



We do business in Accordance With the
Federal Fair Law
(The Fair Housing Amendments of 1988)



174 EAST 104TH STREET
NEW YORK, NY 10029

Log No. _____

Received: _____

TRANSFER APPLICATION

Instructions:

1. Submit only one (1) application per family.
2. When completed, return by mail to the post office address listed at the top of this application.
3. **NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION THE PREPARATION OR FILING OF THIS APPLICATION FOR HOUSING.**
5. This information is to be filled out by the applicant only and be sure to sign the application.
5. A credit check fee will be charged at the time of your interview.

NAME: _____

CURRENT ADDRESS: _____

Home Phone: () _____ Work Phone No. () _____

How long have you been living at this address? _____ years _____ months

A. REASONS FOR MOVING

Why are you moving? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Do not like the neighborhood |
| <input type="checkbox"/> Not enough space | <input type="checkbox"/> Living with relatives or another family |
| <input type="checkbox"/> Bad housing conditions | <input type="checkbox"/> Rent too high |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> Increase in family size (marriage, birth, etc.) |
| <input type="checkbox"/> Current apartment not suitable
for persons with disabilities | <input type="checkbox"/> Living in shelter or on the streets |
| <input type="checkbox"/> Other _____ | |

B. ARE YOU APPLYING FOR A SPECIFIC BUILDING/LOCATION

yes no If "yes", indicate location preference: _____

What size apartment are you interested in? Studio 1-Bedroom 2- Bedroom
3-Bedroom

(NOTE: Occupancy restrictions apply to government regulated buildings.)

C. SECTION 8 HOUSING ASSISTANCE

Are you presently receiving a Section 8 housing certificate or voucher? [] Yes [] No
(Please check "yes" or "no". This information will not affect the processing of your application.)

If Yes, expiration date of Voucher _____

D. CURRENT LANDLORD INFORMATION

Landlord's Name: _____

(If you are living in a public housing development project write "NYCHA". If you are living in a City-owned ("In-Rem) buildings write "HPD".)

Landlord's Address: _____

(Number, Street, Apt. #)

(City, State, Zip Code)

Landlord's Phone No. () _____

E. CURRENT RENT

What is the monthly rent where you currently live or are staying temporarily? \$ _____ per month

If you are receiving assistance with paying the rent (i.e. Section 8 or other rental assistance programs), how much do you contribute to the total rent? (If you do not contribute anything, write "0")

\$ _____ per month

F. PREVIOUS LANDLORD

Landlord's Name: _____

(If you are living in a public housing development project write "NYCHA". If you are living in a City-owned ("In-Rem) buildings write "HPD".)

Landlord's Phone No. () _____

G. INCOME FROM EMPLOYMENT

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-employed earnings.***

List all other income, for example: Temporary Assistance to Needy Families (TANF), Aid to Families with Dependent Children (AFDC), Social Security, Supplemental Security Income (SOI), pension, disability compensation, unemployment compensation, interest income, baby-sitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships, and/or grants

1. Employment wages or salaries? Include overtime, tips, bonuses, commissions and payments received in cash):

<u>HOUSEHOLD MEMBER</u>	<u>COMPANY'S NAME</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Self employment? Include overtime, tips, bonuses, commissions and payments received in cash):

_____	_____	_____
_____	_____	_____

3. Other Income? Armed Forces, Public Assistance, Unemployment, Child Support, Social Security, Veteran's benefit, pension, etc.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. HOUSEHOLD INFORMATION

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	M/F	Birth Date Month/day/year	Relationship to Head of Household	Social Security #

Are you or a member of your household disabled? Yes No.
(Please check "yes" or "no". This information will not affect the processing of your application.
If yes, would you describe the disability as: mobility impairment? visual impairment? hearing impairment? If you checked either mobility impairment, visual impairment, or hearing

impairment, do you or a member of your household require a special accommodation? [] Yes
[] No
If "yes", please specify: _____

I. ASSETS

Include all assets held and the income derived from the asset. **INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBER INCLUDING MINORS.**

Bank/Branch Office	Address	Type:Checking/Savings Stocks, Bonds Ira, etc	Current Balance

J. EMERGENCY CONTACT

List someone that is not already on this application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known _____

I/WE _____, CERTIFY THAT THE INFORMATION AND STATEMENTS PROVIDED ABOVE ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE CONSENT TO THE RELEASE OF INFORMATION NEEDED BY OWNER OR ITS AGENT IN ORDER TO QUALIFY FOR AN APARTMENT UNIT. I/WE UNDERSTAND THAT PROVIDING FALSE INFORMATION OR MAKING FALSE STATEMENTS MAY BE GROUNDS FOR DENIAL OF MY/OUR APPLICATION, AND MAY SUBJECT ME/US TO CRIMINAL PENALTIES. I/WE AGREE TO PROVIDE VERIFICATION OF ALL INCOME AND ASSETS AS REQUIRED BY THE OWNER OR ITS AGENT. I/WE FURTHER AUTHORIZE DISCLOSURE OF ALL INFORMATION WHICH WILL VERIFY MY/OUR INCOME AND ASSETS. I/WE UNDERSTAND APPLICANTS MUST BE ELIGIBLE FOR THE APARTMENTS UNITS.

Authorization and Signature

I hereby authorize Hope Community, Inc. to verify all the above information; to do a credit check on my financial conditions, savings accounts, deposits, bonds, stocks, notes, contracts, leases, mortgages, investments, and any other securities or resources of any kind in my name; to research any further information from outside sources including school records and public references; and to visit my current home with reasonable warning, as necessary.

I instruct Hope Community, Inc. to keep all such information confidential, and to use it only to determine my eligibility for this housing development. I hereby release any person or firm from any liability for information furnished pursuant to this authorization.

I declare that statements contained in this application are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____

Ethnic Identification (used for statistical purposes only)

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

- | | |
|---|--|
| <input type="checkbox"/> White (non Hispanic origin) | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian
or Alaskan Native | <input type="checkbox"/> Other |

How did you hear about Hope Community?

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Posted Sign |
| <input type="checkbox"/> Local Organization or Church | <input type="checkbox"/> Friend |
| <input type="checkbox"/> A city "apartment seeker" brochure listing new ads | |
| <input type="checkbox"/> Other: | |

OFFICE USE ONLY:

- | | | | |
|------------------------------|-------------------------------------|--|-------------------------------------|
| Community Board #11 Resident | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Manhattan Resident | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Size of Apartment Assigned: | <input type="checkbox"/> Studio | <input type="checkbox"/> 1 Bedroom | <input type="checkbox"/> 2 Bedrooms |
| | <input type="checkbox"/> 3 Bedrooms | | |
| Family Composition: | Adult Males _____ | Person with Disability: | |
| | Adult Females _____ | <input type="checkbox"/> M <input type="checkbox"/> V <input type="checkbox"/> H | |
| | Male Children _____ | | |
| | Female Children _____ | | |