

529 W 29 ST LLC

529 W 29th ST LLC

Phone: (212) 401-7693 Fax: (212) 401-7694 TTY:1-800-852-7897

ATTENTION:

Dear Applicant,

Please read this information BEFORE completing your application:

- The information on this application is to be filled out by the head of household.
- You must complete all areas of application. If something does not apply (for example you do not have a bank account or employment income) you must write NA or NONE, please do not leave any areas of the application blank.
- Misleading or willful false statements, misrepresentations, or incomplete information will be grounds for rejection of this application.
- Submit only one application per household
- The filing of this application in no way guarantees you an apartment
- If all pages are not received with application and the application is not completed in its entirety your application may not be accepted.
- Applications may be submitted in person as the site's management office, by mailing them to the site's management office, electronically, or in accordance with specific requirements of the site's remarketing plan that will be stated in the outreach.

Please note that the back page has 2 areas that require signature. You must sign on both lines or application will not be accepted

If you have any questions, please contact the office at 212-401-7693

529 W 29th St LLC is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Fair Housing Officer, RA Management LLC, 30 Hudson Yards, 72nd Floor, NY, NY 10001, (212) 801-1000, NY TTY 1-800-662-1220

EQUAL HOUSING OPPORTUNITY



Application For Occupancy

529 W 29th St LLC

529 W 29th St LLC

New York, NY 10001

Phone (212) 401-7693 Fax (212) 401-7694

TDD: (800) 852-7897

529 W 29th St LLC is a Smoke-Free Community

For Related Management Company
Office Use Only:

Date Received: _____

Application #: _____

This application is to be completed by the head of household. All questions must be answered in single colored ink. If any questions are left blank, and/or white out is used the application will be returned. If a question does not apply, please write "N/A." Head of household and all adult family members must sign and date the last page.

Head of Household Full Name:		
Street Address/Apartment Number:	City, State:	Zip Code:
Home Phone: () -	Secondary Phone: () -	Email Address:
Check which size units you would like to be considered for: ☐ One Bedroom ☐ Two Bedrooms ☐ Other (specify):		Are you requesting a unit with special accommodations for any member of your household due to the following disabilities? ☐ Mobility ☐ Visual ☐ Hearing
Check "Yes" if you have been displaced by one of the following state declared disasters: a) Urban Renewal Area; b) Disaster such as fire or flood; c) Government or state action; or d) Presidential-declared disaster: ☐ Yes ☐ No		

Housing Status

Complete each category as applicable, or write "N/A."

Current Landlord Name/Address:		Landlord Phone: () -
Current Managing Agent Name/Address:		Managing Agent Phone: () -
Check the size of your current residence: ☐ Studio ☐ Three Bedrooms ☐ One Bedroom ☐ Four Bedrooms ☐ Two Bedrooms ☐ Other (specify):	How long have you lived at this address? ____ Years ____ Months	Is the lease in your name? ☐ Yes ☐ No
Are you sharing your apartment? ☐ Yes ☐ No	Total monthly rent for your apartment: \$	Your portion of monthly rent: \$
Does your current rent include utilities? ☐ Yes ☐ No	Average monthly utility expenses: \$	Is your landlord a relative? ☐ Yes ☐ No
Do you pay your own rent? ☐ Yes ☐ No	If not, who does?	Reason for wanting to move:
Do you currently have a portable Section 8 voucher? ☐ Yes ☐ No	Is your current rent subsidized through Section 8? ☐ Yes ☐ No	
Are you currently without a regular nighttime residence? ☐ Yes ☐ No	Are you relocating due to violent or unsafe conditions? ☐ Yes ☐ No	
Previous Landlord Name/Address:		Previous Landlord Phone: () -
Previous Managing Agent Name/Address:		Previous Managing Agent Phone: () -
Previous monthly rent: \$	Reason for moving:	
Please list all states in which you and all household members have previously resided:		
If you or a member of your household was 62 years of age or older as of January 31, 2010 and do not have a social security number, state if you were receiving HUD rental assistance at another location on January 31, 2010:		

Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, live-in aides, etc.)

Household Member Full Name:	Relationship to Head of Household:	Sex: (Male, Female, or Decline to Answer)	Date of Birth:	Last 4 digits of SSN:
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				

Please list all household members who have served in the **U.S. military**:

Income from Employment

List all **current** full-time and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) If you do not currently receive income from employment, please write "N/A." See next page for non-employment sources of income.

Household Member Full Name:	Occupation:	Employer Name/Address/Phone:	Start Date:	Gross Earnings (Before Deductions and Taxes):
1		_____ _____ () -		\$ _____ ☐ Weekly ☐ Monthly ☐ Yearly
2.		_____ _____ () -		\$ _____ ☐ Weekly ☐ Monthly ☐ Yearly
3.		_____ _____ () -		\$ _____ ☐ Weekly ☐ Monthly ☐ Yearly
4.		_____ _____ () -		\$ _____ ☐ Weekly ☐ Monthly ☐ Yearly
5.		_____ _____ () -		\$ _____ ☐ Weekly ☐ Monthly ☐ Yearly
6.		_____ _____ () -		\$ _____ ☐ Weekly ☐ Monthly ☐ Yearly
7.		_____ _____ () -		\$ _____ ☐ Weekly ☐ Monthly ☐ Yearly

Income from Other Sources

List any and all other income sources not previously reported, including but not limited to: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, etc. If you do not have any sources of additional income, please write "N/A."

Household Member Full Name:	Type of Income:	Income Amount:
1.		\$ ☐ Weekly ☐ Monthly ☐ Yearly
2.		\$ ☐ Weekly ☐ Monthly ☐ Yearly
3.		\$ ☐ Weekly ☐ Monthly ☐ Yearly
4.		\$ ☐ Weekly ☐ Monthly ☐ Yearly
5.		\$ ☐ Weekly ☐ Monthly ☐ Yearly
6.		\$ ☐ Weekly ☐ Monthly ☐ Yearly
7.		\$ ☐ Weekly ☐ Monthly ☐ Yearly

Assets

Complete each category as applicable, or write "N/A."

Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ as of / /
Name/Address of Bank		
Additional Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
Savings Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
Money Market Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
Certificate of Deposit Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
401K/Other Retirement Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date \$ as of / /
Name/Address of Bank		
Do you receive income in the form of a pre-paid debt card (e.g. Direct Express, EBT, etc.)? ☐ Yes ☐ No		Current Balance as of Last Statement Date \$ as of / /
Do you own any stocks/bonds ? ☐ Yes ☐ No	If yes, what is the current value? \$	
Do you own any savings bonds ? ☐ Yes ☐ No	If yes, what is the current value? \$	
Do you own any real estate ? ☐ Yes ☐ No	If yes, what is the current value? \$	
Have you ever owned any real estate? ☐ Yes ☐ No	If yes, when? _____ When was it sold? _____ For how much? \$	
Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years? ☐ Yes ☐ No	If yes, list each asset and the amount received for each asset: Type of Asset _____ Amount \$ _____ Type of Asset _____ Amount \$ _____ Type of Asset _____ Amount \$ _____	

Student Status

List all household members that are currently enrolled in an educational program, or write "N/A."

Full Name of Student:	School Name/Address/Phone:	Enrollment Status:
1.	_____ _____ () -	☐ Full-Time ☐ Part-Time
2.	_____ _____ () -	☐ Full-Time ☐ Part-Time
3.	_____ _____ () -	☐ Full-Time ☐ Part-Time
4.	_____ _____ () -	☐ Full-Time ☐ Part-Time
5.	_____ _____ () -	☐ Full-Time ☐ Part-Time
6.	_____ _____ () -	☐ Full-Time ☐ Part-Time
7.	_____ _____ () -	☐ Full-Time ☐ Part-Time

Child Care and Medical Expenses

Complete each question as applicable, or write "N/A."

Do you pay for child care expenses for any household member under the age of 13? ☐ Yes ☐ No Names of children requiring child care:	If yes, name/address/phone of child care provider: _____ _____ () -		Estimate of monthly child care costs: \$
If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not reimbursed by any medical plan/insurance? ☐ Yes ☐ No ☐ N/A	If yes, please indicate the estimated yearly expense amount: \$	Amount of monthly Medicare premium: \$	Amount of other medical insurance monthly costs: \$

Program Information

Complete each category as applicable, or write "N/A."

Do you presently reside in a development where your rent is based upon your income? ☐ Yes ☐ No	If yes, explain:	
How did you hear about our development?	Why are you applying to our development?	
Have you or any member of your household ever been evicted? ☐ Yes ☐ No	If yes, when?	
If yes, was the eviction from federally assisted housing for drug-related criminal activity? ☐ Yes ☐ No		
Explain circumstances briefly:		
Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment? ☐ Yes ☐ No		
Explain circumstances briefly:		
Is any member of your household subject to a state sex offender lifetime registration requirement? ☐ Yes ☐ No		

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consumer reporting agency listed below may provide us with information.

Credit Bureaus:

- Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742
- TransUnion, Consumer disclosure center, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 (800) 888-4213
- Equifax (CBI), PO Box 740241, Atlanta, GA 30374 (800) 685-1111

Civil Records:

- First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200, Rockville, MD 20852 (888) 333-2413

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from www.annualcreditreport.com; and (3) dispute any inaccurate information in the report with the consumer reporting agency.

By signing, you authorize us to contact any references listed and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information.

Signature of Head of Household

Date

WARNING: MISLEADING WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Head of Household

Date

Signature of Applicant Over Age 18

Date

Signature of Applicant Over Age 18

Date

Demographic Data

The following information is required only to determine program utilization for statistical purposes. This information will not affect the processing of this application.

Gender: ☐ Male ☐ Female ☐ Decline to Answer	Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Decline to Answer
Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Decline to Answer	

Attention

Please do not submit more than one application per household or copies of an application.

The eligibility criteria for occupancy includes the review and consideration of criminal history, pursuant to the New York City Fair Chance Housing Law. The applicant may provide evidence demonstrating inaccuracies within a criminal record or evidence of rehabilitation or other mitigating factors.

The filing of this application in no way guarantees you an apartment.

Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

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