



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

Updated August 2023
APPLICATION FOR HOUSING
52 Wilson Avenue

PLEASE PRINT

Please complete all sections and questions and sign the last page. If a question does not apply, please draw a line through the question or write "N/A". If additional space is required please use blank space and/or attach a sheet of paper and clearly label the specific question you are answering (i.e. "Continuation from Question D1").

A. Contact Information

1. Name: _____
 First Middle Initial Last

2. Street Address: _____ Apt: _____

3. City: _____ State: _____ Zip: _____

4. Home/Cell Phone: _____ Alt phone: _____

5. Email (if applicable): _____

B. Household Composition

- 1. How many people plan on living in the apartment? _____
- 2. Please list each person that plans on living in the apartment:

Household Member (Full Name)	Relationship to Head of Household	Birth Date	Sex	Full-time student? Y/N	Part-time student? Y/N	Full-time student at any point in the current calendar year? Y/N
	Head/Self					

- 3. Do you anticipate any changes in household composition in the next 12 months?
 No Yes If yes, please explain:

C. Housing Information

1. Present Landlord: _____ Phone: _____
2. Landlord Address _____
3. Is the apartment leased directly to you? No Yes
4. Monthly rent: _____
5. How long have you lived at this address? _____
6. Do you, or any member on this application have a tenant based rental voucher such as Section 8?
 No Yes If yes, what type? _____

D. Income and Asset Information

1. List all full and part time employment information, including self-employment and freelance earnings. If you freelance or do contract work, please list all current contracted positions. If you are not currently working, indicate all work from the prior 12 months.

Household Member Name	Employer Name and Address	Dates Employed		Gross Earnings		
		from:	to:	\$	per	
		from:				
		to:		\$	per	
		from:				
		to:		\$	per	
		from:				
		to:		\$	per	
		from:				
		to:		\$	per	

2. List all other sources of income such as Public Assistance, Supplemental Security Income, Social Security, Disability, Pension, unemployment compensation child support, ongoing gifts/recurring financial support, alimony, and/or grants.

Household Member Name	Type of Income	Gross Amount		
		\$	per	
		\$	per	
		\$	per	
		\$	per	
		\$	per	
		\$	per	
		\$	per	

3. What is your household's total annual income? _____

4. List all assets of household members who will live in the apartment.

Household Member Name	Type of Asset (direct deposit card, checking, savings, IRA/Retirement, money markets, trusts, life insurance, stocks/bonds, etc.)	Financial Institution

5. List any assets disposed of for less than market value in the past two years. _____

6. Do you own real estate? No Yes

If yes, what is the current market value? _____

What is the value less any mortgage or lien? _____

Do you or any member of your household receive any rent from tenants living at this property?

No Yes If yes, how much?

7. Do you anticipate any change in household income in the next 12 months? _____

No Yes If yes, please explain _____

E. Marketing Information

1. How did you hear about these apartments?

- Newspaper City "affordable housing" website Website/Internet
 Friend/Family Sign posted on the property Local organization or church
 Other _____

F. Racial Group/Ethnicity Identification

The following is required by the U.S. Department of Housing and Urban Development. It will not affect the processing of the application. Please check one box in each section which identifies the Head of Household.

A. White Black/African American American Indian/Alaskan Native

Asian Native Hawaiian/Pacific Islander

B. Hispanic or Latino Not Hispanic or Latino

I hereby affirm that, to the best of my knowledge, the above listed information is true, correct, and complete. I understand that misleading or false statements, misrepresentations, or incomplete information in this application will be grounds for rejection. I authorize MHR Management, Inc to contact my agencies, offices, other groups or organizations to obtain any information or materials deemed necessary to process my application, including verifying my financial, credit, housing, and legal history. I understand that this information will be considered when determining my eligibility.

Head of Household Signature

Date



MHR MANAGEMENT, INC does not discriminate directly or indirectly on the basis of race, color, religion, sex, national origin, disability or familial status in the admission or access to, or treatment or employment in its programs or activities regardless of the presence of federal financial assistance. Under Section 504 of the Rehabilitation Act of 1973 the owner honors reasonable accommodation requests for modifications in policies, practices and facilities, when such modifications may be necessary to afford an individual equal opportunity to use and enjoy the benefits of this development and are not fundamental program changes.

Office Use Only

Verified household size:

Total verified household income: