



**Gateway Housing
APPLICATION FOR APARTMENT**

Instructions:

1. Mail only one (1) application per family. You will be disqualified if more than one application per family is received.
 2. When completed, this application must be returned by regular mail only; do not send by registered or certified mail.
 3. The completed application must be postmarked no later than Wednesday, August 13, 2003. Applications postmarked after this date will be set aside for possible future consideration.
 4. Mail completed application to: Gateway Housing Corporation
201 Dekalb Avenue
Brooklyn, NY 11205
- No payment or fee should be given to anyone in connection with the preparation of filing of this application for housing.
5. This information is to be filled out by the applicant.
 6. Incomplete applications will be rejected.

A. NAME AND ADDRESS (PLEASE PRINT)

LAST NAME: _____ FIRST NAME: _____

CURRENT ADDRESS: _____ (Number, street, apt#)
 _____ (City, State, Zip)

HOME PHONE #: _____ WORK PHONE #: _____

How long have you been living at this address? _____ years _____ months

B. INCOME FROM EMPLOYMENT

List all full and/or part time employment for all household members including yourself and anyone that will be living in your new apartment. Include self-employed earnings.

<u>HOUSEHOLD MEMBER</u>	<u>Name & Address of Employer</u>	<u>How Long Employed</u>	<u>Gross Earnings*</u>
1. _____	_____	_____	\$ _____ per _____
2. _____	_____	_____	\$ _____ per _____
3. _____	_____	_____	\$ _____ per _____
4. _____	_____	_____	\$ _____ per _____

*Please verify if monthly, weekly, bi-weekly, or hourly.

C. INCOME FROM OTHER SOURCES

List all other income for example, welfare (including housing allowance), AFDC, Social Security, S.S.I., pension, disability compensation, unemployment compensation, interest income, babysitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships, and/or grants.

<u>HOUSEHOLD MEMBER</u>	<u>Type of Income</u>	<u>Amount</u>
1. _____	_____	\$ _____ per _____
2. _____	_____	\$ _____ per _____
3. _____	_____	\$ _____ per _____
4. _____	_____	\$ _____ per _____

D. ASSETS

List all checking accounts, savings accounts and savings certificates.

Checking Accounts

<u>Bank/Branch Address</u>	<u>Account Number</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



Passbook Savings

<u>Bank/Branch Address</u>	<u>Account Number</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Savings Certificates

<u>Bank/Branch Address</u>	<u>Account Number</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

CASH (wherever held) _____	Equity in real estate or capital investments _____
Notes receivable _____	Stocks & bonds _____
Money Market Accounts _____	Certificates of deposit _____
IRA (Individual Retirement Account) _____	Retirement and pension funds _____
Luxury personal property _____	

E. TOTAL ANNUAL HOUSEHOLD INCOME OF ALL PEOPLE WHO WILL BE LIVING IN APARTMENT.

Add all income listed in Sections **B through D** and indicate the total earned for the year:

\$ _____ .00 per year.

F. CURRENT LANDLORD

Landlord's Name: _____

(If you are living in a public housing project, write "NYCHA." If you are living in a city-owned ("In -Rem") building, write "HPD.")

Landlord's Address: _____

(Number, street, apt #)

(City, State, ZIP)

(Home Phone No.)

G. CURRENT RENT

What is the total rent on the apartment where you currently live or are staying temporarily?

\$ _____ .00 per month

How much do you contribute to the total rent on the apartment? (If you do not contribute anything, write "0".) \$ _____ .00 per month

H. REASON FOR MOVING

Why are you moving? *Check all that apply*

- | | |
|--|---|
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Living in shelter or on streets |
| <input type="checkbox"/> Rent too high | <input type="checkbox"/> Do not like neighborhood |
| <input type="checkbox"/> Not enough space | <input type="checkbox"/> Bad housing conditions |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> Living with relatives or another family |
| <input type="checkbox"/> Increase in family size (marriage, birth) | <input type="checkbox"/> Current apartment not suitable for persons with disabilities |
| <input type="checkbox"/> Other _____ | |

I. SECTION 8 HOUSING ASSISTANCE

Are you presently using a Section 8 Housing Certificate or Voucher to help pay your rent?

Yes No *(Please check yes or no. This information will not affect the processing of the application.)*

J. HOUSEHOLD INFORMATION

How many persons in your household, including yourself, will live in the unit for which you are applying? _____

List all of these people, starting with you, and provide the following information. Add additional pages if necessary.

<u>FULL NAME</u>	<u>Relationship to applicant</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex (M/F)</u>	<u>Social Security Number</u>	<u>Occupation</u> <u>Write "in school" if attending school)</u>
_____	SELF	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____



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 either mobility impairment, visual impairment, or hearing impairment, do you or a member of your household require a special accommodation? yes no

If "yes", please remember to place a check mark on the outside of your envelope, and please specify the special accommodation required.

K. SOURCE OF INFORMATION

How did you hear about this development?

- Newspaper Sign Posted on Building
 Local organization or Church Friend
 A city "apartment seeker" brochure listing new ads for the month
 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 which best identifies the applicant.

- White (non Hispanic origin) Black (non Hispanic origin)
 Hispanic origin Asian or Pacific Islander
 American Indian or Alaskan Native Other _____

M. SIGNATURE

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

OFFICE USE ONLY:

- Community Board Resident Yes No
 Borough Resident Yes No
 Size of Apartment Assigned: 1 Bedroom 2 Bedroom

Family Composition:

- Adult Males _____
 Adult Females _____
 Male Children _____
 Female Children _____

Person with Disability: M V H

<u>Verified Earned Income:</u>		<u>Verified Other Income</u>	
1.	\$ _____ /year	\$	_____ /year
2.	\$ _____ /year	\$	_____ /year
3.	\$ _____ /year	\$	_____ /year
4.	\$ _____ /year	\$	_____ /year
TOTAL	\$ _____ /year	TOTAL	\$ _____ /year
TOTAL VERIFIED HOUSEHOLD INCOME		\$	_____ /year