

Date _____

Application Number _____

APPLICATION FOR APARTMENT

No payment or fee should be given to anyone in connection with the preparation and filing of this application. This application is good for **ONE YEAR** from the date indicated above.

NAME: _____
First Middle Last

CURRENT ADDRESS: _____
Number and Street Apt
County or City State Zip Code

PHONE: Home () Work () Cell ()

LANDLORD: _____
Name or Company

ADDRESS: _____
Number & Street Suite/Floor
County or City State Zip Code

PHONE: () Landlord CURRENT RENT: _____ Monthly Rent

HOW LONG HAVE YOU BEEN LIVING AT THIS ADDRESS? _____ YEARS _____ MONTHS

REASON(S) FOR LEAVING _____

PREVIOUS ADDRESS: _____
Number & Street Apt
County or City State Zip Code

HOW MANY BEDROOMS ARE YOU LOOKING FOR? _____

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR HOUSEHOLD MEMBERS WHO WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING.

Household Member Name	Relationship	Sex	Date of Birth	Age	Social Security Number

DO YOU HAVE A SECTION 8 CERTIFICATE/VOUCHER? [] YES [] NO

Are you or any person in the household receiving any other rent subsidies [] Yes [] No If YES, Who? _____

PLEASE LIST ALL FULL AND/OR PART-TIME EMPLOYMENT FOR ALL HOUSEHOLD MEMBERS INCLUDING YOURSELF. INCLUDE SELF-EMPLOYED EARNINGS, IF ANY.

Household Member	Name & Address of Employer	How Long Employed	Gross Earnings	Per (Year, Month, Week, etc)
			\$	[] Year [] Month [] Week [] Per _____
			\$	[] Year [] Month [] Week [] Per _____
			\$	[] Year [] Month [] Week [] Per _____
			\$	[] Year [] Month [] Week [] Per _____

CHECKING ACCOUNT(S):

Bank/Branch Address

Account Number

SAVINGS CERTIFICATES

PASSBOOK SAVINGS

PLEASE LIST ALL OTHER SOURCES OF INCOME SUCH AS SSI, WELFARE, UNEMPLOYMENT, PENSION, DISABILITY, ETC.

Household Member	Type of Income	Amount	Per (Year, Month, Week, Etc)

PLEASE LIST THREE (3) REFERENCES OTHER THAN RELATIVES

NAME	RELATIONSHIP	TELEPHONE

Sources of information

How did you hear about this company?

- Newspaper Friend/Family Local Organization/Church Sign Posted on Building
 Other

I declare that statements contained in this application are true and complete to the best of my knowledge. By signing below, I also consent to Morrisania Revitalization Corp (M.R.C) to review my credit and housing history.

Applicant _____ **Date** _____

Applicant _____ **Date** _____

FOR OFFICIAL USE ONLY:

Community Board Resident [] Yes [] No

Rent of Apartment Assigned [] Low [] Mod
\$ _____ Per Month

Borough Resident [] Yes [] No

Family Composition:

Adult Males: _____

Adult Females: _____

Male Children: _____

Female Children: _____

Size of Apartment Assigned:

[] Studio [] 1Br [] 2Brs [] 3Brs [] 4Brs

Verified Earned Income

1. \$ _____
2. \$ _____
3. \$ _____
4. \$ _____
5. \$ _____

Verified Other Income

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Total Verified Household Income: \$ _____

Morrisania Revitalization Corporation
576-B East 165th Street
Bronx, New York 10456

Tel: (718) 589-7858

Fax: (718) 589-7973

INSTRUCTIONS FOR COMPLETING
APARTMENT APPLICATION:

1. Submit only ONE (1) application per family.
2. When completed, this application may be returned by regular mail or hand delivered to the above address between the hours of 11:00 am and 2:00 pm.
3. NO PAYMENT OR FEE should be given to anyone in connection with the preparation or filing of this application for housing or with the receipt of an apartment.
4. The applicant must give the information provided in this application.
5. There is a \$50 Credit Check Fee, which is non-refundable.
6. Once your application is submitted and processed, you will be notified based on unit availability.