



MHR MANAGEMENT, INC
43-55 11th STREET
LONG ISLAND CITY, NY 11101

For Office Use Only: _____

Updated August 2023

APPLICATION FOR HOUSING

PLEASE PRINT

PROPERTY ADDRESS OR BOROUGH(S) YOU ARE INTERESTED IN (CHECK ALL THAT APPLY):

NOTE: At least one property MUST be selected or written in for your application to be considered. Failure to indicate at least one property will render this application disqualified.

BRONX NEIGHBORHOODS	BROOKLYN NEIGHBORHOODS	QUEENS NEIGHBORHOODS
SOUTH BRONX - EAST & CENTRAL	<input type="checkbox"/> Flatbush 3008	<input type="checkbox"/> Far Rockaway 4001
<input type="checkbox"/> Mott Haven 2003		<input type="checkbox"/> St. Albans/Jamaica 4002
<input type="checkbox"/> Morrisania 2006		
<input type="checkbox"/> Longwood 2004 2007		
NORTH BRONX – WEST SIDE		
<input type="checkbox"/> Kingsbridge Heights 2005		
<input type="checkbox"/> Morris Heights 2008		

OR

This is an application for a specific property or address (please list): _____

NOTE: There is a separate application for 1380 University Avenue and 2239, 2241, 2323, 2333 Creston Avenue. This application does not apply to those properties. Visit www.mhrmgmt.com for those applications.

Please complete this application and mail to: MHR MANAGEMENT, INC.
43-55 11TH STREET
LONG ISLAND CITY NY 11101

NOTE: APPLICATIONS THAT ARE FAXED OR THAT ARE NOT THE ORIGINAL, SIGNED VERSION WILL NOT BE CONSIDERED.

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this application.

A. GENERAL INFORMATION

Applicant Name(s) _____

Address: _____
 Street Apt. City Zip Code

Daytime Phone # _____ Evening Phone # _____

No. of bedrooms in current unit _____
 Do you own _____ or rent _____
 If rental, amount of current monthly payment \$ _____

Check utilities paid by you:

Heat _____
 Electricity _____
 Gas _____
 Other _____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV) \$ _____

Bedroom size requested: Studio _____ One Bedroom _____
 Two Bedroom _____ Three Bedroom _____
 Four Bedroom _____ Wheelchair/Accessible BR _____

B. HOUSEHOLD COMPOSITION

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

	NAME	RELATIONSHIP TO HEAD	GENDER	DOB	STUDENT PT OR 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 dependent 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 \$ _____

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_____ 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/disposed of any property in the last 2 years? Yes_____ No_____

If yes, type of property _____
Market value when sold or disposed \$ _____
Amount sold/disposed for \$ _____
Date of transaction _____

Have you disposed 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 disposed _____

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 personal non-related references:

Name _____	Relationship _____
Address _____	Phone _____

Name _____	Relationship _____
Address _____	Phone _____

Name _____	Relationship _____
Address _____	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), BACKGROUND REPORTS, 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.
43-55 11TH STREET
LONG ISLAND CITY NY 11101**

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 and background check will be conducted in connection with my application for an apartment at:

Name of Project

I / We understand that twenty dollars (\$20.00) will be charged for each household member 18 years or older (non-refundable). I also understand that the credit/background fee must be paid to process my application at the 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