



SOUTH BRONX OVERALL ECONOMIC DEVELOPMENT CORPORATION

Dear Applicant,

Thank you for requesting an application for an apartment. Enclosed please find an application package. Your application will be retained for a period of 2 years from receipt.

Please read the application *carefully*, complete every section, and date where indicated. Mail the **completed** application to our office, to the attention of "***Apt. Application Submission***", at the address below.

When an apartment becomes available you will be asked to come to the office for an interview. At that time, you will be required to bring the (applicable) documents listed on 'Page 3'. Any required documentation is for everyone listed on the application, including children. For further information, please contact **718-292-3113**.

Sincerely,
Property Management
South Bronx Overall Economic Development Corporation

The completed application must be returned to the following address:

**SoBRO Property Management Dept.
Attn: Apt. Appl. Submission
555 Bergen Avenue, 3rd floor
Bronx, New York 10455**

*****NOTE:** *There is **NO PRIORITY STATUS** for Applicants. Applications are Logged either by the date the application is signed, or by the "Postmark Date" on the envelope (if mailed).*

*****No Additional Documents are Required with your Application*****

- ✓ **Do not send money with your application.**
- ✓ **Do not mail or bring ANY documents until you are called for an interview.**
- ✓ **Do not call for "Status Updates"; You Will ONLY be Contacted if the Information on your Application matches the criteria of an Available Unit.**



APPLICATION INFORMATION

Please be sure to read this in its entirety before signing and dating these documents.

- Please note that there are *no apartments available on an immediate basis*. This application is to secure an apartment request. When an apartment becomes available, which will accommodate your family size and income has been met, we will contact you for an interview.

- By submitting and signing the application you:
 - Certify that all Statements and/or questions in this application are true and correct and that all false statements and/or answers to questions noted during the required background investigation will cause this application to be rejected.

 - Authorize SoBRO and their agents and investigators to verify all statements in this application. Contacts with employers, former and or current landlords, credit bureaus and government agencies will verify this application.

 - Any decision to reject this application is FINAL; if you have further information which will assist in overturning the decision, you may request a formal appeal in writing.



REQUIRED DOCUMENTS

When an interview has been scheduled with you, the following documentation will be required and must be submitted for you and each person listed on your application.

- Copy of the W-2 form and entire Federal and New York State tax return form for the most current year.
- If self employed, a letter from your CPA on his/her letterhead stating current estimated earnings and Federal Form 1040, schedule C. (For the last three (3) years)
- Verification of employment for each adult listed on the application. This must be submitted on employer's letterhead and signed by the appropriate department head. The verification should indicate date of hire, current position and current salary.
- Last six (6) consecutive pay stubs.
- Current Social Security Award Letter.
- Copy of Pension or Veteran's award, most recent year's bank interest and dividend form 1099.
- Budget letter (if received AFDC).
- Proof of child support.
- Documentation of all income from any other source.
- Last six (6) consecutive bank statements (all pages).
- Proof of any other assets (bankbook, CD, Stocks, Bonds, Equity in Real Property, etc).
- Copy of picture identification for each adult listed on the application, i.e. driver's license, passport, valid immigration naturalization status (INS) card.
- Copy of birth certificate for each person listed on the application.
- Copy of social security card for each person listed on the application.
- For each child listed over the age of five (5) please submit a letter from the current school stating that he/she attends the school full or part-time (Pre-K through College).
- Section 8 voucher, certificate, and complete transfer package (if applicable).
- Current lease agreement or letter from landlord indicating your status in their property.
- Last six (6) rent receipts or cancelled checks.
- Last two (2) utility bills (telephone and/or Con Edison).



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Application for Apartment

Instructions:

1. Mail 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 only, do not send by registered or certified mail.
3. Mail completed application to: **SoBRO**
Attn: Apartment Application Submission
555 Bergen Avenue, 3rd floor
Bronx, New York 10455
4. No payment or fee should be given to anyone in connection with the preparation or filling of this application for housing.
5. This information is to be filled out by the applicant.

A. Name and Address

Name: _____

Current Address: _____ (Number, Street, Apt. #)

_____ (City, State, Zip Code)

Home Phone No. () _____ Work Phone No. () _____

How long have you been living at this address? _____ Years _____ Months

If less than two (2) years, prior address: _____ (Number, Street, Apt. #)

_____ (City, State, Zip Code)

B. Income and 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	How Long Employed	Gross Earnings
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____



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I. 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	Birth Date	Age	Sex (M/F)	Social Security Number	Occupation (write "in school" if attending school)
1. _____	<u>Self</u>	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____

*Are you or a member of your household disabled? Yes No

If "yes", would you describe the disability as:

visual impairment? mobility impairment? hearing impairment?

If you checked either mobility impairment, or hearing impairment, do you or a member of your household require a special accommodation? Yes No

If "yes", please place a check mark on the outside of your envelope, and please specify the special accommodations required:

J. Assets

Financial / Savings Information

	Bank / Branch Address	Account Number
Checking Accounts:	_____	_____
	_____	_____
Passbook Savings:	_____	_____
	_____	_____
Savings Certificates:	_____	_____
	_____	_____



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C. Income from Other Sources

List all other income, for example, Public Assistance (including household allowance), AFDC, Social Security, S.S.I., pension, disability compensation, unemployment compensation, interest income, baby-sitting, care taking, 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 _____
5. _____	_____	\$ _____	Per _____
6. _____	_____	\$ _____	Per _____

D. Total Annual Household Income

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

E. 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 Code)

Office Phone No. () _____ Fax No. () _____

F. 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

G. Reason for Moving

Why are you moving? Check all that apply:

- Living with parents
- Not enough room
- Living in a shelter
- Bad housing conditions
- Current apartment not suitable for persons with disabilities
- Do not like neighborhood
- Living with relatives or another family
- Rent too high
- Increase in family size (marriage, birth)
- Other: _____

H. Section 8 Housing Assistance

Are you presently receiving a Section 8 Housing Certificate or Voucher? Yes No
(Please check "Yes" or "No", This information will not affect the processing of the application)



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K. Source of Information

How did you hear about this development?

- Newspaper
- Local Organization or Church
- A City "affordable housing" hotline listing new ads for the month
- Sign posted on Building
- Friend
- 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.

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

M. Signature

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I/We hereby consent South Bronx Overall Economic Development Corporation (SoBRO) to obtain my/our Consumer Reports including, but not limited to: credit profile, housing court history and criminal background and other reports deemed necessary to process this application and in the future to ensure compliance with regulations and the lease; or in the event of a default of the lease. I/We agree to hold harmless South Bronx Overall Economic Development Corporation (SoBRO) and its affiliates for any harm which may arise from this investigation.

Signature _____ Date _____

_____ Date _____

_____ Date _____

