

Supportive Housing Standard Application

In order to continue with the process for a supportive housing apartment, complete all sections of the below application. This will be reviewed by the management company and/or social service provider. Please note highlighted sections that indicate when backup documentation may be requested.

You are being considered for an apartment at:

BUILDING NAME _____
ADDRESS _____

Management Company Name and Contact Information:

MANAGEMENT COMPANY NAME _____
ADDRESS _____
PHONE _____
EMAIL _____

Social Service Provider Name and Contact Information:

PROVIDER COMPANY NAME _____
ADDRESS _____
PHONE _____
EMAIL _____

A. Name & Address

Current Living Address:

(If you are living in a homeless shelter, please list your current shelter address)

| | | |
|----------------|----------------|-------------|
| First Name | Middle Initial | Last Name |
| Street Address | | Apartment # |
| City | State | Zip |

Your Pronouns (he/she/they) (optional): _____



Contact Information – please provide all ways in which the Managing Agent can contact you.

Preferred method of contact:

- email
- phone
- paper mail

Email address:

Phone number(s):

Check if mailing address is **different** than Current Living Address, above

Mailing Address (if different):

Building (House) #

Street

Apartment #

P.O. Box

City

State

Zip

Language Contact Preference: In what language would you prefer to receive written communications about your application? Check one. (If you do not check a language, written communication will be in English.)

- English
- Español (Spanish)
- 简体中文 (Chinese)
- العربية (Arabic)
- Français (French)
- Русский (Russian)
- 한국어 (Korean)
- اردو (Urdu)
- বাংলা (Bangla)
- Kreyòl Ayisyen (Haitian Creole)

Alternate Contact(s): who can the Management Company reach out to in case they cannot get in touch with you regarding your housing application? You should include the case manager helping you with this application.

Name

Phone and email

Agency

Name

Phone and email

Relation



B. Household Information

| 1. How many persons (including yourself) will live in the apartment for which you are applying? | | | | | | |
|--|---------------------------|---------------------|-----------------------------|-------------|---|---|
| 2. List ALL the people who will live in the apartment for which you are applying, starting with yourself (Self), and provide the following information. | | | | | | |
| <p>Disability: If a household member has an ongoing mobility (M), hearing (H), or visual (V) disability and requires an accessible/adaptable unit, please check the relevant box. If selected for further processing, you will be sent a form that you and a medical professional will need to immediately complete and send back. The certification of disability is to verify that your household requires an accessible or adaptable apartment. The form can be used for any other future applications for a period of up to 12 months.</p> | | | | | | |
| First, Middle Initial & Last Name, Suffix | Relationship to Applicant | Birth Date MM/DD/YY | Full Time Student? (Yes/No) | Disability? | | |
| | Self | | | M | V | H |
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3. Do you have any pets?

Yes

What kind(s)? _____

No



C. Income and Assets

1A. Are you or any members of your household employed?

- Yes
- No (skip to next section)

If **yes**: For any job that is not self-employed, list the amount you make before taxes (Gross Income). For self-employed individuals, use the amount you make after deductions (Net Income). If your application is selected for further processing, you will be contacted with a list of documentation that you will need to provide.

| List all full and/or part time employment income for ALL Household Members, including yourself. Paystubs, tax returns, and W2s or 1099s will be required for each employment source. | | | | | | |
|--|-------------------------|----------------------|-----|------------------|--|---------------|
| Household Member | Employer Name & Address | Length of Employment | | Amount Paid (\$) | How Often? (Ex: weekly, bi-weekly, monthly, annually) | Annual Income |
| | | Yrs. | Mos | | | |
| Self | | | | | | |
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1A. TOTAL ANNUAL INCOME FROM EMPLOYMENT AND SELF-EMPLOYMENT (add all amounts from “Annual Income” column in this table):

2A. Income from Other Sources

Do you or any members of your household receive other income? For example, public assistance, AFDC, Social Security, SSI, pension, workers’ compensation, unemployment compensation, interest income, alimony, child support, annuities, Armed Forces Reserves, scholarships and/or grants, gift income, etc.

- Yes**
- No (skip to next section)**

List all other income sources for each household member. **You will have to provide award letters or other documentation to support these income sources.**

| Household Member | Type of Income (PA, AFDC, SSI ETC.) | Amount Paid (\$) | How Often? (Ex: weekly, bi-weekly, monthly, annually) | Annual Income |
|------------------|-------------------------------------|------------------|---|---------------|
| Self | | | | |
| | | | | |
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2A. TOTAL ANNUAL INCOME FROM OTHER SOURCES (add all amounts from “Annual Income” column in this table):

TOTAL ANNUAL HOUSEHOLD INCOME

Add together the total annual income amounts from **1A** and **2A**, above:



Assets

| Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc. EBT accounts do <u>not</u> count as an asset. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|--------------------------|---|------------|
| If "yes," please indicate assets for each household member: | | | |
| Household Member | Type of Asset or Account | Bank/Institution | Cash Value |
| Self | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

If your assets total less than \$5,000 – you will have to sign a self-certification for these documents. If your assets total over \$5,000 – you will have to provide 6 months of bank statements for your checking accounts and 1 bank statement for savings and other accounts.

D. Signatures (Required for All Household Members 18 and over)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (We) have not withheld, falsified, or otherwise misrepresented any information. I (We) fully understand that any and all information I (we) provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I (WE) DECLARE THAT NEITHER I (WE), NOR ANY MEMBER OF MY (OUR) IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signature

Date

Signature

Date



Signature

Date

Signature

Date

Signature

Date