

Bainbridge Manor

New Destiny Housing Corporation is accepting applications for fourteen (14) newly constructed, affordable Studio and 2 Bedroom rental apartments located at 291 Bainbridge Street between Patchen and Ralph Avenues in the Bedford-Stuyvesant neighborhood of Brooklyn. These units are reserved for specifically for **homeless domestic violence survivors coming from HRA.**

<u>Income Based Rental Rates</u>				
Units Available	Unit Size	Family Size	Rent*	Income Qualifications**
2	Studio	1	\$636	\$27,520 – \$30,100
2	2 Bedroom	3 4	\$828	\$35,360 - \$38,700 \$35,360 - \$42,950
<u>Public Assistance Based Rental Rates</u>				
Units Available	Unit Size	Family Size	Rent*	Income Qualifications**
2	Studio	1	\$215	\$10,680 - \$18,060 PA cash assistance
3	2 Bedroom	3-4	\$425	\$17,000 - \$25,770*** PA cash assistance
5	2 Bedroom	3-4	\$828	\$17,000 - \$42,950*** PA cash assistance

*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.

*** Certain units may have project based Section 8 attached to them.

Please return completed applications by regular mail to the address below:

**Laurie Miller- DV Application Submission
New Destiny Housing Corporation
12 West 37th Street 7th Floor
New York, New York 10018**

Individuals with Section 8 vouchers are encouraged to apply. All applicants will be required to meet additional selection criteria. Only one application per household will be accepted. No Brokers Fee. No Application Fee.





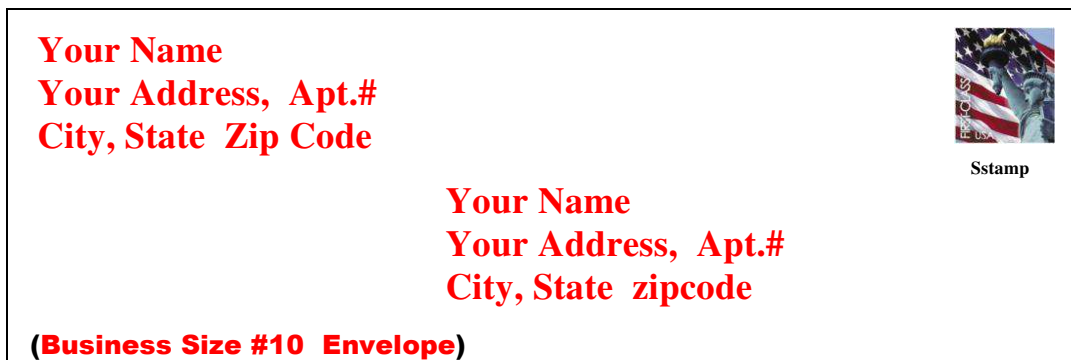
Dear Applicant:

The application you requested is attached.

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION, INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. THERE ARE NO APPLICATION FEES.

1. You Must **Type or Print** your application clearly.
2. Your application must be filled out **Completely & Correctly**.
3. If you are not living in a **Shelter**, you must provide a **street address** not a **PO Box**.
4. You must submit the most recent **income** for all persons in the household
5. Select only **One Apartment Size**. (Studio or 2-BR)
6. You must **Sign and Date** your application where indicated.
7. You must include a business size **(#10) Self-Addressed Stamped Envelope** with your completed application (**see example**).

For example, write your name and address on the envelope and put the stamp like this:



8. Applications submitted without a business size **(#10) Self-Addressed Stamped Envelope** will not be accepted.
9. The **Yes and No** questions listed on page 5 must be answered; a **Yes** must be explained for all household members **18 Years of Age and Over**, using the attached blank sheet of paper (page 6).
10. All applicants will be required to meet **Income and Selection** criteria.
11. Double check your application to make sure you have filled it out **completely & correctly**.
12. **Before mailing**, make a copy of this application and keep it for your records.

13. Mail your completed application along with a business size **(#10) Self-Addressed, Stamped Envelope** to **New Destiny Housing Corporation, 12 West 37th Street, 7th Floor, New York, NY 10018, Attn: Laurie Miller**

Housing Application

(DV)

Instructions:

1. Your application must be filled out **Completely & Correctly**. You must **Type or Print Clearly**
2. Only one (1) application per household will be accepted. **You will be disqualified** if more than one application per household is received.
3. If you are not living in a **Shelter**, you must provide a real **Address** not a **P. O. Box**.
4. **You can select only one apartment size** (Studio or 2-BR).
5. You must **Sign** where indicated.
6. You must submit the most resent **W-2** for all employed persons in the house hold
7. Mail completed applications along with a **Business Size (#10) Self-Addressed Stamped Envelope**

Applications that are submitted with out a business size (#10) self-addressed stamped envelope will not be processed.

Have you applied for housing with New Destiny Housing Corporation before? Yes No

If Yes → Was your Application Approved Disapproved

If Approved, what was your Application Number #. _____ & List Number #. _____

If Disapproved, what for:

NUMBER OF BEDROOMS (select only one) APPLYING FOR: Studio 2 BR

Borough in which you are applying for Manhattan Brooklyn Bronx

APPLICANT INFORMATION

First name: _____ Middle Name: _____ Last name: _____

Current **Physical** Address (Number & Street): _____ Apt. #: _____

City _____ State: _____ Zip _____

How long have you been living at this address? Years: _____ Months: _____

Mailing Address if different than above (PO Box OK):

City _____ State: _____ Zip _____

E-Mail Address _____

Day or Work Phone # _____ Evening or Home Phone# _____

Drivers License: Yes No If Yes → State Issued by: _____ # _____

State ID: Yes No If Yes → State Issued by: _____ # _____

SPECIAL POPULATION

Please check the appropriate box if you or a member of your household are the following:

Presently residing in a DV Shelter Survivor of Domestic Violence At Risk of Homelessness

Handicapped/Disabled Crime Victim Intimidated Witness

HOUSEHOLD INFORMATION

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.					

RENTAL HISTORY

Present Residence

Please mark the box that describes your current housing situation:

Own Rent Live With Parents/Family Share Shelter Transitional Facility Residential Program
 Hotel Homeless Other (explain):

What is the total rent you pay? \$ _____ Per month | Date Moved 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 (must answer):

Have you lived in Shelter before? Yes No | **If Yes →** Date From: Month _____ Year _____
 Date To: Month _____ Year _____

Previous Address

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

Own Rent Shared Live With Parents/Family Other

Previous address:

City _____ State _____ Zip _____ | Date Moved In: Month _____ Year _____

Date Moved 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 (must answer):

RENTAL ASSISTANCE

Are you currently receiving rental assistance such as Advantage, NYCHA Section 8, HPD Section 8, HSAS and/or Shelter allowance? Yes No

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

Have you been approved for rental assistance such as Advantage, NYCHA Section 8, HPD Section 8, HSAS and/or Shelter allowance? Yes No

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

INCOME FROM EMPLOYMENT

APPLICANT

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

Employer's Name:

Address: _____ Contact Person: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Employment Start Date: Month: _____ Year: _____ Position _____

Gross Earnings (before taxes): \$ _____ Per-Week By Weekly By Monthly Other: _____

**Previous Employment
if at present employment less than five (5) years**

Employer's Name:		Contact Person:	
Address:		Phone#:	
City:	State:	Zip:	Position:
How Long Employed: Years:	Months:	Dates of Employed: From:	To:
Gross Earnings (before taxes): \$ _____ Per-Week <input type="checkbox"/> ByWeekly <input type="checkbox"/> ByMonthly <input type="checkbox"/> Other:			

Applicant Other Employment

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

Household Members Name:			
Employer's Name:		Contact Person:	
Address:		Phone#:	
City:	State:	Zip:	Position:
How Long Employed: Years:	Months:	Dates of Employed: From:	To:
Gross Earnings (before taxes): \$ _____ Per-Week <input type="checkbox"/> ByWeekly <input type="checkbox"/> ByMonthly <input type="checkbox"/> Other:			

Employment for Other Household Members

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

Household Members Name:			
Employer's Name:		Contact Person:	
Address:		Phone#:	
City:	State:	Zip:	Position:
How Long Employed: Years:	Months:	Date Employed From:	To:
Gross Earnings (before taxes): \$ _____ Per-Week <input type="checkbox"/> ByWeekly <input type="checkbox"/> ByMonthly <input type="checkbox"/> Other:			

**Other Household Members Previous Employment
if at present employment less than five (5) years**

Household Members Name:			
Employer's Name:		Contact Person:	
Address:		Phone#:	
City:	State:	Zip:	Position:
Employment Start Date: Month:	Year:	Date Employed From:	To:
Gross Earnings (before taxes): \$ _____ Per-Week <input type="checkbox"/> ByWeekly <input type="checkbox"/> ByMonthly <input type="checkbox"/> Other:			

INCOME FROM OTHER SOURCES

Starting with yourself, you must list for **ALL HOUSEHOLD MEMBERS** all other sources of income.
(e.g. PA, Social Security, SSI, Pension, Disability, Income from Rental Property, Alimony, Court Order Child Support, Interest Income.)

Household Member	Type of Income	Amount
1.		\$ _____ Per-Week <input type="checkbox"/> ByWeekly <input type="checkbox"/> Monthly <input type="checkbox"/>
2.		\$ _____ Per-Week <input type="checkbox"/> ByWeekly <input type="checkbox"/> Monthly <input type="checkbox"/>
3.		\$ _____ Per-Week <input type="checkbox"/> ByWeekly <input type="checkbox"/> Monthly <input type="checkbox"/>
4.		\$ _____ Per-Week <input type="checkbox"/> ByWeekly <input type="checkbox"/> Monthly <input type="checkbox"/>
5.		\$ _____ Per-Week <input type="checkbox"/> ByWeekly <input type="checkbox"/> Monthly <input type="checkbox"/>

**YOU MUST ADD ALL INCOME FROM EMPLOYMENT AND OTHER SOURCES LISTED ABOVE
AND INDICATE THE TOTAL HOUSEHOLD YEARLY 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 to any of the listed questions must be explained in detail (dates, names and addresses,) on page six 6 of this application.			
Have you ever been arrested?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been sued for eviction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever broken a lease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been sued for child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever filed for bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 18			
A "YES" answer to any of the listed questions must be explained in detail (dates, names and addresses,) on page 6 of this application.			
Household Members Name:			
Have you ever been arrested?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been sued for eviction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever broken a lease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been sued for child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever filed for bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 18			
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Household Members Name:			
Have you ever been arrested?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been sued for eviction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever broken a lease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been sued for child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever filed for bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REFERENCES		
YOU MUST LIST THREE (3) REFERENCES THAT ARE NOT FAMILY MEMBERS		
First Name:	Last Name:	Phone #

Are you now or have ever served as a member of the United States Armed Forces		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes →	What Branch:	Army <input type="checkbox"/> Navy <input type="checkbox"/> Air force <input type="checkbox"/> Marine <input type="checkbox"/> Coast Guard <input type="checkbox"/>
Other: _____		Dates of Service: From _____ To _____

AUTHORIZATION TO OBTAIN/RELEASE INFORMATION	
I, the undersigned, authorize New Destiny Housing Corporation to contact any City, State or Government agencies, past and present landlords, past and present employers, creditors, credit bureaus, banks, and any other sources deemed necessary to process the application. I further authorize the same City, State or Government agencies, past and present landlords, past and present employers, creditors, credit bureaus and banks, and any other sources deemed necessary to release any and all information as needed upon presentation of this form or a photocopy thereof.	
Applicant Signature:	Date

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

Applicant Signature:	Date
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Mail your completed application along with a business size (#10) Self-Addressed, Stamped Envelope to: New Destiny Housing Corporation, 12 West 37th Street, 7th Floor, New York, NY 10018, Attn: Laurie Miller.

A "YES" answer to any of the listed questions on page 5 must be explained in detail (Dates, names and addresses) on page 6 of this application.

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	Total Number of Occupants
Terms of Lease	Monthly Rent \$	Security Deposit \$
Address	Apartment #	
Remarks: _____		