

## Apartment Application

Please submit copies of the following documents along with your application

1. Last two(2) Tax Returns and W-2 Forms
2. Three(3) recent Paystubs
3. Employment Letter (Salary, Occupation, Years at work)
4. Any other available Income Information
5. Three(3) Months of recent Bank Statements
6. Current Lease
7. Last Four(4) Rent Receipts or Canceled Checks
8. Recent Con Edison and Telephone Bills
9. Social Security Card(s)
10. Picture ID(s)[Driver's License, Non-Driver ID, School ID, Passport, etc.]
11. If attending school, School Letter or Report Card
12. Children Birth Certificate
13. Non-Refundable Credit Check Fee \$20.00 (Money Order Only) Per Adult

**Please do not send original documents**

## **Instructions**

1. Please submit only one(1) application per family. You may submit online or mail to: New Start Group Inc

1469 Bedford Avenue Brooklyn,  
NY 11216

2. Each application received will be recorded. Since so many families/elderly need housing, this development may not be able to house all who are eligible. Each applicant will be contacted regarding the status of his or her application.
3. **No payment or fees should be given to anyone in connection with preparation, filing or processing of this application for housing**
4. **The following information is to be filled out by the applicant**

a. Name:		
E-mail Address:		
Street Address:	Apartment:	
City:	State:	Zip:
Home Phone:	Work Phone:	
Social Security Number:		
Name/Address/Telephone of present landlord/managing agent:		
Type of Unit desired(Studio/1Bed/2Bed/3Bed):		
How many people are in your household?		
How long have you lived at this address?		
Name/Address of prior landlord:		

List all persons who will live with you in the unit for which you are applying:

<u>Full Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>	<u>Attending School?</u>
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1.	Occupation:	Social Security No:
2.	Occupation:	Social Security No:
3.	Occupation:	Social Security No:
4.	Occupation:	Social Security No:
	Occupation:	Social Security No:

**Special Accommodations:**

Do you or a member of your family require special accommodation in your residence do to mobility, visual or hearing disability?

If "Yes", please specify:

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B. Income: List all full and/or part time employment for all household members, including selfemployed earnings.

<u>Name</u>	<u>Name &amp; Address of Employer</u>	<u>Gross pay</u>
1.		\$ Per
2.		\$ Per
3.		\$ Per
4.		\$ Per

Other Sources of Income: (Examples: Welfare(including housing allowance) social security, AFDC SSI, disability compensation, unemployment compensation, babysitting, care taking, alimony, child support, annuities, dividends, Armed forces Reserves, scholarships and/or grants)

<u>Household Member</u>	<u>Type of Income</u>	<u>Amount</u>
		\$ Per
		\$ Per
		\$ Per

	\$	Per
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C. Assets: For Each household member indicate:

	<u>Bank</u>	<u>Account No.</u>	<u>Current Balance</u>			
1.	<table border="1"><tr><td>a. Checking Accounts:</td></tr><tr><td>b. Passbook Savings:</td></tr><tr><td>c. Savings Certificates:</td></tr></table>			a. Checking Accounts:	b. Passbook Savings:	c. Savings Certificates:
a. Checking Accounts:						
b. Passbook Savings:						
c. Savings Certificates:						
2. Stocks, Bonds, Treasury Bills, Certificate of Deposit, Money Market Funds(value)	<table border="1"><tr><td>\$</td></tr></table>			\$		
\$						
3. U.S. Savings Bonds (value)	<table border="1"><tr><td>\$</td></tr></table>			\$		
\$						
4. Trusts Value	<table border="1"><tr><td>\$</td></tr><tr><td>Monthly Income:</td></tr></table>			\$	Monthly Income:	
\$						
Monthly Income:						
5. IRA or Keogh Accounts(value)	<table border="1"><tr><td></td></tr></table>					
6. Retirements and Pension Funds Value	<table border="1"><tr><td></td></tr><tr><td>Monthly Income</td></tr></table>				Monthly Income	
Monthly Income						
7. Lump Sum Receipts(e.g. lottery inheritance, insurance payments) 8.	<table border="1"><tr><td></td></tr></table>					
Investment Property(e.g. Jewelry, antiques)	<table border="1"><tr><td></td></tr></table>					

Do you own Real Estate?

If "Yes", state the value.

\$
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State any Monthly Income

\$
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D. General

How did you hear about us?

1. Sign posted on Building
2. Newspaper
3. Local Organization
4. Friend
5. Zillow
6. Search Engine

Please do not mail in more than one application per family. **If more than one is received, all applications will be placed at the end of the list.**

The following information is required for statistical purposes so that we may determine the degree of program utilization. This information must be completed. **It will not affect the processing of this application.**

Racial Group Identification(Used for statistical purposes only) Please check all of which apply which identifies the **head of the household**.

White/Non-Hispanic Origin

Black/Non-Hispanic Origin

Hispanic

American Indian/Alaskan Native

Asian Pacific Islander

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY ARE EMPLOYED BY THE NEW YORK CITY HOUSING DEVELOPMENT CORPORATION OR ITS SUBSIDIARIES OR THE OWNER OR ITS PRICIPALS.

WARNING: WILLFUL FALSE, MISLEADING OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS SIGNATURE:

DATE