



Founded 1973
 Old bricks
 Faith in people
 Preserving community

Apartment Application

Rent Stabilized Apartments

Bldg: West 51st & 52nd Street – Studios

| |
|------------------------|
| OFFICE USE ONLY |
| APPLICATION # _____ |
| DATE RECEIVED _____ |
| DATE RETURNED _____ |

Instructions:

1. Please fill out **ALL** of the requested information.
2. **Do NOT give any payment or fee to anyone in connection with the preparation or filing of this application.**
3. Mail only **ONE (1) application per household**. Submission of more than one application will automatically disqualify the applicant. Return this application by **REGULAR MAIL ONLY**. Do not send by registered or certified mail.
4. The completed application must be postmarked **NO LATER THAN Monday, November 15, 2021**. Applications postmarked after this date will not be accepted.

**CLINTON HOUSING DEVELOPMENT COMPANY, INC.
 300 WEST 46TH STREET
 NEW YORK, NY 10036**

A. YOUR NAME AND ADDRESS

| | | | | | | | |
|-----------|-------|------------|------------|------------|-----|----------------------|--|
| LAST NAME | | FIRST NAME | | M.I. | AGE | BIRTH DATE (D/MM/YY) | |
| ADDRESS | | | APT NO. | HOME PHONE | | WORK PHONE | |
| CITY | STATE | ZIP CODE | OCCUPATION | | | | |

- **Have you lived in the Clinton Area, and if so, since when?**

B. HOUSEHOLD INFORMATION: List all persons, **including yourself** who will also occupy the unit for which you are applying.

| FULL NAME | RELATIONSHIP TO APPLICANT | BIRTH DATE DAY/MONTH/YEAR | AGE | SEX M/F | SOC. SEC. # | OCCUPATION WRITE 'IN SCHOOL' IF ATTENDING SCHOOL |
|-----------|---------------------------|---------------------------|-----|---------|-------------|--|
| | | | | | | |
| | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |

• Do you have pets? [] Yes [] No If yes how many and what kind? _____

C. **EMPLOYMENT INCOME:** List all full and/or part time employment for all household members including yourself. Include self employed earnings.

| HOUSEHOLD MEMBER | SOC. SEC.# | EMPLOYER'S NAME, ADDRESS, PHONE NO. | POSITION SUPERVISOR'S NAME | YEARS EMPLOYE D | GROSS ANNUAL EARNINGS |
|-------------------------------|------------|--|-------------------------------|-----------------------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Household Income | | | | Subtotal (a) | \$ |

OTHER INCOME: List all other income: public assistance, including housing allowance, Section 8, Social Security, S.S.I, pension, disability, unemployment compensation, interest income, alimony, child support, annuities, dividends income from rental property, Armed Forces Reserves, scholarships and/or grants.

| HOUSEHOLD MEMBER | TYPE OF INCOME | REFERENCE NO. | GROSS ANNUAL EARNINGS |
|-------------------------------|----------------|---------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Household Income | | | Subtotal (b) |
| | | | \$ |

Add subtotal (a) and (b) above to indicate the Total Gross income earned for the past year.

TOTAL ANNUAL HOUSEHOLD INCOME

\$

D. ASSETS: List assets for each household member e.g. checking accts. savings accts, CD, IRA accts.

| HOUSEHOLD MEMBER | TYPE OF ASSET | ACCT.# | BALANCE | FINANCIAL INSTITUTION | ADDRESS |
|------------------|---------------|--------|---------|-----------------------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

E. CURRENT & PRIOR RESIDENCE

| | | | | |
|------------------------------|--|---------------|--------------------|----------|
| CURRENT OWNER'S NAME | | FOR HOW LONG? | LANDLORD'S PHONE # | |
| STREET ADDRESS & APARTMENT # | | CITY | STATE | ZIP CODE |
| TOTAL RENT PER MONTH | | | | |
| PREVIOUS OWNER'S NAME | | FOR HOW LONG? | LANDLORD'S PHONE # | |
| STREET ADDRESS & APARTMENT # | | CITY | STATE | ZIP CODE |

F. REASONS FOR MOVING: Please check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Bad housing conditions | <input type="checkbox"/> Living with parents/guardian | <input type="checkbox"/> Overcrowded |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> Living with relatives | <input type="checkbox"/> Rent too high |
| <input type="checkbox"/> Living in a shelter or on the street | <input type="checkbox"/> Neighborhood dangerous | <input type="checkbox"/> Other _____ |

G. REFERENCES: List two people you know below. Do not list relatives.

| |
|----------------------------|
| NAME, ADDRESS, AND PHONE # |
| NAME, ADDRESS, AND PHONE # |

H. BACKGROUND INFORMATION: Community Involvement: Have you ever been a volunteer, a member of a tenant block or civic association? How have you contributed?

| |
|--|
| |
| |
| |
| |

I. SOURCE OF INFORMATION: How did you hear about these apartments?

- NEWSPAPER LOCAL ORGANIZATION CHDC TENANT REFERRAL CHDC OFFICE
- APARTMENT BROCHURE SIGN POSTED ON BUILDING FRIEND OTHER: _____

J. ETHNIC IDENTIFICATION: (TO BE USED FOR STATISTICAL PURPOSES ONLY) THIS INFORMATION IS OPTIONAL AND WILL NOT AFFECT THE PROCESSING OF YOUR APPLICATION. PLEASE CHECK ALL THAT APPLY:

- AFRICAN-AMERICAN AMERICAN INDIAN OR ALASKAN ASIAN OR PACIFIC ISLANDER
- HISPANIC WHITE (NON-HISPANIC ORIGIN) OTHER

K. THE UNDERSIGNED HEREBY AUTHORIZE CLINTON HOUSING DEVELOPMENT COMPANY TO OBTAIN A CONSUMER CREDIT REPORT, TO CONDUCT A CRIMINAL RECORD SEARCH, AN EVICTION SEARCH AND TO MAKE ANY OTHER INQUIRIES AS DEEMED NECESSARY IN DETERMINING ELIGIBILITY FOR TENANCY AND ASSESSING CREDIT WORTHINESS. I UNDERSTAND THAT IF SELECTED THE INFORMATION SET OUT IN THE RENTAL APPLICATION FORM MAY BE USED FOR PURPOSES COLLECTION PURPOSES SHOULD RENT BE LEFT OWING OR RENTAL PROPERTY DAMAGED AT TERMINATION OF LEASE OR END OF TENANCY. I HAVE ALSO RECEIVED A COPY OF THE FCRA SUMMARY OF RIGHTS AND UNDERSTAND ITS CONTENTS.

L. SIGNATURE

I declare that the statements contained in this application are true and complete to the best of my knowledge.

Signature

Date

Co Applicant Signature

Date

Co Applicant Signature

Date