



**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<br>4      | \$ 1,012 | \$42,470-46,440<br>\$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 37<sup>th</sup> Street, 7<sup>th</sup> 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<br>Your Address<br>City, State Zip Code                                        | <br>Put Stamp Here |
| Your Name<br>Your Address, Apt.#<br>City, State Zip Code<br>(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

|                                                                                                   |                  |                        |               |
|---------------------------------------------------------------------------------------------------|------------------|------------------------|---------------|
| <b>APARTMENT SIZE APPLYING FOR:</b> <input type="checkbox"/> Studio <input type="checkbox"/> 2 BR |                  |                        |               |
| <b>APPLICANT INFORMATION</b>                                                                      |                  |                        |               |
| 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: |                        | #             |

| <b>HOUSEHOLD INFORMATION</b>                                                                   |                           |            |           |                        |                                                  |
|------------------------------------------------------------------------------------------------|---------------------------|------------|-----------|------------------------|--------------------------------------------------|
| <b>How many persons, including yourself, will live in the unit for which you are applying?</b> |                           |            |           |                        |                                                  |
| 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.               |                | \$<br>per |
| 2.               |                | \$<br>per |
| 3.               |                | \$<br>per |
| 4.               |                | \$<br>per |
| 5.               |                | \$<br>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   |

**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   |

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