



WAITING LIST

BROOKVIEW COMMONS DEER PARK, NY

Suffolk County's Senior Housing Development (must be 55 or older)

One Bedroom \$ 1575.00

Two Bedroom \$ 1889.00

Income Minimums and Maximums Applysee page 2

APARTMENT AMENITIES

- Frost Free Refrigerator
- Dishwasher
- Economical Gas Range
- Hot Water Heater
- Central Air Conditioning
- Wall To Wall Carpet in Bedrooms
- Oak Cabinets
- Ceramic Tile in Bathroom and Entry Area
- Cable Ready TV
- Washer Dryer Connections
- Washer Dryer Rentals \$28 a month
- Emergency Call System

COMMUNITY/CLUBHOUSE AMENITIES

- 50' X 25' Swimming Pool
- Fitness Facility
- Card/Great Room
- Library with Computer
- Internet Access
- Convenient Laundry Room Facility
- Outdoor Patio with BBQ's

LEASING OFFICE: 631.242.6667

SMOKE FREE COMMUNITY

RETURN APPLICATION PAGES 3, 4, 5, 6, 7
WITH PHOTO I.D.

Brookview Commons
100 Commons Way
Deer Park, NY 11729

INSTRUCTIONS FOR COMPLETING AN APPLICATION

1. Please be sure to complete all information. Incomplete applications could result in processing delays.
2. Please indicate the type of apartment that you desire (upper or lower) at the top of your application.
3. Please be aware that apartments will be assigned on a first come first serve basis.
4. There is a 1x non-refundable Pet Fee of \$450.00 per pet maximum of 2. Pets must be under 20 lbs.

Income Qualifications

Minimum Income Allowable

1 Bedroom	\$42,000
2 Bedroom	\$50,000

Maximum Income Allowable

1 Person	\$64,680
2 Persons	\$73,920
3 Persons	\$83,160

These amounts are subject to change, please check with us at the time you apply.

Social Security benefits, IRA's, 401K plans, all assets from these, and any forms of employment will be used in calculating your total gross income.

A current written appraisal is required (when you are called for a unit) if you own real estate or are in the process of selling real estate.

We will need a copy of your photo I.D.

Equal Housing Opportunity



APPLICANT QUESTIONNAIRE

Desired Apartment Size (check one): 1BR 2 BR

Date Desired: _____

Household Information

List all household members and all sources of income for each member that will be living in this apartment. Please include overtime, tips, bonuses, commissions, unemployment benefits, public assistance, child support, pension, social security benefits.

*If employment listed below is less than two years, please list previous employment for each member of the household.

Name of Each Household Member	First → Last →	HEAD	2	3	4
		_____	_____	_____	_____
		_____	_____	_____	_____
Relationship to Head of Household		HEAD			
Male / Female					
Social Security Number					
Date of Birth					
Student Yes/No					

Income anticipated for the next 12 months for each household member.

Name of Employer				
Dates Employed				
Position				
Annual or Monthly Income				
Name of Employer				
Dates Employed				
Position				
Annual or Monthly Income				
Alimony, Child Support				
Social Security, Pensions, Retirement Funds, Etc.				
Self Employment Income				
Other Income				
Other Income				

Include all assets held and the income derived from the assets.

Assets	Bank Name	Account Number	List Average Balance
Checking			
Checking			
Savings			
Investments			
Investments			



Do you fall into the category of "Frail Elderly" as defined below (check appropriate box)? YES NO

"Persons age 55 or more who require assistance with one or more activities of daily living or instrumental activities of daily living. Also, persons age 55 or more who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is without assistance or intervention."

Current Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Do you have any pets? Yes No If yes, please list all pets. _____

Housing Information

Do you own or rent at your current address? Rent Own

If you have rented an apartment during the past TWO years, please list apartment information below:

	<u>Current Landlord's Name/ Address</u>	<u>Your Address</u>	<u>Dates From: To:</u>
Name:	_____	_____	_____
Address:	_____	_____	<u>Amount Paid</u>
Phone:	_____	_____	_____

	<u>Previous Landlord's Name/ Address</u>	<u>Your Address</u>	<u>Dates From: To:</u>
Name:	_____	_____	_____
Address:	_____	_____	<u>Amount Paid</u>
Phone:	_____	_____	_____

Signature Clause

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.

I authorize my consent to have management verify the information in this application for the purpose of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and 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 must sign below:

Signature _____ Date _____

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

CRIMINAL, DRUG AND SEX OFFENDER INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents. Brookview Commons will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? Yes _____ No _____
2. Do you currently use illegal drugs or abuse alcohol? Yes _____ No _____
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes _____ No _____
4. Have you been convicted of any drug-related crime within the past five years? Yes _____ No _____
5. Have you been convicted of a felony within the past five years? Yes _____ No _____
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes _____ No _____
7. Have you been convicted of any crime involving violence within the past five years? Yes _____ No _____
8. Are you currently charged with any of the above criminal activities? Yes _____ No _____
9. Please list all states in which you have lived or have held licenses to drive (include driver's license numbers):

10. Have you ever been known by any other name? Yes _____ No _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Brookview Commons to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Brookview Commons, to a public housing authority, or to an agency contracted by Brookview Commons to conduct criminal background checks.

Applicants Signature: _____ Date: _____

Applicants Name (Please Print): _____

BROOKVIEW COMMONS
100 COMMONS WAY
DEER PARK NY 11729

All persons submitting an application for housing at Brookview Commons must sign this acknowledging that we are a Smoke Free Community. Smoking is not allowed on this property or in the units for residents or their guests.

If you have any questions, feel free to contact us at:
631 242-6667.

Thank you,
Management Office

Applicant #1 _____ Date _____

Applicant #2 _____ Date _____