CMP Consultants Inc.

Dear Applicant:

Thank you for your interest in our apartments. Enclosed please find an application package. Please read the application carefully and complete every section.

Completed Application can be sent via mail to the address listed below, via fax to 516-792-6744 or via email to info@cmpconsultants.com. (If sent via fax or email, the original application is required when meeting a representative).

<u>Copies of the following proof of income must accompany the application</u> for every household member that applies to: These documents are required to calculate income for eligibility.

- Last Year Tax Return and W2 Forms
- Last Three Years Tax Returns if Self-Employed, Accountants Letter estimating NET Income
- Last six (6) Current Consecutive Pay Stubs
- Budget Letter (If receive AFDC)
- Section 8 Voucher (if presently receiving)
- Any other Income Documentation (SSI, SSA, Unemployment Benefits, Child Support, etc.) (for anyone listed on the application, including children)

When an apartment becomes available you will be asked to meet a representative for an interview. At that time you will be required to bring **copies** of the following documents, where applicable. This documentation is required for <u>everyone</u> listed on the application, including children. **Do not mail these following documents until you are called.**

- Last six (6) month's bank statements All pages (checking account)
- Bank Books or last month's statements for Savings, CD, Stocks, Bonds, Equity in real property, 401 K, any other retirement plan, whole/ universal life insurance, etc.
- Section 8 transfer landlord package (if presently receiving section 8)
- Current Lease (If no lease, letter from landlord indicating your status in their property)
- Last six (6) Rent Receipts or cancelled checks
- Last two (2) Telephone and/or Con Edison bills
- Birth Certificate, Social Security Card and Picture Id
- School Letter or Report cards (everyone attending school)

Please retain this letter for your records.

Thank you, Marketing Department



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CMP Consultants Inc.

RENTAL APPLICATION FOR APARTMENT

Desired Apt Size

____ Studio

1 Bedroom

2 Bedrooms

3 Bedrooms

- Location Desired (check one)
 - ____ Manhattan ____ Brooklyn
 - Bronx
- ____ Queens

Instructions:

- 1. Only one application per family.
- 2. Application must be filled out completely and accurately.
- 3. Application must be signed by all households' members 18 and over.

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

A. Name and Address	
Name	
Current Address	
City, State, Zip Code	
Home Telephone/Cell	Work Phone
Email	
How long have you lived at this address?Years	Months

B. 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 M/F	Occupation (Write "In School" if attending school)
	SELF				





C. 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 & Address of Employer	Yrs at Job	Gross Annual Earnings

D. 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
		\$	per
		\$	per

E. Total Annual Household Income

Add All Income Listed Above and Indicate the Total Earned for the Year \$	per year
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F. Current Landlord

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

Landlord's Address	
Landlord's Phone Number	

G.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

H.Reason for Moving

Why are you moving? Please check all that apply.

{ }Living with parents	{ }Do not like neighborhood
{ }Not enough space	{ }Living with relatives/other family members
{ }Living in shelter or on the streets	{ }Rent too high
{ }Bad housing conditions	{ }Increase in family size (marriage, birth)
{ }Health Reasons	{ }Other
{ }Disability access problems	





I. 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.

J. Assets	
Checking Account/Bank or Branch	
Savings Account/Bank or Branch	
CD's , Stocks, Bonds, Pension Plans	
Other (s):	
K.Source of Information	
How did you hear about this development?	
[] Newspaper	[] Sign Posted on Property
[] Local Organization or Church	[] Friend
[] City "affordable housing hotline" listing new ads for the month	[] Web Site/Internet
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 that best identifies the applicant.

[] White (non Hispanic origin)

[] Hispanic origin

[] American Indian/Alaskan Native

[] Black[] Asian or Pacific Islander[] Other

M. Signature

I/WE DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I/We provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I/We understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I/WE 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 BUILDING OWNER OR ITS PRINCIPALS.

Signed:	Date:
Signed:	Date:



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N. Credit Authorization- (Must be signed by all household members 18 and over).

I/We hereby authorize CMP Consultants, Inc. to use CoreLogic Safe Rent and/or any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references herein listed or statements or other data obtained from me or from any person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the owner/agent listed above in support of this application. I/We have been advised that I/We have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation. I/We have been advised that I/We am/are entitled to a free annual tenant screening report, from each national consumer reporting agency, in addition to a credit report that should be obtained from <u>www.annualcreditreport.com</u> http://www.annualcreditreport.com

I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/We consent to release the necessary information to determine my/our eligibility. IU/We understand that providing false information or making false statements may be ground for denial of my application. I/We understand that my/our occupancy is contingent on meeting management's residency selection criteria and requirements.

Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date:



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