

THE LENNIGER RESIDENCES

Application



Revised 02.07.2012

All information obtained is confidential and will be used for application review purposes only. The Lenniger Residences maintains a firm commitment to equal opportunity for all applicants. The Lenniger Residences does not discriminate based on race, sex, age, color, national origin, religion, sexual orientation, HIV status, or disability.



sponsored by
Lenniger Residences, L.P.

Dear Applicant,

Thank you for your interest in The Lenniger Residences. Upon completion, this newly constructed building will offer 24-hour security, a gym, computer lab, on-site laundry, and backyard gardens. Per your request, an application is enclosed. Please submit only one application per household.

The completed application must be returned by mail to the following address:

**Common Ground
PO Box 2138
Radio City Station
New York, NY 10101-2138**

The rent, household size, apartment size and income distribution for these apartments is as follows:

Apartment Size	Household Size	Total Annual * Income Range Minimum Maximum	**Monthly Rent
Studio (310 sf)	1	\$24,210 - \$34,860	\$807
1 BR (600 sf)	2	\$26,010 - \$39,840	\$867
2 BR (639 sf)	2 3 4	\$31,470 - \$39,840 \$31,470 - \$44,820 \$31,470 - \$49,800	\$1049
3 BR (935 sf)	4 5 6	\$36,180 - \$49,800 \$36,180 - \$53,820 \$36,180 - \$57,780	\$1206

** Income guidelines subject to change ** Includes heat*

Additional Eligibility Requirements:

- Households where ALL members are full-time students are not eligible for residency, unless you qualify for an exception under the IRS code.
- Pets are not allowed.

Application Process:

All applications will be reviewed for eligibility. Eligible applicants will be asked to participate in at least two interviews. **At the time of the interviews, the Intake Unit will review your household's financial, credit, housing and employment histories. Please be aware that acceptance for our housing is based on all of these criteria.** AT NO TIME IN THE APPLICATION PROCESS ARE YOU GUARANTEED AN APARTMENT UNTIL YOU HAVE SIGNED A LEASE.

If you have any questions or experience difficulty completing the forms, please contact the Intake office at (212) 659-0914.

Sincerely,

Intake Department
The Lenniger Residences

We Provide Housing in Compliance with Federal Fair Housing Laws

Please complete all sections and sign the last page. **PLEASE PRINT.**

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 B2).

A. CONTACT INFORMATION FOR HEAD OF HOUSEHOLD

1. **NAME** _____
 First Middle Last
 1a. Other names (maiden name, stage name, etc.) _____
2. **STREET ADDRESS** _____ **APT. NO** _____
3. **CITY** _____ **STATE** _____ **ZIP** _____ - _____
4. **HOME/CELL PHONE** () _____ **WORK PHONE** () _____

B. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. How many people plan on living in the apartment (including yourself)? _____
2. **PLEASE LIST EACH PERSON THAT PLANS ON LIVING IN THE APARTMENT. Do not include household members who do not plan on living in the apartment.** (Note: A Full-Time Student is one who attends school at least 5 months out of a year and has full-time student status for those 5 months, unless the individual qualifies for an exception under IRS code).

<u>Full Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Social Security #</u>	<u>Full-time Student (Y/N)</u>
_____	<u>HEAD/SELF</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. Does anyone plan to live with you in the future who is not listed above? YES NO
4. Is a member of your household not currently living with you for any of the following reasons? **Please check all that apply.**
- | | |
|--|---|
| <input type="checkbox"/> Confined to Nursing Home/Hospital | <input type="checkbox"/> In Joint Custody Arrangement |
| <input type="checkbox"/> Away at School (lives in household during recess) | <input type="checkbox"/> In Rehabilitation Facility |
| <input type="checkbox"/> In Foster Care | <input type="checkbox"/> Temporarily Absent (Other) _____ |
5. Are you or any member of your household a U.S. veteran? YES NO
6. Do you currently reside in one of the following zip codes [10457, 10458, or 10460]? YES NO

7. Do you or any member of your household require a special accommodation in your residence?

YES NO

If YES, please check which disability applies:

Mobility impairment Visual impairment Hearing impairment

Please specify the accommodation required: _____

C. HOUSING HISTORY

1. PLEASE LIST YOUR LAST THREE RESIDENCES STARTING WITH THE MOST CURRENT:

PREVIOUS ADDRESS	RENT AMT	DATE OF RESIDENCY	WHY DID YOU MOVE?
		FROM	
		TO	
PREVIOUS ADDRESS	RENT AMT	DATE OF RESIDENCY	WHY DID YOU MOVE?
		FROM	
		TO	
PREVIOUS ADDRESS	RENT AMT	DATE OF RESIDENCY	WHY DID YOU MOVE?
		FROM	
		TO	

2. Do you or any member of your household currently have a Housing Choice (Section 8) Voucher? YES NO

3. Have you or any member of your household ever been evicted? YES NO

If YES, please answer a) and b):

a) When? _____ Please explain circumstances: _____

b) Have you or any member of your household been evicted in the last three years from federally assisted housing for drug-related criminal activity? YES NO

D. INCOME & ASSETS

1. LIST ALL INCOME OF HOUSEHOLD MEMBERS THAT WILL LIVE WITH YOU. (Examples of income: employment, public assistance, Social Security, Supplemental Security Income, pension, disability, unemployment compensation, alimony, child support, Armed Forces Reserves, regular financial support and/or grants.)

HOUSEHOLD MEMBER ((Name)	TYPE OF INCOME	AMOUNT
1)		\$ per
2)		\$ per
3)		\$ per
4)		\$ per
5)		\$ per
6)		\$ per

2. What is your household's total annual income? \$ _____
3. Do you or any member of your household expect to receive income that you are not currently receiving now?
 YES NO

If YES, please check all income types that apply and fill in the anticipated start dates for each.

- | | |
|---|--|
| <input type="checkbox"/> Employment/Job ___/___/___ | <input type="checkbox"/> Social Security or Disability ___/___/___ |
| <input type="checkbox"/> Unemployment Benefits ___/___/___ | <input type="checkbox"/> Pension or Annuity ___/___/___ |
| <input type="checkbox"/> Child Support ___/___/___ | <input type="checkbox"/> Regular Contributions ___/___/___ |
| <input type="checkbox"/> Alimony ___/___/___ | <input type="checkbox"/> Other _____ ___/___/___ |
| <input type="checkbox"/> Public Assistance (TANF) ___/___/___ | |

4. **LIST ALL FULL AND/OR PART-TIME JOBS WORKED DURING THE LAST FIVE YEARS FOR ALL HOUSEHOLD MEMBERS THAT WILL LIVE WITH YOU** (including self-employment and/or freelance income). List your current/most recent job first. PLEASE NOTE: YOU WILL BE REQUIRED TO DOCUMENT ALL CURRENT AND/OR PERIODIC SOURCES OF EMPLOYEMENT.

DATE	HOUSEHOLD MEMBER (Name)	EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

5. **LIST ALL ASSETS OF HOUSEHOLD MEMBERS THAT WILL LIVE WITH IN APARTMENT.** (Examples of assets: checking, savings, money market/trusts, CD's, IRA/retirement accts, real estate, stocks/bonds, etc.). Attach statements for each account listed.

HOUSEHOLD MEMBER (Name)	TYPE	BALANCE	INTEREST/INCOME EARNED
1)		\$	\$
2)		\$	\$
3)		\$	\$
4)		\$	\$
5)		\$	\$
6)		\$	\$

6. List any assets disposed of for less than their fair market value during the past two years:

7. Do you or any member of your household own any real estate? YES NO
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 tenant(s) living at this property? YES NO
If YES, how much? _____

8. Have you or any member of your household ever filed for personal bankruptcy? YES NO
If YES, when? _____
Briefly explain circumstances: _____

E. LEGAL HISTORY

1. Have you or any member of your household 16 or over ever been convicted of a felony? YES NO
If YES, When? _____ Please explain circumstances: _____

2. Have you or any member of your household 16 or over been convicted for Criminal Sales of A Controlled Substance?
 YES NO If YES, please list the dates of incarceration: _____ to _____.

3. Are you or any member of your household 16 or over subject to a state registration for sex offenders?
 YES NO
If yes, is this a lifetime registration? _____
Please explain circumstances: _____

F. MARKETING INFORMATION

1. How did you learn about the availability of these apartments? **Please check all that apply.**

Sign posted on building

Local Organization

Newspaper

Other _____

Name: _____

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

APPLICANT'S SIGNATURE

DATE

THE LENNIGER RESIDENCE

APPLICATION CHECKLIST

This is a checklist that you can use to ensure that you are submitting a complete application. ***Incomplete applications will not be processed.*** All applicable forms and/or documents must be submitted. If your application is selected, you will be required to provide additional documentation regarding your income and landlord history.

1. THE APPLICATION

Please fill out completely, sign, date and return by regular mail.

Return to: **Common Ground**
PO Box 2138
Radio City Station
New York, NY 10101-2138

2. RECENT PAY STUBS

If anyone in your household is working, please include copies of the last six pay stubs for each job with year-to-date totals.

3. VERIFICATION OF SOCIAL SECURITY BENEFITS

If anyone in your household receives SSA, SSI, or SSD, please provide a current award letter (you can request one from your local social security office). **The letter must be dated within the last 90 days.**

4. VERIFICATION OF PENSION AND ANNUITIES

If anyone in your household receives a pension or annuities, please provide documentation of the monthly or yearly amount in a letter **dated within the last 90 days.**

5. COPY OF YOUR MOST RECENT FEDERAL TAX RETURNS

Please enclose a copy of each household members most recent Federal tax return (Form 1040). If you are a performer or freelance artist, you must also include the two prior year's returns. If you did not file Federal tax returns and are not exempt from doing so, please contact the nearest IRS office for assistance. Your state tax returns are not needed.

6. STATEMENT(S) OF ASSETS

Please provide copies of documentation of the accounts you listed in the application. **All statements must be dated within the last 90 days.**

**PLEASE RETURN ALL INFORMATION AND FORMS WITH YOUR
COMPLETED APPLICATION**