

B. HOUSEHOLD COMPOSITION

List **ALL** persons who will live in the apartment. List head of household first.

	NAME	RELATIONSHIP TO HEAD	M/F	DOB	SSN	STUDENT PTOR FT Y/N
HEAD						
2						
3						
4						
5						
6						
7						
8						

Do you anticipate any additions to this household in the next twelve months? Yes__No__

Explain:

Are all adult household members full time students? Yes_____ No _____

If yes, answer the following questions.

A. Is the full time student married and filing a joint tax return? Yes____ No_____

B. Is the student a title IV recipient? Yes____ No_____

C. Is the student enrolled in a job training program receiving assistance under the Job Training Partnership Act? Yes____ No_____

D. Is the full time student an AFDC recipient? Yes____ No_____

E. Is the full time student a single parent living with his/her minor child who is not a dependant on another's tax return? Yes____ No_____

C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW

**FAMILY MEMBER
NAME**

SOURCE OF INCOME

(fill in appropriate amount)

	A.	Social Security...Monthly Amount \$ _____
		Social Security...Monthly Amount \$ _____
		Social Security...Monthly Amount \$ _____
		Social Security...Monthly Amount \$ _____

	B.	SSI Benefits.....Monthly Amount \$ _____
		SSI Benefits.....Monthly Amount \$ _____
		SSI Benefits.....Monthly Amount \$ _____
		SSI Benefits.....Monthly Amount \$ _____

	C.	Pension. (1).....Monthly Amount \$ _____
		Pension. (2).....Monthly Amount \$ _____
		Pension. (3).....Monthly Amount \$ _____

Source of Pension(s) (1) _____

(2) _____

(3) _____

	D.	Veterans Benefits. Monthly Amount \$ _____ Claim # _____
		Veterans Benefits. Monthly Amount \$ _____ Claim # _____

	E.	Unemployment Comp. Monthly Amount \$ _____
		Unemployment Comp. Monthly Amount \$ _____

	F.	AFDC.....Monthly Amount \$ _____
		ADFC.....Monthly Amount \$ _____
		AFDC.....Monthly Amount \$ _____

	G.	Wages.....Gross.....Monthly Amount \$ _____
		Employer _____
		Position Held _____
		How Long Employed _____

		Wages.....Gross.....Monthly Amount \$ _____
		Employer _____
		Position Held _____
		How Long Employed _____

		Wages.....Gross.....Monthly Amount \$ _____
		Employer _____
		Position Held _____
		How Long Employed _____

		Wages...Gross...Monthly Amount \$ _____
		Employer _____
		Position Held _____
		How Long Employed _____

- _____ H. Full Time Student Income (Only Full Time Students 18 & over) Monthly Amount \$ _____
- _____ Full Time Student Income(Only Full Time Students 18 & over) Monthly Amount \$ _____
- _____ I. Earned Income Tax Credit ANNUAL Amount \$ _____
- _____ J. Alimony.....Monthly Amount \$ _____ Source _____
- _____ K. Child Support...Monthly Amount \$ _____ Source _____
- _____ L. Interest Income Monthly Amount \$ _____ Source _____
- _____ Interest Income Monthly Amount \$ _____ Source _____
- _____ Interest Income Monthly Amount \$ _____ Source _____
- _____ Interest Income Monthly Amount \$ _____ Source _____
- _____ M. Other Income (any income not noted above) Monthly Amount \$ _____ Source _____
- _____ Other Income (any income not noted above) Monthly Amount \$ _____ Source _____

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply X 12)
 \$ _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____
 If yes, explain.

D. ASSETS

Checking Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____

Savings Account(s) # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____

Trust Accounts # _____ Bank _____ Balance \$ _____

Certificates # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____
 # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Credit Union # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Savings Bond # _____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

_____ Bank _____ Balance \$ _____

Life Insurance Policy # _____ Face Value \$ _____

_____ Face Value \$ _____

Real Property: Do you own any property? Yes _____ No _____

If yes, type of property _____

Location _____

Appraised market value \$ _____

Mortgage or outstanding loans balance due \$ _____

Amount of annual insurance premium \$ _____

Amount of most recent tax bill \$ _____

Have you sold/dispensed of any property in the last 2 years? Yes _____ No _____

If yes, type of property _____

Market value when sold or dispensed \$ _____

Amount sold/dispensed for \$ _____

Date of transaction _____

Have you dispensed of any other assets in the last 2 years (i.e. given away money to relatives, irrevocable trust accounts)? Yes _____ No _____

If yes, describe asset _____

Date of disposition _____

Amount dispensed _____

Do you have any other assets not listed above (excluding personal property)? Yes _____ No _____

If yes, list _____



E. ADDITIONAL INFORMATION

Are you or any members of your family currently using an illegal substance? Yes_____No_____

Have you or any members of your family ever been convicted of drug use or manufacture or any other felony? Yes_____ No_____

If yes, describe _____

Have you or any members of your family ever been evicted from any housing? Yes_____ No_____

If yes describe _____

Have you ever filed for bankruptcy? Yes_____ No_____

If yes describe _____

Will you take an apartment when one is available? Yes_____ No_____

Briefly describe your reasons for applying _____

Do you currently have any Rental Assistance program? YES ___ NO _____

(Example) Section 8, Hasa, etc. Indicate what type of program you currently have

F. REFERENCE INFORMATION

Current Landlord:

Name _____

Address _____

Home Phone _____ Business Phone _____

How long? _____

Previous Rental Information:

Prior Landlord _____

Address _____

Home Phone _____ Business Phone _____

How long? _____

Prior Landlord _____

Address _____

Home Phone _____ Business Phone _____

How long? _____

Three credit references:

Name _____
Address _____

Acct. # _____
Phone _____

Name _____
Address _____

Acct. # _____
Phone _____

Name _____
Address _____

Acct. # _____
Phone _____

Three personal non-related references:

Name _____
Address _____

Relationship _____
Phone _____

Name _____
Address _____

Relationship _____
Phone _____

Name _____
Address _____

Relationship _____
Phone _____

In Case of Emergency

Notify: _____
Address _____
Phone _____

G. VEHICLE AND PET INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned.

Type of Vehicle _____ Year/Make _____ Color _____ License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____ License Plate # _____

PETS: Do you own any pets? Yes _____ No _____

If yes, describe _____

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE(S):

Applicant

Co-applicant

Dated _____

Dated _____

AUTHORIZATION

I/We Do Hereby Authorize _____ and its staff of authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by _____.

SIGNATURE(S)

Applicant

Co-applicant

Dated _____

Dated _____

I HEREBY AUTHORIZE MHR MANAGEMENT, INC TO OBTAIN INFORMATION IT DEEMS DESIRABLE IN THE PROCESSING OF MY APPLICATION, INCLUDING CREDIT REPORTS(NON REFUNDABLE FEE), CIVIL OR CRIMINAL ACTIONS, RENTAL HISTORY, EMPLOYMENT/SALARY DETAILS, AND ANY OTHER RELEVANT INFORMATION. I RELEASE MHR MANAGEMENT, INC, IT'S EMPLOYEES AND AGENTS FROM ALL LIABILITIES AND DAMAGE WHATSOEVER INCURRED IN FURNISHING OR OBTAINING SUCH INFORMATION.

APPLICANT _____ **DATE** _____

CO-APPLICANT _____ **DATE** _____

MHR MANAGEMENT, INC.
206 MALCOLM X. BLVD.
BROOKLYN, NY 11221
Fax: 646-626-6433

Date: _____

Re: **Preliminary Application**

I / We, _____

Hereby state that the preliminary application process has been explained to me / us.

I understand that a credit check, criminal background check and a home visit will be conducted in connection with my application for an apartment at:

Name of Project

I / We understand that one hundred twenty four dollars and seven cents (\$124.07) and fifty one dollars and twelve cents (\$51.12) Non Refundable. For each additional household member 18 years or older (non-refundable) must be paid in order to process my application at requested time, (PAYMENTS BY MONEY ORDERS ONLY).

******DO NOT SEND OR BRING IN A MONEY ORDERS UNTIL YOU HAVE BEEN INTERVIEWED AND ACCEPTED FOR AN APARTMENT. ******

Applicant

Co-Applicant

Date

Housing Specialist