

**WEST HARLEM GROUP ASSISTANCE, INC.
1652 AMSTERDAM AVENUE
NEW YORK, NEW YORK 10031**

APPLICATION FOR APARTMENT

NUMBER: _____

MAIL ONLY **ONE (1)** APPLICATION PER FAMILY. YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED. WHEN COMPLETED, THIS APPLICATION MUST BE RETURNED BY REGULAR MAIL ONLY (DO NOT SEND BY REGISTERED OR CERTIFIED MAIL). **NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE** IN CONNECTION WITH THE PREPARATION OF FILLING OUT THIS APPLICATION FOR HOUSING. THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT.

MAIL COMPLETED APPLICATION TO:

West Harlem Group Assistance, Inc.
1652 Amsterdam Avenue
New York, NY 10031

ENVIE UNA SOLA SOLICITUD POR FAMILIA. SERA DESCALIFICADO SI ENVIA MAS DE UNA SOLICITUD. CUANDO LLENE SU SOLICITUD, ENVIELA POR CORREO REGULAR, UNICAMENTE (NO NECESITA SER ENVIADA POR CORREO REGISTRADO O DE ENTREGA INMEDIATA). **NO NECESITA PAGAR A NADIE PARA LLENAR O SOMETER SU SOLICITUD.** EL SOLICITANTE TIENE QUE ESTAR PRESENTE PARA LLENAR ESTA SOLICITUD.

POR FAVOR ESCRIBA EN LETRA DE MOLDE O MAQUINILLA

PLEASE PRINT

A. NAME AND ADDRESS

Name _____

Current Address _____ Apt # _____

City _____ State _____ Zip code _____

Home Phone (_____) _____ Work Phone (_____) _____

B. CURRENT LANDLORD

Name of Current Landlord _____

(If you are living in a public housing project, write "NYCHA".

If you are living in the City Owned building ("In Rem") write "HPD")

Address of Landlord _____

Phone number of Current Landlord _____

C. CURRENT RENT

What is your present monthly rent? _____

How much do you contribute to the total rent of the apartment? _____

(If you do not contribute anything write "0") \$ _____ Per/month

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

Check here the utilities paid by you monthly and indicate the average monthly amount:

Gas \$ _____ ; Electric \$ _____ ; Heat \$ _____ ; Water \$ _____

Are some or all of these costs included in your rent? Yes _____ No _____

D. REASONS FOR MOVING

Why are you moving? Check 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 on streets | <input type="checkbox"/> Rent too high |
| <input type="checkbox"/> Bad housing conditions | <input type="checkbox"/> Increase in family size |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> (marriage, birth) |
| <input type="checkbox"/> Other _____ | |

E. SECTION 8 HOUSING ASSISTANCE

Are you presently receiving a Section 8 Housing Certificate or Voucher?

() Yes () No

F. MOBILITY DISABLED, HEARING OR VISUALLY IMPAIRED

Are you or a member of your household disabled, hearing or visually impaired? () Yes () No

Do you or a member of your household require a special accommodation? () Yes () No

If "yes", please specify _____

G. HOUSEHOLD INFORMATION

How many persons in your household will be living with you in the unit for which you are applying?

Is a baby expected? () Yes () No If yes, when is baby expected? _____

List all persons who will live with you in the unit for which you are applying: (Add additional pages if necessary)

FULL NAME	RELATIONSHIP TO APPLICANT	BIRTH DATE	AGE	SEX M/F	SOCIAL SECURITY NO.
1. _____	SELF	_____	_____	_____	_____
Occupation: (Write "in school" if attending school)					
2. _____	_____	_____	_____	_____	_____
Occupation: (Write "in school" if attending school)					
3. _____	_____	_____	_____	_____	_____
Occupation: (Write "in school" if attending school)					
4. _____	_____	_____	_____	_____	_____
Occupation: (Write "in school" if attending school)					
5. _____	_____	_____	_____	_____	_____
Occupation: (Write "in school" if attending school)					

H. INCOME FROM EMPLOYMENT

Income: List all full and/or part time employment for all household members. Include self-employed earnings.

HOUSEHOLD MEMBER	NAME & ADDRESS OF EMPLOYER	HOW LONG EMPLOYED	GROSS EARNINGS
1. _____	_____	_____	\$ _____ Per _____
2. _____	_____	_____	\$ _____ Per _____
3. _____	_____	_____	\$ _____ Per _____
4. _____	_____	_____	\$ _____ Per _____

I. INCOME FROM OTHER SOURCES: (Examples: Welfare, Social Security, SSI, Pension, Disability Compensation, Unemployment Compensation, Interest Income, Babysitting, Caretaking, Alimony, Child Support, Annuities, Dividends, Income from Rental of Property, Armed Forces Reserves, Scholarships, and/or Grants.)

HOUSEHOLD MEMBER	TYPE OF INCOME	AMOUNT
1. _____	_____	\$ _____ Per _____
2. _____	_____	\$ _____ Per _____
3. _____	_____	\$ _____ Per _____
4. _____	_____	\$ _____ Per _____

Public Assistance Recipients: Case Number _____

Name and Number of IM Center: _____

TOTAL ANNUAL INCOME. Add all income listed above and indicate the total earned for the year.

\$ _____ per year

J. ASSETS

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

K. APPLICANT'S/CO-APPLICANT'S DOWN PAYMENT INFORMATION

Maximum Cash Available \$ _____
Source of Cash _____
Financial Institution _____

Financial Institution	Account Number	Amount \$ _____
Financial Institution	Account Number	Amount \$ _____

L. SOURCE OF INFORMATION

How did you hear about this development? () Sign posted on building;
() Newspaper; () Local Organization or Church; () Friend; () Housing List;
() A city "apartment seeker" brochure listing new ads for the month;
() Other

M. 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 identifies the Head of Household (or Applicant).

- | | | | |
|---------------------------------------|-----------------|---------------------------------------|--|
| () Black
(Non Hispanic
Origin) | () Hispanic | () White
(Non Hispanic
Origin) | () American Indian
or Alaskan Native |
| () Asian or
Pacific Islander | () Other _____ | | |

N. SIGNATURE

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE X _____ DATE : _____

OFFICE USE ONLY

Community Board Resident: () Yes () No	Rent of Apartment Assigned:
Borough Resident: () Yes () No	() Low () Moderate
	\$ _____ Per month

Size of Apartment Assigned
() Studio () 1 Bedroom () 2 Bedroom () 3 Bedroom () 4 Bedroom

Family Composition:

Adult Males	_____
Adult Females	_____
Male Children	_____
Female 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 Verified Household Income: \$ _____ .00/Year