

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: ( ) CURRENT RENT: \_\_\_\_\_  
Landlord 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 |
|-----------------------|--------------|-----|---------------|-----|------------------------|
|                       |              |     |               |     |                        |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
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|  |  |  |  |  |  |

**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<br>[    ] Month<br>[    ] Week<br>[    ]<br>Per_____ |
|                  |                            |                   | \$             | [    ] Year<br>[    ] Month<br>[    ] Week<br>[    ]<br>Per_____ |
|                  |                            |                   | \$             | [    ] Year<br>[    ] Month<br>[    ] Week<br>[    ]<br>Per_____ |
|                  |                            |                   | \$             | [    ] Year<br>[    ] Month<br>[    ] Week<br>[    ]<br>Per_____ |

**CHECKING ACCOUNT(S):**

**Bank/Branch Address**

**Account Number**

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**SAVINGS CERTIFICATES**

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**PASSBOOK SAVINGS**

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

| <b>Household Member</b> | <b>Type of Income</b> | <b>Amount</b> | <b>Per (Year, Month, Week, Etc)</b> |
|-------------------------|-----------------------|---------------|-------------------------------------|
|                         |                       |               |                                     |
|                         |                       |               |                                     |
|                         |                       |               |                                     |

**PLEASE LIST THREE (3) REFERENCES OTHER THAN RELATIVES**

| <b>NAME</b> | <b>RELATIONSHIP</b> | <b>TELEPHONE</b> |
|-------------|---------------------|------------------|
|             |                     |                  |
|             |                     |                  |
|             |                     |                  |

**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 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 165<sup>th</sup> 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.