HIGHBRIDGE COMMUNITY DEVELOPMENT CORPORATION APARTMENT APPLICATION

MAIL ONLY ONE (1) APPLICATION PER HOUSEHOLD. THERE IS NO PAYMENT OR FEE IN CONNECTION WITH THE FILING OF THIS APPLICATION.

MAIL APPLICATION TO: Highbridge Community Development Corporation 1465 Nelson Avenue, Suite A

Bronx, NY 10452

| | A 1' 1' | | | | | | | |
|----|--|-----------------------|----------------------|----------------------------|---|--|--|--|
| 1 | Applicant's name: | | | | | | | |
| • | | Last | First | Middle | _ | | | |
| • | Co-Applicant's nan | ne: | | | | | | |
| 2 | | Last | First | Middle | _ | | | |
| | Ourse of Address of | 2001 | 100 | music | | | | |
| 3 | Current Address: | | | | | | | |
| | | | | | | | | |
| 4 | Is the Lease in you | ır name? | Yes □ No |) 🗆 | | | | |
| | If not, whose name | | | | | | | |
| | Name | | | Relationship | | | | |
| 5 | How many people | live in the current a | apartment? | | | | | |
| 6 | Number of bedroor | m(s) in current apa | rtment: | _ | | | | |
| 7 | Your current rent: \$ per month. | | | | | | | |
| 7 | (List the total rent on the apartment where you are currently living or staying) | | | | | | | |
| 8 | How much do you | contribute to the to | tal rent on the apar | tment? \$ per month | | | | |
| | | | | | | | | |
| • | Home telephone n | | | | | | | |
| 9 | Work telephone nu Cell number: | | | | | | | |
| | | | | • | | | | |
| 10 | Co-Applicant's tele | | | | | | | |
| | Co-Applicant's wor Co-Applicant's cell | | er: | | | | | |
| | Applicant's email: | | | | | | | |
| | Co-Applicant's ema | ail: | | | | | | |
| | Names and telepho | one numbers of two | o (2) individuals we | may contact as a refrence. | | | | |
| | | | | | | | | |
| 11 | Name | F | Relationship | Tel.# | | | | |
| | | <u>_</u> | <u> </u> | T.I. " | _ | | | |
| | Name | F | Relationship | Tel.# | | | | |

| 12 | Occupancy: Please list all persons who will live in the apartment. (Include any person not living with you now who | | | | | | |
|--|--|-----------------------|------------------------|-------------|----------------|-------------------|----------------------|
| | | vill join you when yo | , | | | Currently living | 0 , 1, 4 |
| | Name (Last, First) | Relationship | Date of Birth | Sex | Age | with you | Student Yes or No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Unit Size | Eligibility is | as Follo | ws: | | |
| leas | e check one: | Household Size | | | <u>it Size</u> | | |
| | | 1 | | | Bedroon | | |
| | | 2 | _ | | 2 Bedroo | | |
| | | 3 – 4 | 2 Be | | 3 Bedroo | | |
| | Г | 5 – 6 | | 3 Bedr | room | | |
| | If yes, enter name of disable | a marviadai(o). | Name | | | | _ |
| | | | | | | | _ |
| | Can applicant, co-applicant, | or household meml | Name | m a moh | ility acces | ssible anartment? | |
| | Yes [| | | iii a iiiob | iiity doooc | solole apartment: | |
| | Is the applicant or co-applica | | the dearee tha | at vou red | ouire assi | stance? | |
| | Yes [| | . | , , , , , , | | | |
| | Please check applicable aid: | | heelchair 🗆 | Walker | . 🗆 | Crutches □ | |
| 13 | | Met | al Braces 🗆 | Cane | | Other \square | |
| | | Visually | Impaired | Hearing | g Impaire | d 🗆 | |
| Do you or your co-applicant need assistance in any of the following living activities? (Please indicate if the need is for you or your co-applicant by checking self or co-applicant next to each in Eating Self Co-Applicant | | | | | | each item). | |
| | | | | | | licant □ | |
| | Bathing | | Self \square | | Co-Appl | licant □ | |
| | Grooming | | Self □ | | Co-Appl | icant 🗆 | |
| | Dressing | | Self □ | | Co-Appl | icant 🗆 | |
| | Home Mar | agement | Self □ | | Co-Appl | icant 🗆 | |
| | | | | | | | |
| | Tanana Cara | Samuel College | | II.F. • O | | | |
| | Is your current residence des | signed for handicap | ped accessibi Yes □ | • | | | |

| 14 | Have you or any member of the household used or have been known by any other name? | | | | | | | | | |
|-----|---|-----------------------|--------------|--|--|--|--|--|--|--|
| 14 | Yes □ No □ | | | | | | | | | |
| | If yes, please explain and | d state name: | | | | | | | | |
| 15 | Past Housing History: Start with your current address; list in order all your addresses for the past five (5) years. (Attach additional sheets if necessary). | | | | | | | | | |
| | Dates Name of Landlord, Address, Address and City From To Reason for Moving Telephone # | | | | | | | | | |
| | • | | | | · | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 16 | Reason for moving (Check all that apply): Living with parents Homeless Living in Shelter Do not like neighborhood Living with relatives or another family Bad housing conditions Rent is too high Not enough space Increase in family size Eviction | | | | | | | | | |
| 17 | Do you have any pets? If yes, what kind of pet? | | Yes □ | No 🗆 | | | | | | |
| 18 | Do you own a washing m | nachine? | Yes □ | No □ | | | | | | |
| 19 | Do you own a dishwashe | er? | Yes □ | No 🗆 | | | | | | |
| 20 | Financial Information: and pay twenty-five (\$25 | | | ition for evaluation and inte al background report to ver | rview, you will be asked to consent to ify personal information. | | | | | |
| 20a | | ents with jobs). Repo | ort gross ai | | and every person who will live in the tions. Start with your current or most | | | | | |

| Name Of Person Employed | | Gross Annual Income | | Dates Employed From To | Position Held | | Employer's Name, Address, Telephone # | |
|----------------------------|---|------------------------|-------------------|---|---------------|-----|--|--|
| | Applicant: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| С | o-Applicant(s): | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Total | \$ | | | | | | |
| 20b | | ner Sources Of Ir | | Social Security, SSI, per dividends, interest, incor | | | | |
| | Household Membe | er Name | | Income Source | | | Amount | |
| | | | | | | \$ | Per | |
| | | | | | | \$ | Per | |
| | | | | | | \$ | Per | |
| | Total | | | | | \$ | | |
| 20c | Total Annual Income (a+b): (Must be completed). Total Annual Income: \$ | | | | | | | |
| 20 d | Section 8 – Housing Assistance: Are you presently receiving assistance under a Section 8 Housing Certificate or Voucher? | | | | | | | |
| | (This information | = | way affe Yes □ | ect the processing of this $ ho$ No \square | Applicatio | n). | | |
| 21 | Current Assets: | | | nousehold). | | | | |
| Check | ing Account : | | | | | | | |
| | Branch Location: | | | | | | | |
| Saving | s Accounts: | | | | | | | |
| Bank/E | Branch Location: | | | | | | | |
| Saving | s Certificates: | | | | | | | |
| | Branch Location: | | | | | | | |
| Stocks | , Bonds, Or Mutual F | -unds : | | | | | | |
| Bank/F | inancial Institution: | | | | | | | |

| 21a | Do you own real estate | | | | - | | |
|--------------|--|-------------------------------------|-------------------|---|-------------------------------------|--------------|------------------------|
| | If yes, what is the value Mortgage Amount: \$ Lender: | | | | | | |
| 21b | Do you have a car? : If yes, Make | | | | Monthly payr | ment: | |
| 21c | Do you own a Co-op ar | ıd/or Condo: Ye | es 🗆 | No 🗆 | | | |
| | If yes, number of bedro | om(s): | | Purchase Price: \$ | Cı | urrent value | 9: |
| | Do you own a Timesha | re? Ye | s 🗆 | No 🗆 | | | |
| 04.1 | Other current assets: | Ту | pe: | | Value: \$ | | |
| 21d | | Ту | pe: | | Value: \$ | | |
| 21e | Has any household med | ent) | | assets during the p | past two (2) years? | o (for exam | ple, a house, a car, a |
| If ves. plea | ase provide the following | | , <u>,,</u> | 110 🗀 | | | |
| y 00, p.o. | | | IRED | PRICE PAID | DATE OF DISPO | OSITION | AMOUNT RECEIVED |
| | | | | \$ | | | \$ |
| | | | | \$ | | | \$ |
| | Are there any penalties assets? | | al fees | or settlement costs | s in connection wit | h the recer | |
| 22 | Medical Expenses: A or disabled. Consider of insurance, Medicare, or Please list all health of applicant). | only medical exp grants by a sta | oenses ate age | that will not be pa ency or charitable o | id or reimbursed b rganization). | y an outsid | |
| | | Medicare | | | Self \square | Co-Applic | cant 🗆 |
| | Medicaid | | | | Self \square | Co-Appli | cant 🗆 |
| | | Other (Spec | cify) | | Self □ | Co-Applic | cant 🗆 |
| 23 | Additional Information Have you or any mem commenced? If yes, please explain: | ber of your ho | es 🗆 | No 🗆 | · | | an eviction proceeding |

| 23a | Have you or any member of your household ever been convicted of a crime that is a felony, including but not limited to, crimes related to illegal drugs or sexual offenses? Yes \sum No \sum If yes, please provide detail on an attached page, including but not limited to date of conviction and jurisdiction where conviction occurred. |
|-----|---|
| 23b | Have you ever filed for bankruptcy? Yes □ No □ |
| 23c | Will this apartment be your primary residence? Yes □ No □ |
| | If no, explain where your primary residence will be: |

Certification

I certify that the statements made in this application form have been read by me and to the best of my knowledge and belief are true, correct and complete. I give my consent to inquiries made for the purpose of verifying facts herein stated. I understand that the filing of the form does not in any way bind the Highbridge Community Development Corporation to reserve or assign an apartment to me.

In order to facilitate consideration of my application, I will notify you of changes in my address, telephone number, income and family composition.

If this application is selected for further processing to determine eligibility for these projects, then I authorize the owner and/or its agent to obtain background, criminal and credit reports about me and co-applicant.

| owner and/or | its agent to obtain background, criminal an | nd credit | reports about me and co-applicant. |
|--------------|---|-----------|---|
| Warning: | | | presentations will disqualify you from consideration nment agency. See important notice to applicants |
| Signature: | Applicant | | Date: |
| Signature: | Co-applicant | _ | Date: |
| Signature: | Proposed tenant 18 years old or above | | Date: |
| Signature: | Proposed tenant 18 years old or above | | Date: |
| Please check | one group which identifies the Applica | nt (FOR | STATISTICAL PURPOSES ONLY) |
| | White (Non-Hispanic) | | Black (Non-Hispanic) |
| | Hispanic | | American Indian or Alaskan Native |
| | Asian or Pacific Islander | | Other |

IMPORTANT NOTICE TO APPLICANTS

ALL APARTMENTS AVAILABLE THROUGH HIGHBRIDGE COMMUNITY DEVELOPMENT CORPORATION RECEIVE ASSISTANCE FROM VARIOUS GOVERNMENT SOURCES INCLUDING FEDERAL, NEW YORK STATE AND NEW YORK CITY AGENCIES.

ALL INFORMATION YOU SUBMIT WILL BE USED TO DETERMINE YOUR ELIGIBILITY TO OCCUPY A GOVERNMENT ASSISTED APARTMENT.

WE ARE REQUIRED TO SUBMIT TO GOVERNMENT AGENCIES FOR REVIEW ALL INFORMATION AND DOCUMENTS WE RECEIVE FROM YOU.

IF YOU SUBMIT FALSE, INCOMPLETE OR MISLEADING INFORMATION AND/OR DOCUMENTS YOU MAY BE SUBJECT TO INVESTIGATION AND PROSECUTION BY THE GOVERNMENT AGENCIES HAVING JURISDICTION OVER THE PROJECT IN ADDITION TO HAVING YOUR APPLICATION REJECTED.