

**FREE APPLICATION FOR APARTMENT**



Instructions:

1. Mail only one application per family. You will be disqualified if more than one application per family is received.
2. Mail only one application per envelope. You will be disqualified if more than one application per envelope is received.
3. When completed, this application must be returned by regular mail only; do not send registered or certified mail.

5. **Mail completed application to:** **Walton Henwood Apartments**  
**C/O The Wavecrest Management Team**  
**87-14 116<sup>th</sup> Street**  
**Richmond Hill, NY 11418**

**5. No payment should be given to anyone in connection with the preparation or filing of this application.**

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6. This information to be filled out by the Applicant:

**A. Name and Address**

Name: \_\_\_\_\_  
Current Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Home Telephone/Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months

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**B. Household Information**

How many persons in your household, including yourself, WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING? \_\_\_\_\_.

List all of the people WHO WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING, starting with yourself, and provide the following information. Add additional pages if necessary.

| FULL NAME | Relation to Applicant | Birth Date | Age | Sex | Occupation |
|-----------|-----------------------|------------|-----|-----|------------|
| _____     |                       |            |     |     |            |
| _____     |                       |            |     |     |            |
| _____     |                       |            |     |     |            |
| _____     |                       |            |     |     |            |
| _____     |                       |            |     |     |            |

Are you or any member of your household disabled?  Yes  No  
If yes, would you describe the disability as  mobility impairment?  visual impairment?  hearing impairment?  
If you checked either mobility impairment, or visual impairment, or hearing impairment, do you or a member of your household require a special accommodation?  Yes  No  
If yes, please specify the special accommodation required:

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**C. Income from Employment**

1) **Are you an employee of the City of New York, the New York City Housing Development Corporation, the New York City Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation?** Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, please identify the agency or entity at which you are employed): Agency/Entity: \_\_\_\_\_

2) If you answered "yes" to Question 1 above, have you personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application? Yes \_\_\_ No \_\_\_

**NOTE: If you answered 'Yes' to Question 1 above, you may be required to submit a statement from your employer that your application does not create a conflict of interest. If you answered 'Yes' to Question 2 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement would not be required until later in the application process, after you have been selected through the lottery, when you will also be required to provide other documents to verify your income and eligibility.**

List all full and/or part time employment for ALL HOUSEHOLD MEMBERS including yourself, WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employment earnings.

| HOUSEHOLD MEMBER | Name and Address of Employer | Years Employed | Gross Earnings |
|------------------|------------------------------|----------------|----------------|
| _____            | _____                        | _____          | \$ _____       |
| _____            | _____                        | _____          | \$ _____       |
| _____            | _____                        | _____          | \$ _____       |
| _____            | _____                        | _____          | \$ _____       |

**D. Income from Other Sources**

List all other income, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, disability compensation, unemployment compensation, Interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, etc.

| HOUSEHOLD MEMBER | Type of Income | Amount             |
|------------------|----------------|--------------------|
| _____            | _____          | \$ _____ per _____ |
| _____            | _____          | \$ _____ per _____ |
| _____            | _____          | \$ _____ per _____ |
| _____            | _____          | \$ _____ per _____ |

**E. Total Annual Household Income**

Add All Income Listed Above and Indicate the Total Earned for the Year \$ \_\_\_\_\_ per year

**F. Current Landlord**

Landlord's Name \_\_\_\_\_  
 (If you live in a public housing project enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD")  
 Landlord's Address \_\_\_\_\_  
 Landlord's Phone Number \_\_\_\_\_

**G. Current Rent**

What is the total rent on the apartment where you currently live or temporarily staying? \$ \_\_\_\_\_ monthly  
 How much do you contribute to the total rent of the apartment? If nothing write "0" \$ \_\_\_\_\_ monthly

**H. Reason for Moving**

Why are you moving? Please check all that apply.

- Living with parents
- Do not like neighborhood
- Not enough space
- Living with relatives/other family members

- Living in shelter or on the streets
- Bad housing conditions
- Health Reasons
- Disability access problems

- Rent too high
- Increase in family size (marriage, birth)
- Other \_\_\_\_\_

**I. Section 8 Housing Assistance**

Are you presently receiving a Section 8 housing voucher or certificate?  Yes  No  
 Please check Yes or No. This information will not affect the processing of the application.

**J. Assets**

Checking Account/Bank or Branch \_\_\_\_\_  
 Passbook Savings/Bank or Branch \_\_\_\_\_  
 Savings Certificates/Bank or Branch \_\_\_\_\_

**K. Source of Information**

How did you hear about this development?  
 Newspaper  Sign Posted on Property  
 Local Organization or Church  Friend  
 City "affordable housing hotline" listing new ads for the month  Web Site/Internet  
 Other \_\_\_\_\_

**L. Ethnic Identification (Used for Statistical Purposes Only)**

This information is optional and will not affect the processing of the application. Please check one group that best identifies the applicant.

- White (non Hispanic origin)  Black
- Hispanic origin  Asian or Pacific Islander
- American Indian/Alaskan Native  Other

**M. Signature**

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY ARE EMPLOYED BY THE NEW YORK CITY HOUSING DEVELOPMENT CORPORATION OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Community Board Resident  Yes  No  
 Municipal Employee  Yes  No  
 Size of Apartment Assigned:  1 Bedroom  2 Bedroom  
 Family Composition: Adult Males \_\_\_\_\_ Adult Females \_\_\_\_\_ Male Children \_\_\_\_\_ Female Children \_\_\_\_\_  
 Person with Disability  Mobility  Visual  Hearing  
 TOTAL VERIFIED HOUSEHOLD INCOME: \$ \_\_\_\_\_ per Year