

**WEST HARLEM GROUP ASSISTANCE, INC.  
1652 AMSTERDAM AVENUE  
NEW YORK, NEW YORK 10031**

**APPLICATION FOR APARTMENT NUMBER: \_\_\_\_\_**

MAIL ONLY ONE(1)APPLICATION PER FAMILY. YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED.

WHEN COMPLETED, THIS APPLICATION MUST BE RETURNED BY REGULAR MAIL ONLY. (DO NOT SEND BY REGISTERED OR CERTIFIED MAIL).

**MAIL COMPLETED APPLICATION TO:**

West Harlem Group Assistance, Inc.  
1652 Amsterdam Avenue  
New York, NY 10031

**NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION OF FILLING OUT THIS APPLICATION FOR HOUSING.**

ENVIE UNA SOLA SOLICITUD POR FAMILIA. SERA DESCULAFICADO SI ENVIA MAS DE UNA SOLICITUD. CUANDO LLENE SU SOLICITUD, ENVILO POR CORRERO REGULAR, INICAMENTE. (NO NECESITA SER ENVIADO POR CORRERO REGISTRADO O DE ENTREGA IN MEDIATA). NO **NECISITA PAGAR A NADIE PARA LLENAR O SOMETER SU SOLICITUD.** EL SOLOCITANTE TIENE QUES ESTAR PRESENTE PARA LLENAR ESTAR SOLICITUD.

POR FAVOR ESCRIBA EN ENTRA DE MOLDE O MAQUINILLA.  
THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT:

**PLEASE PRINT**

**A. NAME AND ADDRESS**

Name \_\_\_\_\_

Current Address \_\_\_\_\_ Apt.#. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**B. CURRENT LANDLORD**

Name of Current Landlord \_\_\_\_\_

(If you are living in a public housing project, write "NYCHA".

If you are living in the City Owned ("In Rem") building write "HPD").

Address of Landlord \_\_\_\_\_

Phone number of Current Landlord \_\_\_\_\_

**C. CURRENT RENT**

What is your present monthly rent? \_\_\_\_\_

How much do you contribute to the total rent of the apartment? \_\_\_\_\_

(If you do not contribute anything write "0") \$ \_\_\_\_\_ per/month

How long have you been living at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

Check here the utilities paid by you monthly and indicate the average monthly amount:

Gas \$ \_\_\_\_\_; Electric \$ \_\_\_\_\_; Heat \$ \_\_\_\_\_; Water \$ \_\_\_\_\_

(Are some or all of these costs included in your rent? Yes \_\_\_\_\_ No \_\_\_\_\_)

**D. REASONS FOR MOVING**

Why are you moving? Check all that apply.

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

**E. SECTION 8 HOUSING ASSISTANCE**

Are you presently receiving a Section 8 Housing Certificate or Voucher?

( ) Yes ( ) No

**F. MOBILITY DISABLED, HEARING OR VISUALLY IMPAIRED**

Are you or a member of your household disabled, hearing or visually impaired? ( ) Yes ( ) No

Do you or a member of your household require a special accommodation? ( ) Yes ( ) No

If " yes" please specify \_\_\_\_\_.

**G. HOUSEHOLD INFORMATION**

How many persons in your household will be living with you in the unit for which you are applying?

Is a baby expected? ( ) Yes ( ) No If yes, when is baby expected? \_\_\_\_\_.

List all persons who will live with you in the unit for which you are applying: (Add additional pages if necessary)

FULL	RELATIONSHIP TO APPLICANT	BIRTH DATE	M/F AGE	SEX	SOCIAL SECURITY NO.
1. _____	Self	_____	_____	_____	_____
Occupation: (Write "in school" if attending school)					
2. _____	_____	_____	_____	_____	_____
Occupation: (Write "in school" if attending school)					
3. _____	_____	_____	_____	_____	_____
Occupation: (Write "in school" if attending school)					
4. _____	_____	_____	_____	_____	_____
Occupation: (Write "in school" if attending school)					
5. _____	_____	_____	_____	_____	_____
Occupation: (Write "in school" if attending school)					

**H. INCOME FROM EMPLOYMENT**

Income: List all full and/or part time employment for all household members. Include self-employed earnings.

HOUSEHOLD MEMBER	NAME & ADDRESS OF EMPLOYER	HOW LONG EMPLOYED	GROSS EARNINGS
1. _____	_____	_____	\$ _____ Per _____
2. _____	_____	_____	\$ _____ Per _____
3. _____	_____	_____	\$ _____ Per _____
4. _____	_____	_____	\$ _____ Per _____

**I. INCOME FROM OTHER SOURCES:** (Examples: Welfare, Social Security, SSI, Pension, Disability Compensation, Unemployment Compensation, Interest Income, Babysitting, Caretaking, Alimony, Child Support, Annuities, Dividends, Income from Rental of Property, Armed Forces Reserves, Scholarships, and/or Grants.)

HOUSEHOLD MEMBER	TYPE OF INCOME	AMOUNT
1. _____	_____	\$ _____ Per _____
2. _____	_____	\$ _____ Per _____
3. _____	_____	\$ _____ Per _____
4. _____	_____	\$ _____ Per _____

Public Assistance Recipients: Case Number \_\_\_\_\_  
Name and Number of IM Center: \_\_\_\_\_

**Total Annual Income. Add all income listed above and indicate the total earned for the year.**  
\$ \_\_\_\_\_ per year.

**J. ASSETS**

	Bank/Branch Address	Account Number
Checking Accounts	_____	_____
	_____	_____
	_____	_____
Passbook Savings	_____	_____
	_____	_____
	_____	_____
Savings Certificates	_____	_____
	_____	_____
	_____	_____

**K. APPLICANT'S/CO-APPLICANT'S DOWN PAYMENT INFORMATION**

Maximum Cash Available \$ \_\_\_\_\_  
Source of Cash \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
Account Number \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Financial Institution \_\_\_\_\_  
Account Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

**L. SOURCE OF INFORMATION**

How did you hear about this development?: ( ) Sign posted on building;  
( ) Newspaper; ( ) Local Organization or Church; ( ) Friend; ( ) Housing List;  
( ) A city "apartment seeker" brochure listing new ads for the month;  
( ) Other

**M. 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 identifies the Head of Household (or Applicant).

( ) Black ( ) Hispanic ( ) White ( ) American Indian  
(Non Hispanic (Non Hispanic or Alaskan Native  
Origin) Origin)  
( ) Asian or ( ) Other \_\_\_\_\_  
Pacific Islander

**N. SIGNATURE**

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

SIGNATURE X \_\_\_\_\_ DATE : \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY**

Community Board Resident: ( )Yes ( ) No Rent of Apartment Assigned:  
Borough Resident ( )Yes ( )No ( ) Low ( ) Moderate  
\$ \_\_\_\_\_ per month

Size of Apartment Assigned  
( ) Studio ( ) 1 Bedroom ( ) 2 Bedroom ( ) 3 Bedroom ( ) 4 Bedroom

Family Composition: Adult Males \_\_\_\_\_  
Adult Females \_\_\_\_\_  
Male Children \_\_\_\_\_  
Female Children \_\_\_\_\_

Verified Earned Income:		Verified Other Income:	
1.	\$ _____ .00/Year	1.	\$ _____ .00/Year
2.	\$ _____ .00/Year	2.	\$ _____ .00/Year
3.	\$ _____ .00/Year	3.	\$ _____ .00/Year
4.	\$ _____ .00/Year	4.	\$ _____ .00/Year

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