	y, State, Zip Code)
List all full and/or part-time <b>BE LIVING WITH YOU</b> in HOUSEHOLD MEMBER		nich you are apply	ying. Include se		
1					
2					
3					
4	· —————				
5	·				
6					



### **Property Management Dept.**

#### 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 Inco Add all income listed above and ind E. Current Landlord		\$	.00 per year
Landlord's Name:  (If you are living in a public housing "HPD").  Landlord's Address:	g project write "NYCHA". If you a		(Number, Street, Apt. #)
Office Phone No. ( )		Fax No. ( )	
F. Current Rent What is the total rent on the apartr How much do you contribute to th \$00 per month  G. Reason for Moving Why are you moving? Check all	e total rent on the apartment? (If		
, ,	• • • • • • • • • • • • • • • • • • • •		
<ul> <li>[ ] Living with parents</li> <li>[ ] Not enough room</li> <li>[ ] Living in a shelter</li> <li>[ ] Bad housing conditions</li> <li>[ ] Current apartment not suitable for persons with disabilities</li> </ul>	[ ] Rent too high	relatives or another fam n nmily size (marriage, bi	rth)

#### 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 professing of the application)



# Property Management Dept.

### I. Household Information

l Name	Relationship To Applicant	Birth Date	Age	Sex (M/F)	Social Security Number	Occupation (Write "student" attending school)
	<u>Self</u>					<u> </u>
If "yes", would  [ ] visual import  If you checked require a special  If "yes", please accommodation	•	ility as: impairment? nent, or hearin Yes [ ] No the outside of	[ ] hearing g impairm your enve	g impairn ent, do yo lope, and	ou or a member of you	pecial
If "yes", would [ ] visual import If you checked require a special If "yes", please accommodation	you describe the disablairment? [ ] mobility either mobility impairs l accommodation? [ ] place a check mark on	ility as: impairment? ment, or hearin Yes [ ] No the outside of	[ ] hearing g impairme your enve	g impairn ent, do yo lope, and	ou or a member of you	pecial
If "yes", would [ ] visual import If you checked require a special If "yes", please accommodation	you describe the disablairment? [ ] mobility either mobility impairs l accommodation? [ ] place a check mark on as required:	ility as: impairment? ment, or hearin Yes [ ] No the outside of	[ ] hearing g impairme your enve	g impairn ent, do yo lope, and	ou or a member of you	pecial
If "yes", would  [ ] visual important of the second of the	you describe the disablairment? [ ] mobility either mobility impairs l accommodation? [ ] place a check mark on as required:	ility as: impairment? ment, or hearin Yes [ ] No the outside of	[ ] hearing g impairme	g impairn ent, do yo lope, and	ou or a member of you	pecial
If "yes", would  [ ] visual important of the second of the	you describe the disablatement? [ ] mobility either mobility impairs I accommodation? [ ] place a check mark on is required:	ility as: impairment? nent, or hearin Yes [ ] No the outside of	[ ] hearing g impairme	g impairn ent, do yo lope, and	ou or a member of you	pecial
If "yes", would  [ ] visual impa  If you checked require a special  If "yes", please accommodation  J. Assets  Financial / S	you describe the disablatement? [ ] mobility either mobility impairs l accommodation? [ ] place a check mark on as required:  Savings Information  ecounts:	ility as: impairment? nent, or hearin Yes [ ] No the outside of	[ ] hearing g impairme	g impairn ent, do yo lope, and	ou or a member of you	pecial

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



# Property Management Dept.

# K. Source of Information

How did you hear about this development?	
<ul> <li>[ ] Newspaper</li> <li>[ ] Local Organization or Church</li> <li>[ ] A City "affordable housing" hotline listing new ads for the month</li> </ul>	<ul><li>[ ] Sign posted on Building</li><li>[ ] Friend</li><li>[ ] Other:</li></ul>
L. Ethnic Identification (Used for statistical purposes only)	
This information is optional and will not affect the processing of the app Please check one group which best identifies the applicant.	lication.
[ ] White (non-Hispanic origin) [ ] Black [ ] Hispanic origin [ ] Asian or Pacific Isl [ ] American Indian or Alaskan Native [ ] Other:	
M. Signature	
I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLIC TO THE BEST OF MY KNOWLEDGE. I/We hereby consent South Corporation (SoBRO) to obtain my/our Consumer Reports including, to court history and criminal background and other reports deemed necess future to ensure compliance with regulations and the lease; or in the ever hold harmless South Bronx Overall Economic Development Corporation which may arise from this investigation.	Bronx Overall Economic Development out not limited to: credit profile, housing eary to process this application and in the out of a default of the lease. I/We agree to
*All Adult Household members 18 years of age and older who are sign and date below*	re listed on this application must
Signature	Date
	Date
	Date



# Property Management Dept.

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

Communi	ity Board Resident:	[ ] Yes	[ ] No	O			
Borough 1	Resident:	[ ] Yes	[ ] No	O			
Size of A Bdrm	partment Assigned:	[ ] Studio	[ ]1]	Bdrm	[ ] 2 Bdrm	[ ] 3 Bdrm	[]4
Person wi	ith Disability:	[ ] M	[ ] V		[ ]H		
Family Co	omposition:	Adult Females Adult Males Female Children Male Children					
Verified I	Earned Income:		Verifie	ed Oth	er 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	TOTA	L: \$_		00/year	
Total Ver	ified Household Inc	come: \$		00/	'vear		