



new destiny
housing

Bainbridge Manor

New Destiny Housing Corporation is accepting applications for nine (9) newly constructed, affordable Studio and 2 Bedroom rental apartments on Bainbridge Street in the Bedford-Stuyvesant neighborhood of Brooklyn.

| Units Available | Unit Size | Family Size | Rent* | Income Qualifications** |
|------------------------|------------------|--------------------|--------------|------------------------------------|
| 2 | Studio | 1 | \$ 636 | \$27,520 - 30,100 |
| 7 | 2 Bedroom | 3 4 | \$ 1,012 | \$42,470-46,440 \$42,470-51,540 |

**Gas for Heat and Cooking Included.*

***Individuals with Section 8 vouchers may be exempt from the income requirements above; all other applicants will be required to meet income criteria as stated.*

Send completed applications by **regular mail only** (no priority, certified, registered or overnight mail will be accepted), in a standard envelope (size 10 to:

**Bainbridge Manor Application
New Destiny Housing Corporation
12 West 37th Street, 7th Floor
New York, NY 10018
Attention: Laurie Miller**

Include a **self-addressed stamped envelope** with the application. Applicants will be selected by lottery. Applications postmarked after **8/12/13** will be set aside for possible future consideration. Current residents of Community Board 3 will receive preference for 50% of the units.

Individuals with Section 8 vouchers are encouraged to apply.

No Broker's Fee. No Application Fee.




GP

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Instructions:

1. Type or print your application clearly. It must be filled out completely & correctly to be processed.
2. Only one (1) application per household will be accepted. **You will be disqualified** if more than one application per household is received.
3. Select only **one apartment size**. (Studio or 2-BR)
4. **Sign and date** your application where indicated.
5. You must print or type clearly and answer accurately for **ALL** members of the household.
6. The **Yes and No** questions listed on page 5 must be answered and/or explained for all household members over the age of 18. If additional space is needed, use a blank sheet of paper.
7. With your completed application you must include a **business size (#10) self-addressed stamped envelope** as shown below:

| | | |
|--|---|----------------|
| Your Name Your Address City, State Zip Code |  | Put Stamp Here |
| Your Name Your Address, Apt.# City, State Zip Code (business size #10 envelope) | | |

8. **Mail completed application and the self-addressed envelope to:**

New Destiny Housing Corporation
 P.O. Box 1356, Midtown Station
 New York, NY 10018

All applicants will be required to meet additional selection criteria. There are no application fees.

Bainbridge Manor Housing Application

| | | | |
|---|--|------------------------|---------------|
| APARTMENT SIZE APPLYING FOR: <input type="checkbox"/> Studio <input type="checkbox"/> 2 BR | | | |
| APPLICANT INFORMATION | | | |
| First name: | | Middle Name: | Last name: |
| Current address (Number & Street): | | | Apt. #: |
| City | | State: | Zip |
| How long have you been living at this address? | | Years: _____ | Months: _____ |
| Day or Work Phone # | | Evening or Home Phone# | |
| (Optional) Secondary Contact (e.g. friend or relative) Phone # | | | |
| Drivers License: Yes <input type="checkbox"/> No <input type="checkbox"/> | | State Issued by: | # |
| State ID: Yes <input type="checkbox"/> No <input type="checkbox"/> | | State Issued by: | # |

| HOUSEHOLD INFORMATION | | | | | |
|--|---------------------------|------------|-----------|------------------------|--|
| How many persons, including yourself, will live in the unit for which you are applying? | | | | | |
| List all household members, starting with yourself, and provide the following information: | | | | | |
| Full Name | Relationship to Applicant | Birth Date | Sex (M/F) | Social Security Number | Occupation (Write "student" if attending school) |
| 1. | SELF | | | | |
| 2. | | | | | |

| | | | | | |
|----|--|--|--|--|--|
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

RENTAL HISTORY

Present Residence

Please mark the box that describes your current housing situation:

Own Rent Live With Parents/Family Share Shelter Hotel Homeless

Other (explain):

What is the total rent you pay? \$ _____ Per month Date Move In: Month Year

Have you been asked to leave? Yes No Is rent up to date? Yes No

Present Landlord Name:

Present Landlord Address:

| | | | |
|------|-------|-----|--------|
| City | State | Zip | Phone# |
|------|-------|-----|--------|

Reason for Moving:

Previous Address

If at current address less than five (5) years (if shelter or homeless, address before that):

Own Rent Share Live With Parents/Family Hotel Shelter

Previous address:

| | | | |
|------|-------|-----|------------------------------------|
| City | State | Zip | Date Move In: Month Year |
|------|-------|-----|------------------------------------|

| |
|-------------------------------------|
| Date Move Out: Month Year |
|-------------------------------------|

How much rent did you pay: \$ _____ Per. month Was rent up to date? Yes No

Were you asked to leave? Yes No Did you give notice? Yes No

Landlord Name:

Landlord Address:

| | | | |
|------|-------|-----|--------|
| City | State | Zip | Phone# |
|------|-------|-----|--------|

Reason for Moving:

RENTAL ASSISTANCE

Are you currently receiving rental assistance such as Sect 8, and/or PA etc.? Yes No

If yes what type: **Amount \$** **Per Month**

Have you been approved for rental assistance such as Sect 8, and/or PA etc.? Yes No

If yes what type: **Amount \$** **Per Month**

EMPLOYMENT INCOME FOR ALL MEMBERS OF THE HOUSEHOLD

Applicant's Current Employment

List all current full, part-time and/or self employment income that will be applied to the rent

Employer's Name:

| | |
|----------|-----------------|
| Address: | Contact Person: |
|----------|-----------------|

| | | | |
|-------|--------|------|---------|
| City: | State: | Zip: | Phone#: |
|-------|--------|------|---------|

How Long Employed: Years: Months: Position

Gross Earnings (before taxes): \$ Per-Week

Applicant's Previous Employment
If at current employment less than five (5) years

| | | | |
|--|--------|-------------------------------------|---------|
| Employer's Name: | | Position: | |
| Address: | | Contact Person: | |
| City: | State: | Zip: | Phone#: |
| How Long Employed: Years: _____ Months: _____ | | Date Employed From: _____ To: _____ | |
| Gross Earnings (before taxes): \$ _____ Per-Week | | Other: | |

Applicant's Other Employment
List all current full, part-time and/or self employment income that will be applied to the rent

| | | | |
|--|--------|-------------------------------------|---------|
| Household Members Name: | | | |
| Employer's Name: | | Position: | |
| Address: | | Contact Person: | |
| City: | State: | Zip: | Phone#: |
| How Long Employed: Years: _____ Months: _____ | | Date Employed From: _____ To: _____ | |
| Gross Earnings (before taxes): \$ _____ Per-Week | | Other: | |

Employment for Household Members
List all current full, part-time and/or self employment income that will be applied to the rent

| | | | |
|--|--------|-------------------------------------|---------|
| Household Members Name: | | | |
| Employer's Name: | | Position: | |
| Address: | | Contact Person: | |
| City: | State: | Zip: | Phone#: |
| How Long Employed: Years: _____ Months: _____ | | Date Employed From: _____ To: _____ | |
| Gross Earnings (before taxes): \$ _____ Per-Week | | Other: | |

Household Members Previous Employment
If at current employment less than five (5) years

| | | | |
|--|--------|-------------------------------------|---------|
| Household Members Name: | | | |
| Employer's Name: | | Position: | |
| Address: | | Contact Person: | |
| City: | State: | Zip: | Phone#: |
| How Long Employed: Years: _____ Months: _____ | | Date Employed From: _____ To: _____ | |
| Gross Earnings (before taxes): \$ _____ Per-Week | | Other: | |

INCOME FROM OTHER SOURCES

Starting with yourself, you must list for **ALL HOUSEHOLD MEMBERS**. all other sources of income. For example PA, Social Security, SSI, Pension, Disability, Income from Rental Property, Alimony, Child Support, Interest Income, Etc.

| Household Member | Type of Income | Amount |
|------------------|----------------|-----------|
| 1. | | \$ per |
| 2. | | \$ per |
| 3. | | \$ per |
| 4. | | \$ per |
| 5. | | \$ per |

YOU MUST ADD ALL INCOME FROM EMPLOYMENT AND OTHER SOURCES AND INDICATE THE TOTAL YEARLY HOUSEHOLD EARNINGS: \$ _____

Assets

Please indicate whether you or any adult in your household has a checking account, savings account or any other assets:

| | | |
|---|-----------------|---------|
| Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No | Bank Name: | Amount: |
| Saving Account <input type="checkbox"/> Yes <input type="checkbox"/> No | Bank Name: | Amount: |
| Other Assets <input type="checkbox"/> Yes <input type="checkbox"/> No | Please explain: | |

APPLICANT

A "YES" answer must be explained on a blank sheet of paper with names, addresses, dates and details.

| | |
|---|--|
| Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been sued for eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever broken a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been sued for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No |

HOUSEHOLD MEMBER OVER THE AGE OF 18

A "YES" answer must be explained on a blank sheet of paper with names, addresses, dates and details.

Household Member's Name:

| | |
|---|--|
| Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been sued for eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever broken a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been sued for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been sued for eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever broken a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been sued for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No |

REFERENCES

YOU MUST LIST FOUR (4) REFERENCES THAT ARE NOT FAMILY MEMBERS

| First Name: | Last Name: | Phone # |
|-------------|------------|---------|
| | | |
| | | |
| | | |
| | | |

To the best of my knowledge all of the information contained herein is true and complete. I understand New Destiny Housing Corporation reserves the right to disqualify applicant if information is not as represented.

I authorize any City, State or Government agency to release information about me, the undersigned, at any time upon presentation of this form or a photocopy thereof.

Applicant Signature:

I authorize New Destiny Housing Corporation to contact past and present landlords, employers, creditors, credit bureau, neighbors, banks, and any other sources deemed necessary to investigate applicant.

Applicant Signature:

Applicant Signature: _____ **Date** _____

"DO NOT WRITE BELOW THIS LINE"

TO BE COMPLETED BY OFFICE

| | | |
|---|--------------------------------------|---------------------------|
| Credit Report: Favorable <input type="checkbox"/> Unfavorable <input type="checkbox"/> By _____ | | Date _____ |
| Approved <input type="checkbox"/> | Disapproved <input type="checkbox"/> | Move-in Date _____ |
| Terms of Lease _____ | Monthly Rent \$ _____ | Security Deposit \$ _____ |
| Address _____ | | Apartment # _____ |
| Remarks: _____ | | |