

CMP Consultants Inc.
PO Box 1678
Valley Stream, NY 11582
Tel. 516-792-6743 Fax 516-792-6744
Email : info@cmpconsultants.com

Waiting List Application

Dear Applicant:

Thank you for your interest in our apartments. Enclosed please find an application for future vacancies.

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).

Mail Application to:

CMP Consultants Inc.
PO Box 1678
Valley Stream, NY 11582

Your application will be placed on a waiting list. When an apartment becomes available, applicants will be contacted in the order applications were received

Should you have any questions do not hesitate to contact our office M-F, 10am - 5pm.

Thank you,
Marketing Department

Enclosure



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

F. 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 _____

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



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) [] Black
[] Hispanic origin [] Asian or Pacific Islander
[] American Indian/Alaskan Native [] 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: _____
Signed: _____ Date: _____
Signed: _____ Date: _____
Signed: _____ Date: _____
Signed: _____ Date: _____



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

I/We hereby authorize CMP Consultants, Inc. to use On-Site 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 www.annualcreditreport.com
<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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