

FREE APPLICATION FOR APARTMENT-

No broker's or application fee should be paid to anyone regarding these applications.

No payment should be given to anyone in connection with the preparation or filing of this application.



Instructions:

Mail completed application to:

**Quincy Senior Residence
C/O The Wavecrest Management Team
8714 116th Street, Richmond Hill, NY 11418**

This information to be filled out by the Applicant:

A. Name and Address

Name: _____
Current Street Address: _____
City, State, Zip Code: _____
Home Telephone/Cell Phone: _____
Work Phone: _____
How long have you lived at this address? _____ Years _____ Months

B. 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-employment earnings.

HOUSEHOLD MEMBER	Name and Address of Employer	Years Employed	Gross Earnings
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

C. Income from Other Sources

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

HOUSEHOLD MEMBER	Type of Income	Amount
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

D. Total Annual Household Income

Add All Income Listed Above and Indicate the Total Earned for the Year \$ _____ per year

E. Current Landlord

Landlord's Name _____
(If you live in a public housing project enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD")

Landlord's Address _____
Landlord's Phone Number _____

F. Current Rent

What is the total rent on the apartment where you currently live or temporarily staying? \$ _____ monthly
How much do you contribute to the total rent of the apartment? If nothing write "0" \$ _____ monthly

G. Reason for Moving

Why are you moving? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Do not like neighborhood |
| <input type="checkbox"/> Not enough space | <input type="checkbox"/> Living with relatives/other family members |
| <input type="checkbox"/> Living in shelter or on the streets | <input type="checkbox"/> Rent too high |
| <input type="checkbox"/> Bad housing conditions | <input type="checkbox"/> Increase in family size (marriage, birth) |
| <input type="checkbox"/> Health Reasons | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Disability access problems | |

H. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certificate? Yes No
Please check Yes or No. This information will not affect the processing of the application.

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	Relation to Applicant	Birth Date	Age	Sex	Occupation

Are you or any member of your household disabled? Yes No
If yes, would you describe the disability as mobility impairment? visual impairment? hearing impairment?
If you checked either mobility impairment, or visual impairment, or hearing impairment, do you or a member of your household require a special accommodation? Yes No
If yes, please specify the special accommodation required:

J. Assets

Checking Account/Bank or Branch _____
Passbook Savings/Bank or Branch _____
Savings Certificates/Bank or Branch _____

K. Source of Information

How did you hear about this development?

- | | |
|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Sign Posted on Property |
| <input type="checkbox"/> Local Organization or Church | <input type="checkbox"/> Friend |
| <input type="checkbox"/> City "affordable housing hotline" listing new ads for the month | <input type="checkbox"/> Web Site/Internet |
| <input type="checkbox"/> Other _____ | |
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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 that best identifies the applicant.

- | | |
|---|--|
| <input type="checkbox"/> White (non Hispanic origin) | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian/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. (All Adult household members who wish to reside in the unit must sign and date)

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____
