

**APPLICATION FOR APARTMENTS**

(Please place X for Borough preference) \_\_\_\_\_ Bronx \_\_\_\_\_ Brooklyn \_\_\_\_\_ Manhattan

Please tell us what building you prefer: \_\_\_\_\_

Please mail completed applications to:

**PROGRESSIVE MANAGEMENT OF NY  
P.O. BOX 940  
Floral Park, NY 11002  
(516) 277-9310 ext 306 or 331 FAX (516) 277-9365**

**A. Name & Address**

NAME: \_\_\_\_\_  
(FIRST) (M.I.) (LAST)

ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (APARTMENT #)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\*MAILING ADDRESS IF DIFFERENT FROM ABOVE:

\_\_\_\_\_  
(NUMBER OR P.O. BOX) (STREET) (APARTMENT #)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

**B. Income from Employment**

*LIST ALL FULL AND PART-TIME EMPLOYMENT FOR ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF AND ALL PERSONS THAT WILL BE LIVING WITH YOU. INCLUDE SELF-EMPLOYMENT EARNINGS.*

HOUSEHOLD MEMBER:	EMPLOYER ADDRESS	HOW LONG EMPLOYED	GROSS EARNINGS
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

DO ALL ADULT HOUSEHOLD MEMBERS FILE FEDERAL AND STATE TAX RETURNS? [ ] YES [ ] NO  
IF "NO" PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

**C. INCOME FROM OTHER SOURCES**

*OTHER SOURCE OF INCOME SUCH AS WELFARE,(INCLUDING HOUSING ALLOWANCE), AFDC, SOCIAL SECURITY, SSI, PENSION, DISABILITY COMPENSATION, UNEMPLOYMENT COMP. INTEREST INCOME, BABY SITTING, CARETAKING, ALIMONY, CHILD SUPPORT, ANNUITIES, ARMED FORCES RESERVES, SCHOLARSHIPS, AND OR GRANTS.*

HOUSEHOLD MEMBER	TYPE OF INCOME	AMOUNT
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____

**D. TOTAL HOUSEHOLD INCOME**

ADD ALL INCOME LISTED AND INDICATE THE TOTAL EARNED FOR THE YEAR \$ \_\_\_\_\_ .00 PER YEAR

**E. CURRENT LANDLORD**

**LANDLORD'S NAME:** \_\_\_\_\_  
(IF YOU ARE LIVING IN A PUBLIC HOUSING PROJECT WRITE "NYCHA." IF LIVING IN A CITY OWNED BUILDING WRITE "HPD.")

**LANDLORD'S ADDRESS:** \_\_\_\_\_(NUMBER, STREET,APT#)  
\_\_\_\_\_(CITY, STATE, ZIP CODE)

**LANDLORD'S PHONE #:** (        ) \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Do all household members on this application currently live at this address? \_\_\_\_\_

**F. CURRENT RENTS**

What is the total rent on the apartment where you currently live or are staying temporarily? \$ \_\_\_\_\_ per month

How much do you contribute towards rent? If you do not contribute anything mark "0" \$ \_\_\_\_\_ per month

**G. REASON FOR MOVING**

- living with parents
- not enough space
- living in shelter or on the street
- bad housing conditions
- current apartment not suitable for persons with disabilities
- do not like neighborhood
- living with relatives or another family
- rent is to high
- increase in family size (marriage, birth)
- health reasons
- other \_\_\_\_\_

**H. SECTION 8 HOUSING ASSISTANCE OR OTHER SUBSIDY (IE. ADVANTAGE PROGRAM, HASA)**

Are you currently receiving a Section 8 housing certificate or voucher?  YES  NO  
(Please mark "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 FOR? \_\_\_\_\_

List all the people WHO WILL LIVE WITH YOU IN THE UNIT FOR WHICH YOU ARE APPLYING, starting with yourself, and provide the following information. Add additional pages if necessary. Please write unborn if anyone is currently pregnant.

Full Name	Relationship To applicant	Birth date	Age	Sex (M/F)	Social Security Number	OCCUPATION if in school, write SCHOOL
1 _____	<b>Self</b>	_____	_____	_____	____-____-____	_____
2 _____	_____	_____	_____	_____	____-____-____	_____
3 _____	_____	_____	_____	_____	____-____-____	_____
4 _____	_____	_____	_____	_____	____-____-____	_____
5 _____	_____	_____	_____	_____	____-____-____	_____
6 _____	_____	_____	_____	_____	____-____-____	_____

Are you or a member of your household disabled?  Yes  No  
If YES, would you describe the disability as  mobility impairment?  visual impairment?  hearing impairment?  
If you checked any of the above, do you require any special accommodations?  YES  NO

**PLEASE SPECIFY:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**J. ASSETS**

Please list all personal accounts that applicant(s) have. (checking, savings, cd's, money market, stock, bonds, mutual funds)

Bank/account name And address	name on account applicant(s)	current balance (as of today)
_____	_____	\$ _____ .00
_____	_____	\$ _____ .00
_____	_____	\$ _____ .00

**K. SOURCE OF INFORMATION**

How did you hear about this development?

- |                                                                                             |                                                       |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Caribbean Life                                                     | <input type="checkbox"/> Community News               |
| <input type="checkbox"/> Daily Challenge                                                    | <input type="checkbox"/> Noticias Del Mundo           |
| <input type="checkbox"/> Amsterdam News                                                     | <input type="checkbox"/> local church or organization |
| <input type="checkbox"/> friend                                                             | <input type="checkbox"/> sign posted on building      |
| <input type="checkbox"/> Daily News                                                         | <input type="checkbox"/> other: _____                 |
| <input type="checkbox"/> a city "affordable housing" Hot line listing new ads for the month |                                                       |

**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 which 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 or Alaskan Native | <input type="checkbox"/> Other                     |

**M. PERMISSION FOR CREDIT CHECK**

I/ we hereby authorize the use of any consumer reporting agency, credit bureau or other investigating agency employed by such, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my employment history, credit, prior tenancies, characters general reputation, personal characteristics, and mode of living, to obtain a consumer report and other such 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 have been advised that I have the right, under section 606B of the fair credit reporting act, to make written request, within a reasonable time for a complete and accurate disclosure of the nature and scope of any investigation. The owner and it's agents may conduct criminal background searches on persons applying to live at its community. It is owner and it's agents policy not to accept prospective residents who have been charged with and/or convicted of any felonies and/or misdemeanors. However, prior to acceptance of an applicant the owner and it's agents may use an independent consumer reporting agency to search public records which may contain criminal background information regarding the applicant. The owner and it's agents will determine if the criminal background information pertains to the applicant and if the report indicates that one or more such felony and/or misdemeanor records were found. The owner and it's agents will then compare the records to the owners established acceptance policies to determine whether or not the applicant may be accepted based on a review of the executive committee. If your application is declined based on the discovery of public records that indicate an unacceptable criminal background, you will be given the name, address, and telephone number of the consumer reporting agency that provided the criminal background report may obtain a free copy of the report and may initiate a reinvestigation to have any erroneous information contained in the report corrected. You also have a right to obtain a report from [www.annualcreditreport.com](http://www.annualcreditreport.com). The consumer reporting agency will advise you of the procedure that you should follow in order to do so.

If Landlord of agent does not rent the apartment to tenant, liability of both parties hereunder shall cease and terminate. Fees paid for credit check will not be refunded once credit has been run. The truth of the information contained herein is essential and if the aforementioned property deems answer or statement herein to be false, or misleading, it shall be considered that any lease granted in reliance upon the information provided above may be canceled at owner's option.

You are required to pay the \$25.00 credit check fee for one-two adults and \$50.00 credit check fee for three or more adults in the household. A credit check will be done on all members over 18 years old. The credit check fee is due at the time you submit the application. This fee is NON-REFUNDABLE.

**N. SIGNATURE**

THE UNDERSIGNED ACKNOWLEDGES THAT THE OWNER AND IT'S AGENTS HAVE NOT BEEN PAID, OR HAVE NOT REQUESTED OR SOLICITED FOR A COMMISSION AS A CONDITION TO THE EXECUTION OF THIS APPLICATION/LEASE AGREEMENT. FURTHERMORE I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. **(ALL APPLICANTS OVER 18 MUST SIGN THIS APPLICATION)**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office use only:**

Community Board Member  Yes  No Borough Resident  Yes  No

Size of Apartment Assigned:  studio  1 bedroom  2 bedroom  3 bedroom

Family Composition: Adult Males _____	Person with disability:
Adult Females _____	<input type="checkbox"/> mobility
Male Children _____	<input type="checkbox"/> visual
Female Children _____	<input type="checkbox"/> hearing

Verified **Earned** Income:

- \$ \_\_\_\_\_ .00/year
  - \$ \_\_\_\_\_ .00/year
  - \$ \_\_\_\_\_ .00/year
  - \$ \_\_\_\_\_ .00/year
- Total: \$ \_\_\_\_\_ .00/year

Verified **other** Income:

- \$ \_\_\_\_\_ .00/year
  - \$ \_\_\_\_\_ .00/year
  - \$ \_\_\_\_\_ .00/year
  - \$ \_\_\_\_\_ .00/year
- Total: \$ \_\_\_\_\_ .00/year

Total Verified Household Income: \$ \_\_\_\_\_ .00/year