



# Crown Heights Apartments LLC

Log # \_\_\_\_\_

## INSTRUCTIONS

1. **Mail only one (1) original application per household.** You may only be a household member on one application. You will be disqualified if you submit more than one application or a photocopy of an application.
2. You must provide Social Security or Individual Tax Identification Numbers for all adult members of the household and all adult members of the household must sign the certification on the last page of the application. If you fail to do these things, your application will be disqualified.
3. **No payment or fee should be given to anyone** in connection with the preparation or filing of this application for housing, and no broker's fee should be given to receive an apartment.
4. **When completed, mail application in the pre-addressed envelope by regular mail only;** do not send by registered or certified mail, Fed Ex or UPS.
5. **Mail Completed Applications to:**

Crown Heights Apartments LLC  
c/o Wavcrest Management  
87-14 116th Street  
Richmond Hill, NY 11418

## SECTION A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Street                      Apt. #                      City                      State                      Zip

Mailing Address, if different: \_\_\_\_\_

Street                      Apt. #                      City                      State                      Zip

Phone No: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

In current unit: Number of bedrooms \_\_\_\_\_ Number of persons living there? \_\_\_\_\_

In apartment applying for: How many persons, including yourself, will live there? \_\_\_\_\_

Briefly describe your reasons for moving: \_\_\_\_\_

How did you hear about the Prospect Avenue Apartments development? \_\_\_\_\_

**In case of emergency, notify:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

## SECTION B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment you are applying for. Include all persons for whom this unit will be a permanent residence/address. List the head of household first.

Name	Relationship to Head	Sex (M/F)	Age	Birth Date	Last four digits of Social Security (or Tax I.D.) Number	Occupation (If in school, write "student")
	<b>Head</b>					

Do you anticipate any additions to the household in the next twelve months?  Yes  No

If yes, explain \_\_\_\_\_

Check if you or any member of your household has a disability:  Mobility  Visual  Hearing

Describe any special accommodation needed in your residence if you or any member of your household is disabled \_\_\_\_\_

\_\_\_\_\_

Have ALL of the household members (both adults and children) been full-time students during five calendar months or more of last year or will they be full-time student this year?  Yes  No **If Yes, answer the following questions:**

(1) Is the household comprised of a single parent and children, none of whom are dependents on the tax return of someone outside the household?  Yes  No; (2) Are all adult members of the household married and have they filed a joint tax return for the most recent tax year?  Yes  No; (3) Does any member of the household receive AFDC or TANF?  Yes  No; (4) Is any member of the household enrolled in a Federal, State or local job training program?  Yes  No; (5) Has any member of the household ever been a foster child or in the foster care system?  Yes  No.

**SECTION C. INCOME**

List below ALL current sources of income for ALL HOUSEHOLD MEMBERS, including yourself, listed in Section B. "Household Composition".

**EMPLOYMENT INCOME**

Is anyone on the household a Municipal Employee for the City of New York?  Yes  No

Include all full-time, part-time and self-employment income. (\*Business income must reflect the amount that would be reported on IRS Form 1040, Line 12 and Schedule C, line 31)

Household Member Name	Name & Address of Employer	How Long Employed (From/To)	Status F=Full-Time P=Part-Time S=Self-Employed	Gross Annual Earnings
1.				\$
2.				\$
3.				\$
4.				\$
<b>Total Gross Annual Employment Income =</b>				\$

**OTHER INCOME**

Include gross periodic payments from: public assistance (including housing allowance), AFDC, TANF, unemployment, disability, veteran's, social security, SSI, alimony, child support, annuities, pensions, retirement funds, insurance policies, and other regular income. Also, include interest, dividends, net rental income and other income from assets listed in Section D. "Assets".

Household Member Name	Source of Income	Gross Amount		Period Received Weekly, Bi-weekly, Semi-monthly, Monthly, Quarterly	Annual Gross Amount
		\$	per		\$
		\$	per		\$
		\$	per		\$
		\$	per		\$
<b>Total Gross Annual "Other Income" =</b>					\$
<b>TOTAL GROSS ANNUAL INCOME: ("Employment" PLUS "Other Income")</b>					\$

Do you or any household member anticipate any changes in income in the next 12 months?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_



## SECTION E. ADDITIONAL INFORMATION

### RESIDENCE HISTORY (FIVE YEARS)

Starting with your current address, list in order all addresses where you have lived for the past five years.

Address	Dates (From/To)	Name* & Address of Landlord

Current monthly rent or mortgage payment amount: \$ \_\_\_\_\_ Your contribution: \$ \_\_\_\_\_

Check utilities paid by you:       Heat             Electricity             Gas             Other (specify) \_\_\_\_\_

Are you presently receiving a tenant-based Section 8 Housing Voucher or Certificate?       Yes     No

Do you or any household member have any pets?       Yes     No, if Yes, type? \_\_\_\_\_

PLEASE CHECK THE GROUP WHICH BEST DESCRIBES THE HEAD OF HOUSEHOLD:

- |  |  |
|--|--|
| <input type="checkbox"/> White (Non-Hispanic origin)                     | <input type="checkbox"/> American Indian or Alaskan native |
| <input type="checkbox"/> Black or African American (Non-Hispanic origin) | <input type="checkbox"/> Asian or Pacific Islander         |
| <input type="checkbox"/> Hispanic or Latino origin                       | <input type="checkbox"/> Other                             |

(This information is used only for statistical purposes and is optional.)

### CERTIFICATION

**I/We certify that this will be my/our primary residence. I/We understand that eligibility for housing will be based on applicable income limits and management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, that I/We have revealed all income and assets, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. Misleading or incomplete information is also grounds for rejection of an application.**

**In addition, I/We authorize a credit investigation firm retained by the owner to conduct inquiries concerning my/our income, credit history, residence, banking relationships, household composition, character and reputation to determine and verify my/our eligibility for an apartment pursuant to this application. My/Our signature here is consent to obtain such verification.**

SIGNATURE(S): All adult applicants, 18 or older, must sign application.

(Signature of Tenant)	Date	(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date	(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date	(Signature of Co-Tenant)	Date