



Woods Edge Apartments
 110 Jerusalem Avenue, Hempstead, NY 11550

Tenant Application

APPLICATIONS MUST BE MAILED

(Applications submitted in person will not be accepted)

Complete only one application per household and mail to:

Woods Edge Apartments
 110 Jerusalem Avenue
 Hempstead, NY 11550

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Bedroom size requested: Studio One BR Two BR

How Did You Learn of Woods Edge Apartments? _____

Applicant Name: _____

Daytime Phone: _____ Evening Phone: _____

Address: _____

No. of bedrooms in current unit: _____ Do you: RENT OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? YES NO

Check utilities paid by you: Heat Electricity Gas Other (specify) _____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Name of Current Landlord _____ Landlord's Phone No _____

How long have you been living at your current address? _____

If you have lived at your current address less than 5 years, list your PREVIOUS Address:

How long did you live at your previous address?

Do you have a car? YES NO If yes, how many? _____

OTHER STATES OF RESIDENCE

In what other states have you or members of your household resided?

Name	List all states individual has lived in
Head of Household	
1	
2	
3	
4	
5	
6	

DISABILITY STATUS

1. Do you require a reasonable accommodation? Yes No

Please describe the reasonable accommodation you require for your disability:

2. Do you qualify as disabled in accordance with the definition below? Yes No

A person with disabilities for the purposes of program eligibility is determined pursuant to HUD Regulations, to have a physical, mental, or emotional impairment that:

- (a) is expected to be of long continued and indefinite duration;
- (b) substantially impedes his or her ability to live independently; and,
- (c) is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

A household in which the head-of-household, the head-of-household's spouse or co-head of household qualify as disabled are eligible to receive a household deduction and deductions for certain un-reimbursed medical expenses.

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Social Security #	Full Time Student	Veteran	Disabled
Head		Self					
Co-Head						N/A	
1						N/A	N/A
2						N/A	N/A
3						N/A	N/A
4						N/A	N/A
5						N/A	N/A
6						N/A	N/A
7						N/A	N/A
8						N/A	N/A

CHANGES IN HOUSEHOLD COMPOSITION

Have there been any changes in household composition in the LAST twelve months? YES NO

If YES, explain:

Do you anticipate any changes in household composition in the NEXT twelve months? YES NO

If YES, explain:

Is there someone not listed above who would normally be living with the household? YES NO

If YES, explain:

FULL-TIME STUDENT STATUS

Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be a full-time student in the next calendar year at an educational institution with regular faculty and students? (This does not apply to correspondence school). YES NO

If you answered YES, please answer all of the following questions:

1. Are any full-time students married and filing a joint tax return? YES NO
2. Are any students enrolled in a job-training program that receives assistance under the Job Training Partnership Act? YES NO
3. Are any full-time students a TANF or a Title IV recipient? YES NO
4. Are any full-time students a single parent living with his or her minor child and all of the following apply to them YES NO
 - a. He or she is not a dependent on another's tax return.
 - b. His or her children are not dependents of anyone else other than themselves.
5. Is any student a person who was previously under the care and placement of a foster care program (under Part B or Part E of Title IV of the Social Security Act)? YES NO

C. INCOME

INCOME: List all full and/or part-time employment for all household members. Include self-employed earnings.

	HOUSEHOLD MEMBER	EMPLOYER NAME & ADDR.	GROSS EARNINGS CURRENT	ANTICIPATED
1.	_____	_____	\$ _____	\$ _____
			Per _____	Per _____
2.	_____	_____	\$ _____	\$ _____
			Per _____	Per _____
3.	_____	_____	\$ _____	\$ _____
			Per _____	Per _____
4.	_____	_____	\$ _____	\$ _____
			Per _____	Per _____
5.	_____	_____	\$ _____	\$ _____
			Per _____	Per _____

OTHER SOURCES OF INCOME: (Examples: welfare, social security, SSI, pensions, disability compensation, unemployment compensation interest, babysitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships, and/or grants)

HOUSEHOLD MEMBER	SOURCE	AMOUNT
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____
_____	_____	\$ _____ Per _____

D. ASSETS

Checking Accounts			
Bank _____	Acct.# _____	Amt. _____	
Bank _____	Acct.# _____	Amt. _____	
Passbook Savings			
Bank _____	Acct.# _____	Amt. _____	
Bank _____	Acct.# _____	Amt. _____	

Certificates of Deposit

Bank _____ Acct.# _____ Amt _____
 Bank _____ Acct.# _____ Amt _____
 Bank _____ Acct.# _____ Amt _____

Credit Union Shares Credit
 Union Name _____ Amt. _____

Address _____

Stocks and Bonds (Value) \$ _____ War Bonds (Value) \$ _____
 Do you own real estate? Yes No If "yes", what is value:\$ _____
 Have you EVER owned real estate? Yes No If "yes", when? _____

MEDICAL AND UNUSUAL EXPENSES

Do you pay for babysitting while a family member is employed? Yes No

If "yes", list child care provider's name, address and phone#:

Cost per week \$ _____ or per month \$ _____

Are you receiving Medicare Benefits?

Are you receiving Medical Assistance from the Welfare Dept.?

Do you pay for any medical insurance/hospitalization (such as Blue Cross, etc.)?

If "yes", is this by payroll deduction? Yes No

If "yes", how often and how much?

If paid directly by you, indicate amount of premium and how often paid?

If you have outstanding medical bills, what is the cost that you are expected to pay?

If you take prescription drugs on a regular basis, what is the cost to you?

If you anticipate any health care related expenses for the next 12 months which are not covered by health insurance, what would be the cost to you?

	Household Member	Value	Maturity Date
Stocks & Bonds	_____	\$ _____	N/A
Savings Bonds	_____	\$ _____	_____
Mutual Funds	_____	\$ _____	N/A

- Does any member of the household have an asset(s) owned jointly with another person who is NOT a member of the household listed on this application? YES NO

If yes, describe _____

- Have you sold/dispensed of any property in the last 2 years? YES NO

If yes, Type of property: _____

Market value when sold/dispensed \$ _____ Amount sold/dispensed for \$ _____

Date of transaction: _____

- Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? YES NO

If yes, describe the asset: _____

Date of disposition: _____ Amount disposed for \$ _____

E. ADDITIONAL INFORMATION

Are you or any member of your household currently using an illegal substance? YES NO

Are you or any member of your household subject to a lifetime state sex offender registration?
YES NO

Have you or any member of your household ever been convicted of a felony? YES NO

Do you currently live in public housing, state housing, or federal housing? YES NO

If yes, enter the name of the development

ELIGIBILITY AND SCREENING CRITERIA

The HUD and Low Income Housing Tax Credit Program occupancy standards and income limits are the basis for determining applicant eligibility, as are the minimum and maximum incomes for each apartment size.

A credit report and criminal background report are obtained for each adult member of the applicant household. Negative references on the reports may be a basis for denying an application.

The following may also be the basis for denying an application: combined household income that is below the minimum required or above the maximum income for a particular apartment size, prior tenant history that is unfavorable or involved illegal activity, failure of an applicant to provide information or documentation required to complete the processing of their application.

CITIZENSHIP AND IMMIGRATION STATUS Do you have a legal right to be in the United States

Yes, because I am a U.S. Citizen

Yes, because I have Valid documentation from the Bureau of citizenship & Immigration Services (INS)

No

RACE AND ETHNICITY REPORTING (Optional)

The information that follows is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner or manager is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

Ethnicity
Hispanic or Latino
Non-Hispanic or Latin

Race
White
Asian
Black or African-American
American Indian/Alaskan Native
Native Hawaiian or Other Pacific Islander

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria.

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application.

CONSENT

I authorize my consent to have management verify the information in this application for purpose of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and requirements.

All ADULT household members 18 years of age or older must sign below:

Applicant Signature

Date

Co-Applicant Signature

Date

Co-Applicant Signature

Date

Statistical Information

The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are being utilized by people of different racial & ethnic backgrounds.

RACIAL GROUP IDENTIFICATION: Used for statistical purposes only. (Please check only one from this group for the head of household only)

Single Race

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

Multi-Race

- American Indian or Alaska Native & White
- Asian & White
- Black or African American & White
- American Indian or Alaska Native & Black or African American
- Other Multi Racial

ETHNICITY: (check **only one** from this group)

Hispanic

Non-Hispanic

Do you need a handicapped accessible/adaptable apartment?

Yes

No