

**APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE**

Please mail completed applications to:

**PROGRESSIVE MANAGEMENT OF NY  
 BAY STREET HOUSING LP  
 210 EAST 166<sup>TH</sup> ST (OFFICE)  
 BRONX, NY 10456**

- Mail only (1) one application per family. If more than one application is received the application will be automatically disqualified.

**A. Name & Address**

NAME: \_\_\_\_\_  
 (FIRST) (M.I.) (LAST)

ADDRESS: \_\_\_\_\_  
 (NUMBER) (STREET) (APARTMENT #)  
 \_\_\_\_\_  
 (CITY) (STATE) (ZIP CODE)

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**\*MAILING ADDRESS IF DIFFERENT FROM ABOVE:**

\_\_\_\_\_  
 (NUMBER OR P.O. BOX) (STREET) (APARTMENT #)  
 \_\_\_\_\_  
 (CITY) (STATE) (ZIP CODE)

**B. Income from Employment- Bay St Housing LP does not discriminate on the basis of disability status in the admission or access to or treatment or employment in it's federally assisted programs and activities.**

***LIST ALL FULL AND PART-TIME EMPLOYMENT FOR ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF AND ALL PERSONS THAT WILL BE LIVING WITH YOU. INCLUDE SELF-EMPLOYMENT EARNINGS.***

<u>HOUSEHOLD MEMBER NAME</u>	<u>EMPLOYER NAME &amp; ADDRESS</u>	<u>HOW LONG EMPLOYED</u>		<u>Earnings</u>	<u>Period</u> (weekly, every other week, twice a month, monthly, annually)	<u>ANNUAL GROSS INCOME</u>
		<u>YEARS</u>	<u>MONTHS</u>			
HEAD OF HOUSEHOLD						

Do  all adult household members file federal and state tax returns? Yes No If "NO" please explain:

**C. INCOME FROM OTHER SOURCES**

*OTHER SOURCE OF INCOME SUCH AS WELFARE, (INCLUDING HOUSING ALLOWANCE), AFDC, SOCIAL SECURITY, SSI, PENSION, DISABILITY COMPENSATION, UNEMPLOYMENT COMPENSATION, INTEREST INCOME, BABY SITTING, CARETAKING, ALIMONY, CHILD SUPPORT, REGULAR CONTRIBUTIONS FROM ORGANIZATIONS OR FROM INDIVIDUALS NOT LIVING WITH YOU, ANNUITIES, ARMED FORCES RESERVES, SCHOLARSHIPS, AND OR GRANTS.*

<u>HOUSEHOLD MEMBER NAME</u>	<u>TYPE OF INCOME</u>	<u>ANNUAL GROSS INCOME</u>



The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. This apartment community does not discriminate on the basis of handicap/disability status. The management coordinates compliance with the nondiscrimination requirements contained in HUD's Regulations implementing Section 504 (24 CFR part 8 dated June 2, 1988)



**D. HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

**PRIVACY ACT NOTIFICATION** – The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to disclose (a) whether compliance with the request is voluntary or mandatory, (b) why the information is requested; and (c) how it will be used. Providing Social Security Numbers and/or Taxpayer Identification Numbers on this application is voluntary. Social Security Numbers and Taxpayer identification Numbers which are voluntarily disclosed on this application will be used only to establish an organized and specific method of identifying applicants who are seeking affordable housing within the City of New York, will be kept in a secure location and will not be used or disclosed for any other purpose. Failure to provide a Social Security Number or Taxpayer Identification Number on this application will not result in an applicant’s disqualification at this time. If your application is selected for further processing, the buildings landlord will have the right to require this information at that time in order to perform a credit check.

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

\_\_\_\_\_

1. List all the people **WHO WILL LIVE WITH YOU IN THE UNIT FOR WHICH YOU ARE APPLYING**, starting with yourself, and provide the following information. Please indicate if the household member has a disability. If yes, would you describe the disability as a mobility impairment (**MI**), visual impairment (**VI**), or hearing impairment (**HI**). Add additional pages if necessary. Please write unborn if anyone is currently expecting a child.

<u>Full Name and</u> <u>(M-Married, S-Single,</u> <u>D-Divorced, SP-Separated</u>	<u>Relationship to</u> <u>Applicant</u>	<u>Birth Date</u> <u>(MM/DD/YY)</u>	<u>Age</u>	<u>Sex</u> <u>(M/F)</u>	<u>Last 4</u> <u>Digits of</u> <u>Social</u> <u>Security</u> <u>Number</u>	<u>OCCUPATION (If</u> <u>in school, write</u> <u>SCHOOL)</u>	<u>Disabled?</u>		
							<u>MI</u>	<u>VI</u>	<u>HI</u>
	Head of Household								

2.  you checked either mobility, visual, or hearing impairment, do you or a member of your household require any special housing accommodations? Yes No  
 If yes, please specify the special housing accommodations required:

\_\_\_\_\_

3.  Does anyone live with you now, who is not listed above? Yes No  
 4.  Do you expect a change in your household composition? Yes No

**E. ASSETS**

<u>Household Member Name</u>	<u>Bank Name</u>	<u>Type of</u> <u>Account</u>	<u>Account Number</u>	<u>Current</u> <u>Balance</u>

Please list all personal accounts for each household member. (checking, savings, certificates of deposit, money market, stock, bonds, mutual funds, Keogh accounts, IRA’s)

**F. RENTAL SUBSIDY**

Are  you presently receiving a section 8 Housing Voucher or Certificate, or any other form of rental assistance? (This information will not affect the processing of the application.) NO  
 – HPD Section 8 voucher                      Yes – NYCHA Section 8 Voucher    Yes – Other Rental Subsidy/Certificate

**G. RENTAL HISTORY**

Are  you now living in a subsidized housing unit? Yes No    How long have you lived at this address? \_\_\_\_\_

Name and Address of your **PRESENT** Landlord: \_\_\_\_\_



The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. This apartment community does not discriminate on the basis of handicap/disability status. The management coordinates compliance with the nondiscrimination requirements contained in HUD’s Regulations implementing Section 504 (24 CFR part 8 dated June 2, 1988)



Landlord's Telephone number: \_\_\_\_\_

Do all household members on this application currently live at this address? Yes No

What is the total rent on the apartment where you currently live or are staying temporarily? \$ \_\_\_\_\_ per month

How much do you contribute towards rent? If you do not contribute anything mark "0" \$ \_\_\_\_\_ per month

**H. Source of Information**

How did you hear about this development? Please check all that apply:

- Newspaper
- Local organization or church
- Sign posted on property
- Community Board
- www.NYHousing Search.gov
- City "affordable housing hotline"
- Friend
- www.nyc.gov/housing
- Elected Representative
- Other: \_\_\_\_\_

**I. Ethnic Identification**

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:

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

**J. PERMISSION FOR CREDIT CHECK**

I/ we hereby authorize the use of any consumer reporting agency, credit bureau or other investigating agency employed by such, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my employment history, credit, prior tenancies, characters general reputation, personal characteristics, and mode of living, to obtain a consumer report and other such credit information which may result thereby, and to disclose and furnish such information to the Owner/ Agent listed above in support of this application. I have been advised that I have the right, under section 606B of the fair credit reporting act, to make written request, within a reasonable time for a complete and accurate disclosure of the nature and scope of any investigation. The owner and it's agents may conduct criminal background searches on persons applying to live at its community. It is Owner and it's Agents policy not to accept prospective residents who have been charged with and/or convicted of any felonies and/or misdemeanors. However, prior to acceptance of an applicant the owner and it's agents may use an independent consumer reporting agency to search public records which may contain criminal background information regarding the applicant. The owner and it's agents will determine if the criminal background information pertains to the applicant and if the report indicates that one or more such felony and/or misdemeanor records were found. The owner and it's agents will then compare the records to the owners established acceptance policies to determine whether or not the applicant may be accepted based on a review of the executive committee. If your application is declined based on the discovery of public records that indicate an unacceptable criminal background, you will be given the name, address, and telephone number of the consumer reporting agency that provided the criminal background report may obtain a free copy of the report and may initiate a reinvestigation to have any erroneous information contained in the report corrected. You also have a right to obtain a report from [www.annualcreditreport.com](http://www.annualcreditreport.com). The consumer reporting agency will advise you of the procedure that you should follow in order to do so.

If Landlord of agent does not rent the apartment to tenant, liability of both parties hereunder shall cease and terminate. The truth of the information contained herein is essential and if the aforementioned property deems answer or statement herein to be false, or misleading, it shall be considered that any lease granted in reliance upon the information provided above may be canceled at owner's option.

**K. SIGNATURE**

THE UNDERSIGNED ACKNOWLEDGES THAT THE OWNER AND IT'S AGENTS HAVE NOT BEEN PAID, OR HAVE NOT REQUESTED OR SOLICITED FOR A COMMISSION AS A CONDITION TO THE EXECUTION OF THIS APPLICATION/LEASE AGREEMENT. FURTHERMORE I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I/WE CERTIFY THAT IF SELECTED TO RECEIVE ASSISTANCE, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY. **(ALL APPLICANTS OVER 18 MUST SIGN THIS APPLICATION)**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY APPLICANT CERTIFICATION:**



The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. This apartment community does not discriminate on the basis of handicap/disability status. The management coordinates compliance with the nondiscrimination requirements contained in HUD's Regulations implementing Section 504 (24 CFR part 8 dated June 2, 1988)

