

APPLICATION FOR APARTMENT

INSTRUCTIONS:

1. **SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD.** Applications will be processed on a first-come, first-served basis. You will be disqualified if more than one application is received for your household.
2. You must complete the first three sections (Sections A, B and C) as well as sign and date the application in order for your application to be reviewed if it is selected for further processing. The application should be completed very carefully. Incomplete information for the number of people in your household, your name, or your income, may result in disqualification. In addition, do not use white-out or liquid paper anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.
3. When completed, this application must be returned by regular mail ONLY (priority, certified, registered, express, overnight mail, or oversized envelopes will NOT be accepted).
4. Only the application should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.

5. Mail completed application to:

**Putnam Court, L.P.
P.O. Box 373004
Lincolnton Station
New York, NY 10037**

6. **No payment should be given to anyone in connection with the preparation or filing of this application.** No broker or application fees may be charged.
7. Income Eligibility: Please review the chart in the project advertisement which breaks down the mandatory income levels for the housing program of the building you are applying to, based on family size. All income sources should be listed on the application. In general, gross income is calculated for most applicants, except that net income is analyzed for self-employed applicants. Net business income from current and prior years is considered for self-employed applicants, and such applicants must have at least two (2) to three (3) complete years in the same self-employed field. Further, please note that all sources of income must be able to be documented and verified. If your application is selected for further processing you will be contacted, via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.
 - a. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. These include, but are not limited to Credit History, Criminal History, and Housing Court History.
8. Application Preferences: A preference for fifty percent of the 24 units will initially be given to residents of Brooklyn Community Board #2.
9. Primary Residence Requirement: Any applicant ultimately approved for this development must maintain the new apartment as his or her sole primary residence.
10. Submission of False or Incomplete Information: Prospective applicants should be aware that this is a governmentally assisted housing program. The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will result in an applicant's disqualification.



# Apts. Available	Apartment Size	Household Size*	Monthly Rent**	Total Annual Income Range Minimum - Maximum
24	Studio/ 0 Bedroom	1	\$613	\$22,068 - \$29,050

*Subject to occupancy criteria. **Includes gas for heat, hot water and cooking – tenant pays electricity

A. Name & Address (Required)

First, Middle Initial, & Last Name, Suffix:	
Current Address Line 1:	
Current Address Line 2:	
City:	
State:	
Zip Code:	
Cell Phone:	
Home Phone:	
Work Phone:	
Email:	
How long have you lived at this address? _____ Years, _____ Months	
Please select one of the following, email or paper mail, as your preferred method of communication for ALL future correspondence regarding this application. If your preferred mailing address is different than the one listed above, please indicate the preferred mailing address in the space provided:	
<input type="checkbox"/> Email: _____	
<input type="checkbox"/> Paper Mail (specify if mailing address is different than above): _____	



B. Household Information (Required)

How many persons, including yourself, will live in the unit for which you are applying? _____

First, Mid. Initial, & Last Name, Suffix	Relationship to Applicant	Birth Date (MM/DD/YY)	Sex	Occupation	Disabled?			Full-Time Student?
					MI*	VI**	HI***	
	Head of Household							

*Mobility Impaired. **Visual Impaired. ***Hearing Impaired.

C. Income (Required)

1. Income from Employment

List all full and/or part time employment income. Include self-employment earnings:

Household Member	Employer Name & Address	Length of Employment		Earnings	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
		Years	Months			
Head of Household						

2. Income from Other Sources

List all other income sources, for example, welfare (including housing allowance), AFDC, Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc.

Household Member	Type of Income	Dollar Amount	Period (weekly, every other week, twice a month, monthly, annually)	Annual Gross Income
Head of Household				

3. TOTAL ANNUAL HOUSEHOLD INCOME

Add ALL Annual Gross Income (Sections 1 & 2 above) and list the TOTAL ANNUAL HOUSEHOLD INCOME:



4. Assets

Are there assets for this household? Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," please indicate assets for each household member:		
Household Member	Type of Asset/Account	Branch
Head of Household		

D. Section 8 Housing Assistance

Are you presently receiving a Section 8 Housing Voucher or Certificate, or any other form of rental assistance? (This information will not affect the processing of the application.)	<input type="checkbox"/> Yes – Section 8 <input type="checkbox"/> Yes – Other (Specify): _____ <input type="checkbox"/> No
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E. Current Landlord

Landlord Name <small>(If you live in public housing project, enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD.")</small>	Landlord Address	Landlord Phone #
What is the total rent on the apartment where you currently live or are temporarily staying?	_____ monthly	
How much do you contribute to the total rent of the apartment? If nothing, write "0."	_____ monthly	

F. Source of Information

How did you hear about this development? Please check all that apply:		
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>
<input type="checkbox"/>	Local organization or church	<input type="checkbox"/>
<input type="checkbox"/>	Sign posted on property	<input type="checkbox"/>
<input type="checkbox"/>	Community Board	<input type="checkbox"/>
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>



E. Ethnic Identification

This information is optional and will not affect the processing of the application. Please check the group(s) that best identifies the household:			
<input type="checkbox"/>	White (non-Hispanic origin)	<input type="checkbox"/>	Black
<input type="checkbox"/>	Hispanic origin	<input type="checkbox"/>	Asian or Pacific Islander
<input type="checkbox"/>	American Indian/Native Alaskan	<input type="checkbox"/>	Other: _____

F. Signature (Required)

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application and the termination of my lease (if discovery is made after the fact).

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signature: _____ Date: _____

OFFICE USE ONLY:

Community Board Resident: Yes No

Family Composition: Adult (Males) _____ Adult (Females) _____
 Children (Males) _____ Children (Females) _____

Person with Disability: Mobility Visual Hearing

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ PER YEAR

