

Castle Gardens
ORIGINAL
625 West 140th Street
New York, New York

APPLICATION FOR APARTMENT - Instructions

1. Complete only one (1) application per family. **You will be disqualified if more than one application per family is received.**
2. When completed, this application must be returned by **regular mail or facsimile.**
4. Mail completed application to:

*******Castle Gardens*******
c/o 1735 Park Avenue, Suite 300
New York, NY 10035
FAX: 212-348-3670
5. No payment should be given to anyone in connection with the preparation or filing of this application.
6. This information is to be filled out by the APPLICANT.

A. Name and Address

Name _____

Current Address _____ (Number, street, apt.#)
 _____ (City, State, Zip)

Home Phone No. (____) _____ Cell Phone No.(____) _____

Work Phone No.(____) _____

B. Household Information

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

List all of the people WHO WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING, starting with yourself, and provide the following information. Add additional pages if necessary.

| Full Name | Relationship to applicant | Date of Birth | Age | Sex | Occupation If in school write Full Time Student (F/T) or Part Time Student (P/T) |
|-----------|---------------------------|---------------|-------|-------|---|
| 1. _____ | SELF | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ | _____ |

Are you or a member of your household disabled? [] Yes [] No
 If yes, would you describe disability as [] mobility impairment [] visual impairment [] hearing impairment?
 If checked either mobility impairment, visual or hearing impairment, do you or a member of your household require special accommodation? []Yes [] No

If Yes, please specify the special accommodation required: _____

C. Income from Employment

List all full and/or part-time employment for ALL HOUSEHOLD MEMBERS including yourself WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employed earnings.

| HOUSEHOLD MEMBER | Name & Address of Employer | Years Employed | Gross Earnings (WK/YR) |
|------------------|----------------------------|----------------|------------------------|
| 1. _____ | _____ | _____ | \$ _____ |
| 2. _____ | _____ | _____ | \$ _____ |
| 3. _____ | _____ | _____ | \$ _____ |
| 4. _____ | _____ | _____ | \$ _____ |
| 5. _____ | _____ | _____ | \$ _____ |
| 6. _____ | _____ | _____ | \$ _____ |

D. Income from Other Sources

List all other income, for example, welfare (including housing allowance), AFDC, Social Security, S.S.I., pension, disability compensation, unemployment compensation, Interest Income, babysitting, caretaking, alimony, child support, annuities, dividends, Income from rental property, Armed Forces Reserves, scholarships, and/or grants.

| HOUSEHOLD MEMBER | Type of Income | Amount |
|------------------|----------------|--------------------|
| 1. _____ | _____ | \$ _____ Per _____ |
| 2. _____ | _____ | \$ _____ Per _____ |
| 3. _____ | _____ | \$ _____ Per _____ |
| 4. _____ | _____ | \$ _____ Per _____ |

E. Total Annual Household Income

Add all income listed above and indicate the total earned for the year: \$ _____ .00 per year

F. Current Landlord

Landlord's name _____
 (If you are living in a public housing project, write "NYCHA." If you are living in a City-owned ("In Rem") building, write "HPD.")

Landlord's Address: _____ (Number, street, apt. #)
 _____ (City, State, ZIP)

Landlord's Phone No. (____) _____

G. Current Rent

What is the total rent on the apartment where you currently live or are staying temporarily? \$ _____ .00 per month.
 How much do you contribute to the total rent on the apartment? (If you do not contribute anything, write "0"). \$ _____ .00 per month

H. Reason for Moving

Why are you moving? Check all that apply:

- Living with parents
- Not enough space
- Living in shelter or on the streets
- Bad housing conditions
- Current apartment not suitable for Persons w/disabilities
- Do not like neighborhood
- Living with relatives or another family
- Rent too high
- Increase in family size(marriage, birth)
- Health Reasons
- Other _____

I. Section 8 Housing Assistance

Are you presently receiving section 8 housing certificate or voucher? Yes No
 (Please check yes or no. This information will not affect the processing of this application).

J. Assets

Checking/Bank or Branch-_____

Passbook Savings/Bank or Branch -_____

Certificates of Deposit /Bank or Branch -_____

IRA/401K, Trust Account, Mutual Funds -_____

K. Source of information

| | |
|--|--|
| How did you hear about this development? | <input type="checkbox"/> Website/internet |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Sign Posted on Building |
| <input type="checkbox"/> Local Organization/Church | <input type="checkbox"/> Friend |
| <input type="checkbox"/> A City "affordable housing" hotline listing new ads for the month | <input type="checkbox"/> Other _____ |

L. 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 best identifies the applicant.

| | |
|--|--|
| <input type="checkbox"/> White (non Hispanic origin) | <input type="checkbox"/> Black (non Hispanic origin) |
| <input type="checkbox"/> Hispanic origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other: _____ |

M. Signature

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. **I fully understand that any and all information I 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 understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I/We have read the cover letter from The Fortune Society and are aware of the mixed use of this building.

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY ARE EMPLOYED BY THE BUILDING OWNERS OR ITS PRINCIPALS.

Signature: _____ Date: _____

Credit Authorization

I/We hereby authorize the management/developer to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references herein listed or statements or other data obtained from me or from any person pertaining to my employment history credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the owner/agent listed above in support of this application have been advised that I have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Date: _____

Signature _____ Date: _____

