

12 **Occupancy:** Please list all persons who will live in the apartment.
 (Include any person not living with you now who will join you when you move).

Name (Last, First)	Relationship	Date of Birth	Sex	Age	Currently living with you	Student Yes or No

Unit Size Eligibility is as Follows:

Please check one:

<u>Household Size</u>	<u>Unit Size</u>	
1	Studio or 1 Bedroom	<input type="checkbox"/>
2	1 Bedroom or 2 Bedroom	<input type="checkbox"/>
3 – 4	2 Bedroom or 3 Bedroom	<input type="checkbox"/>
5 – 6	3 Bedroom	<input type="checkbox"/>

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Functional Status: The Owner and Management do not discriminate on the basis of disability status in admission to, or access to, or employment in, or its services, programs and activities.

Is applicant, co-applicant, or household member physically disabled? Yes No

If yes, enter name of disabled individual(s):

Name

Name

Can applicant, co-applicant, or household member benefit from a mobility accessible apartment?

Yes No

Is the applicant or co-applicant handicapped to the degree that you require assistance?

Yes No

Please check applicable aid:

Wheelchair Walker Crutches

Metal Braces Cane Other

Visually Impaired Hearing Impaired

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 item).

Eating	Self <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>
Bathing	Self <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>
Grooming	Self <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>
Dressing	Self <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>
Home Management	Self <input type="checkbox"/>	Co-Applicant <input type="checkbox"/>

Is your current residence designed for handicapped accessibility?

Yes No

Name Of Person Employed	Gross Annual Income	Dates Employed From To	Position Held	Employer's Name, Address, Telephone #
Applicant:				
Co-Applicant(s):				
Total	\$			

20b Please List All Other Sources Of Income: Social Security, SSI, pensions, unemployment compensation, baby-sitting, caretaking, alimony, child support, annuities, dividends, interest, income from rental properties, gifts, Armed Forces, Reserves, and any other income.

Household Member Name	Income Source	Amount
		\$ Per
		\$ Per
		\$ Per
Total		\$

20c Total Annual Income (a+b): (Must be completed).
Total Annual Income: \$ _____

20d Section 8 – Housing Assistance:
Are you presently receiving assistance under a Section 8 Housing Certificate or Voucher?
(This information will not in any way affect the processing of this Application).
Yes No

21 Current Assets: (All members of household).

Checking Account :

Bank/Branch Location:

Savings Accounts:

Bank/Branch Location:

Savings Certificates:

Bank/Branch Location:

Stocks, Bonds, Or Mutual Funds :

Bank/Financial Institution:

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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
23c	Will this apartment be your primary residence? Yes <input type="checkbox"/> No <input type="checkbox"/> 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.

Warning: Willful, false or incomplete statements or misrepresentations will disqualify you from consideration and may be prosecuted by the relevant government agency. See important notice to applicants attached.

Signature: _____ Date: _____
Applicant

Signature: _____ Date: _____
Co-applicant

Signature: _____ Date: _____
Proposed tenant 18 years old or above

Signature: _____ Date: _____
Proposed tenant 18 years old or above

Please check one group which identifies the Applicant (FOR STATISTICAL PURPOSES ONLY)

- | | |
|--|--|
| <input type="checkbox"/> White (Non-Hispanic) | <input type="checkbox"/> Black (Non-Hispanic) |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> 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.