

Dear Applicant:

ENCLOSED IS A GENERAL APPLICATION FOR ALL APARTMENT RENTALS. PLEASE BE ADVISED THAT YOU MUST SUBMIT ALL OF THE FOLLOWING WITH YOUR APPLICATION. WE WILL NOT PROCESS ANY APPLICATION OR RECONSIDER AN APPLICATION IF YOU FAIL TO INCLUDE ANY OF THE REQUESTED DOCUMENTS.

DO NOT FAX THIS APPLICATION - MAIL TO ADDRESS PROVIDED

Progressive Management 1044 Northern Blvd. – 2nd Fl Roslyn, NY 11576

Please be sure to send **copies only**. WE WILL NOT RETURN ANY DOCUMENTS TO YOU.

- Copies of the last six pay stubs from your place of employment. (For all working household members). If you are receiving a pension, retirement income or disability income, send copies of most recent statement or award letter. Proof of child support income (i.e. court order documents, notarized letter)
- Most recent W-2 forms. If you are self-employed you must provide the last two (2) years of Tax Returns.
- Proof of Unemployment Income for anyone who is unemployed.
- Budget letter, SSI award letter, Section 8 voucher, Proof of any other subsidy if applies
- You must have legal documentation and custody of any minors in the household.
- Self-addressed envelope

If you continue to apparently qualify you will be asked to supply additional documentation and a credit check fee at time of interview.

YOU WILL RECEIVE THE STATUS OF YOUR APPLICATION IN WRITING BY MAIL WITHIN **<u>1 MONTH</u>** FROM THE DATE WE RECEIVE YOUR APPLICATION.

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE ABOVE DOCUMENTS. DUE TO A HIGH VOLUME OF APPLICATIONS WE WILL NOT BE ABLE TO GIVE INFORMATION ON THE PHONE. NO FURTHER COMMUNICATION IS NECESSARY.

Yours Truly, Marketing Department Ext. 306

APPLICATION FOR APARTMENTS

(Please place 1, 2, and 3 for priority of your Borough preference) _____ Bronx ____ Brooklyn ____ Manhattan ____ Sea Park/Coney Island ____ Queens

Please tell us what building you prefer:____

Please mail completed applications to: PROGRESSIVE MANAGEMENT OF NY 1044 Northern Blvd. – 2nd Fl Roslyn, NY 11576 Phone (516) 277-9306 FAX (516) 216-1995

DO NOT FAX THIS APPLICATION

NAME:(FIRST)	(M.I.)	(LAST)	
ADDRESS:			
(NUMBER)	(STREET)	(APARTMENT #)	
(CITY)	(STATE)	(ZIP CODE)	
HOME PHONE: ()		WORK PHONE: ()	
CELL PHONE: ()		E-MAIL:	
MAILING ADDRESS IF DIFFER	RENT FROM ABOVE:		
(NUMBER OR P.O. BOX)	(STREET)	(APARTMEN	T #)
(CITY)	(STATE)	(ZIP CODE)	
LIST ALL FULL AND PÂRT-TIME PERSONS THAT WILL BE LIVIN(E EMPLOYMENT FOR ALL HOU G WITH YOU. INCLUDE SELF-E	MPLOYMENT EARNINGS.	
LIST ALL FULL AND PART-TIME PERSONS THAT WILL BE LIVING	E EMPLOYMENT FOR ALL HOU		G YOURSELF AND AL GROSS EARNINGS \$ \$
LIST ALL FULL AND PÂRT-TIME PERSONS THAT WILL BE LIVING	E EMPLOYMENT FOR ALL HOU G WITH YOU. INCLUDE SELF-E	MPLOYMENT EARNINGS. HOW LONG	GROSS EARNINGS \$
B. Income from Employme LIST ALL FULL AND PART-TIME PERSONS THAT WILL BE LIVING HOUSEHOLD MEMBER: DO ALL ADULT HOUSEHOLD N IF "NO" PLEASE EXPLAIN:	E EMPLOYMENT FOR ALL HOU G WITH YOU. INCLUDE SELF-E EMPLOYER ADDRESS	MPLOYMENT EARNINGS. HOW LONG EMPLOYED	GROSS EARNINGS \$ \$ \$
LIST ALL FULL AND PART-TIME PERSONS THAT WILL BE LIVING HOUSEHOLD MEMBER: DO ALL ADULT HOUSEHOLD N IF "NO" PLEASE EXPLAIN: C. INCOME FROM OTHER SOU OTHER SOURCE OF INCOME SU PENSION, DISABILITY COMPENS ALIMONY, CHILD SUPPORT, AND	E EMPLOYMENT FOR ALL HOU G WITH YOU. INCLUDE SELF-E EMPLOYER ADDRESS	MPLOYMENT EARNINGS. HOW LONG EMPLOYED	GROSS EARNINGS \$ \$ }] NO SOCIAL SECURITY, SSI TTING, CARETAKING,
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E. CURRENT LANDLORD

(IF YOU ARE LIVING IN A PUBLIC HOUSING PROJECT WRITE "NYCHA." IF LIVING IN A CITY OWNED BUILDING WRITE "HPD.")				
LANDLORD'S ADDRESS:	(NUMBER, STREET, APT#)			
	(CITY, STATE, ZIP CODE)			
LANDLORD'S PHONE #: ()	_			
How long have you lived at this address?				
Do all household members on this application currently live at this addre				
F. CURRENT RENTS What is the total rent on the apartment where you currently live of How much do you contribute towards rent? If you do not contribute any	or are staying temporarily? \$per month thing mark "0" \$per month			
G. REASON FOR MOVING [] living with parents [] not enough space [] living in shelter or on the street [] bad housing conditions [] current apartment not suitable for	 do not like neighborhood living with relatives or another family rent is to high increase in family size (marriage, birth) health reasons 			

persons with disabilities

- health reasons
 other _____
- H. SECTION 8 HOUSING ASSISTANCE OR OTHER SUBSIDY (IE. FEPS, HASA, LINC)

Are you currently receiving a Section 8 housing certificate, voucher, or another subsidy? [] YES [] NO (Please mark "yes" or "no". This information will not affect the processing of the application. IF "YES"PROVIDE PROOF WITH THE APPLICATION)

I. HOUSEHOLD INFORMATION

How many persons in your household, including yourself, WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING FOR?

List all the people **WHO WILL LIVE WITH YOU IN THE UNIT FOR WHICH YOU ARE APPLYING**, starting with yourself, and provide the following information. Add additional pages if necessary.

Full Name	Relationship To applicant	Birth date	Age	Sex (M/F)	Last 4 Digits of Social Security Number	OCCUPATION if in school, Write SCHOOL
1	<u>Self</u>					
2						
3						
4						
5						
6						

Do you anticipate any household size changes within the next twelve (12) months? [] Yes [] No

Are you or a member of your household disabled? [] Yes [] No If YES, would you describe the disability as [] mobility impairment? [] visual impairment? [] hearing impairment? If you checked any of the above, do you require any special accommodations? [] YES [] NO

PLEASE SPECIFY: _

J. ASSETS

Please list all personal accounts that applicant(s) have. (checking, savings, cd's, money market, stock, bonds, mutual funds)

Bank/account name And address	Name on account applicant(s)	current balance (as of today)
		\$00
		\$00
		\$00
K. SOURCE OF INFORMATI		
How did you hear about this d		
[] Newspaper:		_ [] Flier/Handout
[] Shelter/Case Manager:		[] Local church or organization
	" hot line listing new ads for the month:	[] other:
L. Ethnic Identification (used This information is optional an applicant.	1 1 5,	tion. Please check one group which best identifies the

[] White (non Hispanic origin)	[] Black
[] Hispanic origin	[] Asian or Pacific Islander
[] American Indian or	[] Other
Alaskan Native	

M. PERMISSION FOR CREDIT CHECK

I/ we hereby authorize the use of any consumer reporting agency, credit bureau or other investigating agency employed by such, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my employment history, credit, prior tenancies, characters general reputation, personal characteristics, and mode of living, to obtain a consumer report and other such credit information which may result thereby, and to disclose and furnish such information to the Owner/ Agent listed above in support of this application. I have been advised that I have the right, under section 606B of the fair credit reporting act, to make written request, within a reasonable time for a complete and accurate disclosure of the nature and scope of any investigation. The owner and it's agents may conduct criminal background searches on persons applying to live at its community. It is owner and it's agents policy not to accept prospective residents who have been charged with and/or convicted of any felonies and/or misdemeanors. However, prior to acceptance of an applicant the owner and it's agents may use an independent consumer reporting agency to search public records which may contain criminal background information regarding the applicant. The owner and it's agents will determine if the criminal background information pertains to the applicant and if the report indicates that one or more such felony and/or misdemeanor records were found. The owner and it's agents will then compare the records to the owners established acceptance policies to determine whether or not the applicant may be accepted based on a review of the executive committee. If your application is declined based on the discovery of public records that indicate an unacceptable criminal background, you will be given the name, address, and telephone number of the consumer reporting agency that provided the criminal background report may obtain a free copy of the report and may initiate a reinvestigation to have any erroneous information contained in the report corrected. You also have a right to obtain a report from www.annualcreditreport.com. The consumer reporting agency will advise you of the procedure that you should follow in order to do so.

You are required to pay the \$25.00 credit check fee for one-two adults and \$50.00 credit check fee for three or more adults in the household. A credit check will be done on all members over 18 years old. The credit check fee is due at the time you are selected for further processing. This fee becomes NON-REFUNDABLE once a credit check has been conducted. If Landlord or agent does not rent the apartment to tenant, liability of both parties hereunder shall cease and

terminate. The truth of the information contained herein is essential and if the aforementioned property deems answer or statement herein to be false, or misleading, it shall be considered that any lease granted in reliance upon the information provided above may be canceled at owner's option.

N. SIGNATURE

THE UNDERSIGNED ACKNOWLEDGES THAT THE OWNER AND IT'S AGENTS HAVE NOT BEEN PAID, OR HAVE NOT REQUESTED OR SOLICITED FOR A COMMISSION AS A CONDITION TO THE EXECUTION OF THIS APPLICATION/LEASE AGREEMENT. FURTHERMORE I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. <u>(ALL APPLICANTS OVER 18 MUST SIGN THIS APPLICATION)</u>

[]studio []] bedroom []] bedroom []] bedroom

Signature	Date//
Signature	Date/
Signature	Date/

Office use only:

Size of Apartment Assigned

Community Board Member [] Yes [] No

Borough Resident [] Yes [] No

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Family Composition: Adult Males Adult Females Male Children Female Childre				Person with c	lisability: [] mobility [] visual [] hearing	
Verified	l Earned Incor	ne:			Verified oth	er Income:
1.	\$	00/year		1.	\$	00/year
2.	\$	00/year		2.	\$	00/year
3.	\$	00/year		3.	\$	00/year
4.	\$	00/year		4.	\$	00/year
Total:	\$	00/year		Total:	\$	00/year
	Total Veri	fied Household	Income:		00/year	

Bedroom Size	Household <u>Size</u>	<u>RENT</u> Sea Park (Coney Island) & Select Areas in Brooklyn, Bronx and Manhattan	<u>RENT</u> Select Areas in Brooklyn Including East NY	<u>MINIMUM</u> <u>INCOME</u> ALL AREAS
0	1	\$947	\$890	\$34,354
1	1 to 2	\$1017	\$948	\$36,822
2	2 to 4	\$1230	\$1154	\$44,160
3	3 to 6	\$1413	\$1328	\$51,017
4	4 to 8	\$1582	N/A	\$56,914
5	5 to 10	\$1742	N/A	\$62,811

HOUSEHOLD SIZE	TOTAL MAXIMUM INCOME
1	\$40,080
2	\$45,840
3	\$51,540
4	\$57,240
5	\$61,860
6	\$66,420
7	\$70,980
8	\$75,600
9	\$80,160
10	\$84,720