

Do you anticipate any additions to the household in the next twelve months? Yes No

If yes, explain _____

Check if you or any member of your household has a disability: Mobility Visual Hearing

Describe any special accommodation needed in your residence if you or any member of your household is disabled _____

Have ALL of the household members (both adults and children) been full-time students during five months or more of calendar year 2014 or will they be in calendar year 2015? Yes No **If Yes, answer the following questions:**

(1) Is the household comprised of a single parent and children, none of whom are dependents on the tax return of someone outside the household? Yes No; (2) Are all adult members of the household married and have they filed a joint tax return for the most recent tax year? Yes No; (3) Does any member of the household receive AFDC or TANF? Yes No; (4) Is any member of the household enrolled in a Federal, State or local job training program? Yes No; (5) Has any member of the household ever been a foster child or in the foster care system? Yes No.

SECTION C. INCOME

List below ALL current sources of income for ALL HOUSEHOLD MEMBERS, including yourself, listed in Section B. "Household Composition".

EMPLOYMENT INCOME

Is anyone on the household a Municipal Employee for the City of New York? Yes No

Include all full-time, part-time and self-employment income. (*Business income must reflect the amount that would be reported on IRS Form 1040, Line 12 and Schedule C, line 31)

Household Member Name	Name & Address of Employer	How Long Employed (From/To)	Status F=Full-Time P=Part-Time S=Self-Employed	Gross Annual Earnings
1.				\$
2.				\$
3.				\$
4.				\$
Total Gross Annual Employment Income =				\$

OTHER INCOME

Include gross periodic payments from: public assistance (including housing allowance), AFDC, TANF, unemployment, disability, veteran's, social security, SSI, alimony, child support, annuities, pensions, retirement funds, insurance policies, and other regular income. Also, include interest, dividends, net rental income and other income from assets listed in Section D. "Assets".

Household Member Name	Source of Income	Gross Amount		Period Received Weekly, Bi-weekly, Semi-monthly, Monthly, Quarterly	Annual Gross Amount
		\$	per		\$
		\$	per		\$
		\$	per		\$
		\$	per		\$
Total Gross Annual "Other Income" =					\$
TOTAL GROSS ANNUAL INCOME: ("Employment" PLUS "Other Income")					\$

Have you or any household member disposed of or given away any other assets in the last 24 months? (Examples: Given away money to relatives or set up Irrevocable Trust Accounts)? Yes No

If Yes, describe the asset _____

Date of disposition: _____ Amount disposed \$ _____

SECTION E. ADDITIONAL INFORMATION

RESIDENCE HISTORY (FIVE YEARS)

Starting with your current address, list in order all addresses where you have lived for the past five years.

Address	Dates (From/To)	Name* & Address of Landlord

Current monthly rent or mortgage payment amount: \$ _____ Your contribution: \$ _____

Check utilities paid by you: Heat Electricity Gas Other (specify) _____

Are you presently receiving a tenant-based Section 8 Housing Voucher or Certificate? Yes No

Do you or any household member have any pets? Yes No, if Yes, type? _____

Are you currently on a public housing waiting list or other existing waiting list for subsidized housing? Yes No

Are you currently living in sub-standard housing? Yes No

If YES please describe. Attach additional pages if necessary. _____

PLEASE CHECK THE GROUP WHICH BEST DESCRIBES THE HEAD OF HOUSEHOLD:

- White (Non-Hispanic origin) American Indian or Alaskan native
- Black or African American (Non-Hispanic origin) Asian or Pacific Islander
- Hispanic or Latino origin Other

(This information is used only for statistical purposes and is optional.)

CERTIFICATION

I/We certify that this will be my/our primary residence. I/We understand that eligibility for housing will be based on applicable income limits and management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, that I/We have revealed all income and assets, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. Misleading or incomplete information is also grounds for rejection of an application.

In addition, I/We authorize a credit investigation firm retained by the owner to conduct inquiries concerning my/our income, credit history, residence, banking relationships, household composition, character and reputation to determine and verify my/our eligibility for an apartment pursuant to this application. My/Our signature here is consent to obtain such verification.

SIGNATURE(S): All adult applicants, 18 or older, must sign application.

_____ (Signature of Tenant)	_____ Date	_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date	_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date	_____ (Signature of Co-Tenant)	_____ Date