

Putnam Gardens II
3800 Putnam Avenue, Bronx, NY 10463

APPLICATION FOR APARTMENT

Thank you for contacting us. Please read the instructions very carefully so that your application can be processed in a timely manner.

1. Mail only **(1)** application per family by **regular mail only**. (Do **not** send by registered, certified mail or Fed-Ex.) The completed application must be received by **July 19, 2005**. Applications received after this date will be set aside for future consideration. Mail completed application to:

Putnam Gardens II
Caller Box # 2100 -- Kingsbridge Station
Bronx, NY 10463

2. Each application received will be recorded. Since so many families/elderly need housing, this development will not be able to accommodate all who are eligible. Each applicant will be contacted regarding the status of his/her application.
3. No payment or fee should be given to anyone in connection with the preparation, filing or processing of this application for housing. **Credit Check Fee of \$50 may be charged during the application processing.**
4. Family income requirement for a **one (1) bedroom apartment is \$36,200 - \$89,040 per yr.** Apartment rental is **\$905 to \$1060**.
Family income requirement for a **two (2) bedroom apartment is \$47,000 - \$120,000 per yr.** Apartment rental is **\$1175 to \$1250**
5. This application must be filled out by the applicant. **Certification on the last page of this application must be signed and dated.**

A. Name _____

Street Address: _____ Apt. No.: _____

City: _____, State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Social Security Number: _____

Name/address/telephone number of present landlord/managing agent: _____

How many persons 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 to Applicant</u>	<u>Birth Date</u>	<u>M/F Age</u>	<u>Sex</u>	<u>(Check if Attending School)</u>
1.	_____					
	Occupation: _____					Social Security No.: _____
2.	_____					
	Occupation: _____					Social Security No.: _____
3.	_____					
	Occupation: _____					Social Security No.: _____
4.	_____					
	Occupation: _____					Social Security No.: _____
5.	_____					
	Occupation: _____					Social Security No.: _____

SPECIAL ACCOMMODATIONS:

Do you or a member of your family require a special accommodation in your residence due to a mobility, visual or hearing disability? YES NO

If "YES", please specify _____

B. INCOME: List all full and/or part time employment for all household members. **Include self-employment earnings and gratuities All income must be verified.**

<u>Household Member</u>	<u>Name & Address of Employer</u>	<u>Length of Employment</u>	<u>Gross Earning</u>
1) _____	_____	_____	\$ _____ Per _____

2) _____	_____	_____	\$ _____ Per _____

3) _____	_____	_____	\$ _____ Per _____

OTHER SOURCES OF INCOME: (Example: Welfare (including housing allowance), social Security, A.F.D.C., disability 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 _____

C. ASSETS: For **each** household member indicate:

	<u>Bank</u>	<u>Account No.</u>	<u>Current Balance</u>
1. a. Checking Accounts:	_____	_____	_____
b. Passbook Savings:	_____	_____	_____
c. Savings Certificates:	_____	_____	_____
2. Stocks, Bonds, Treasury bills, Certificates of Deposit, Money Market Funds (Value)	\$ _____		
3. U.S. Savings Bonds (value)	\$ _____		
4. Trusts Value	\$ _____		
Monthly Income	\$ _____		
5. IRA or Keogh Accounts (value)	\$ _____		
6. Retirement and pension Funds Value	\$ _____		
Monthly Income	\$ _____		
7. Lump Sum Receipts (e.g. lottery, inheritance, insurance payments)	\$ _____		
8. Investment Property (e.g. jewelry, antiques)	\$ _____		

Do you **NOW** own Real Estate? YES NO

If "YES", state the value. \$ _____

State any Monthly Income. \$ _____

Have you **EVER** owned Real Estate? YES NO

If "YES", When? _____

D. GENERAL

How did you hear about this development? (Please check one)

- 1. Sign Posted on Building
 - 2. Newspaper
 - 3. Local Organization or House of Worship
 - 4. Friend
 - 5. Housing List
 - 6. Other _____
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PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. IF MORE THAN ONE APPLICATION IS RECEIVED, ALL APPLICATIONS WILL BE PLACED AT THE END OF THE LIST.

The following information is optional for **statistical purposes** so that we may determine the degree of program utilization. **IT WILL NOT AFFECT THE PROCESSING OF THIS APPLICATION.**

RACIAL GROUP IDENTIFICATION (Used for statistical purposes only). Please check one group which identifies the **head of household:**

- White/Non-Hispanic Origin
- Black/Non-Hispanic Origin
- Hispanic
- American Indian/Alaska 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 PRINCIPALS.

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

SIGNATURE _____ **DATE:** _____