




To All Applicants:

Thank you for your interest in affordable permanent housing with New Destiny Housing Corporation. The application you requested is attached. **There are no application fees.**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

1. **Type or print** your application clearly.
2. Your application must be filled out completely & correctly.
3. Select only **one apartment size** (Studio, 1-BR, 2-BR or 3-BR).
4. **Sign and date** your application where indicated.
5. You must include a business size (#10) **self-addressed stamped envelope** with your completed application...

For example, on the envelope write your name and address and put the stamp like this:

<p>Your Name Your Address City, State Zip Code</p>	
	<p>Put stamp here</p>
<p>Your Name Your Address, Apt.# City, State Zip Code</p>	
<p>(business size #10 envelope)</p>	

6. Applications submitted without a business size (#10) **self-addressed stamped envelope** will not be accepted.
7. Mail your completed application along with a business size (#10) self-addressed, stamped envelope to **New Destiny Housing Corporation, 1140 Broadway, Suite 1002, New York, NY 10001, Attn: Application Unit.**

All applicants will be required to meet income and eligibility criteria.



Housing Application

Instructions:

1. Your application must be filled out completely & correctly,
2. Only one (1) application per household will be accepted. **You will be disqualified** if more than one application per household is received.
3. Please print or type clearly and answer accurately for ALL members of the household.
4. Please sign where indicated.
5. Mail completed applications along with a **business size (#10) self-addressed stamped envelope** **to:** New Destiny Housing Corporation, 1140 Broadway, Suite 1002, New York, New York 10001
Attn: Applications Unit

Applications that are submitted with out a business size (#10) self-addressed stamped envelope will not be processed.

NUMBER OF BEDROOMS APPLYING FOR: Studio 1 BR 2 BR 3 BR

APPLICANT INFORMATION

First name:		Middle Name:	Last name:	
Current address (Number & Street):				Apt.#:
City		State:		Zip
How long have you been living at this address?		Years: _____	Months: _____	
Day or Work Phone #		Evening or Home Phone#		
Drivers License: Yes <input type="checkbox"/> No <input type="checkbox"/>	State Issued by:		#	
State ID: Yes <input type="checkbox"/> No <input type="checkbox"/>	State Issued by:		#	

SPECIAL POPULATION

Please check the appropriate box if you or a member of your household are the following:

Survivor of Domestic Violence Intimidated Witness Crime Victim Handicapped/Disabled

At Risk of Homelessness

HOUSEHOLD INFORMATION

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

List all household members, starting with yourself, and provide the following information:					
Full Name	Relationship to Applicant	Birth Date	Sex (M/F)	Social Security Number	Occupation (Write "student" if attending school)
1.	SELF				
2.					
3.					
4.					
5.					

RENTAL HISTORY

Present Residence

Please mark the box that describes your current housing situation:

Own Rent Live With Parents/Family Share Shelter Transitional Facility Residential Program
Hotel Homeless Other (explain):

What is the total rent you pay? \$ _____ Per month

Have you been asked to leave? Yes No Is rent up to date? Yes No

Present Landlord Name:

Present Landlord Address:

City	State	Zip	Phone#
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Reason for Moving:

Previous Address

If at present address less than five (5) years (if shelter or homeless, less address before that):

Own Rent Share Transitional Facility Hotel Residential Program

Previous address:

City	State	Zip	How long at this address?
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How much rent did you pay: \$ _____	Per. month	Was rent up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Were you asked to leave? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did you give notice? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Landlord Name:

Landlord Address:

City	State	Zip	Phone#
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Reason for Moving:

RENTAL ASSISTANCE

Are you currently receiving rental assistance such as EARP/Sect 8, SSI, and Welfare etc.? Yes No

If yes what type:	Amount \$	Per Month
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Have you been approved for rental assistance such as EARP/Sect 8, SSI, and Welfare etc.? Yes No

If yes what type:	Amount \$	Per Month
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INCOME FROM EMPLOYMENT

FOR ALL MEMBERS OF THE HOUSEHOLD

List all current full, part-time and/or self employment (that is income that will be applied to the rent)

APPLICANT

List all current full, part-time and/or self employment (that is income that will be applied to the rent)

Employer's Name:

Address:	Contact Person:
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City:	State:	Zip:	Phone#:
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How Long Employed:	Years:	Months:	Position
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Gross Earnings (before taxes): \$ _____	Per-Week	Other:
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Previous Employment If at present employment less than five (5) years				
Employer's Name:			Position:	
Address:			Contact Person:	
City:		State:	Zip:	Phone#:
How Long Employed: Years: _____ Months: _____		Date Employed From: _____ To: _____		
Gross Earnings (before taxes): \$ _____		Per-Week	Other:	

Other Employment and/or Employment for Household Members List all current full, part-time and/or self employment (that is income that will be applied to the rent)				
Employer's Name:			Position:	
Address:			Contact Person:	
City:		State:	Zip:	Phone#:
How Long Employed: Years: _____ Months: _____		Date Employed From: _____ To: _____		
Gross Earnings (before taxes): \$ _____		Per-Week	Other:	

Previous Employment If at present employment less than five (5) years				
Employer's Name:			Position:	
Address:			Contact Person:	
City:		State:	Zip:	Phone#:
How Long Employed: Years: _____ Months: _____		Date Employed From: _____ To: _____		
Gross Earnings (before taxes): \$ _____		Per-Week	Other:	

Other Employment for Household Members List all current full, part-time and/or self employment (that is income that will be applied to the rent)				
Employer's Name:			Position:	
Address:			Contact Person:	
City:		State:	Zip:	Phone#:
How Long Employed: Years: _____ Months: _____		Date Employed From: _____ To: _____		
Gross Earnings (before taxes): \$ _____		Per-Week	Other:	

Previous Employment If at present employment less than five (5) years				
Employer's Name:			Position:	
Address:			Contact Person:	
City:		State:	Zip:	Phone#:
How Long Employed: Years: _____ Months: _____		Date Employed From: _____ To: _____		
Gross Earnings (before taxes): \$ _____		Per-Week	Other:	

Other Employment for Household Members List all current full, part-time and/or self employment (that is income that will be applied to the rent)				
Employer's Name:			Position:	
Address:			Contact Person:	
City:		State:	Zip:	Phone#:
How Long Employed: Years: _____ Months: _____		Date Employed From: _____ To: _____		
Gross Earnings (before taxes): \$ _____		Per-Week	Other:	

INCOME FROM OTHER SOURCES

List all other sources of income for **ALL HOUSEHOLD MEMBERS**. For example PA, Social Security, SSI, Pension, Disability, Income from Rental Property, Alimony, Child Support, Interest Income, Etc.

Household Member	Type of Income	Amount
1.		\$ per
2.		\$ per
3.		\$ per
4.		\$ per

******ADD ALL INCOME FROM EMPLOYMENT AND OTHER SOURCES AND INDICATE THE TOTAL HOUSEHOLD EARNING FOR THE YEAR: \$ _____**

Assets

Please indicate whether you or any adult in your household has a checking account, savings account or any other assets:

Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Name:	Amount:
Saving Account <input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Name:	Amount:
Other Assets <input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:	

FOR ALL MEMBERS OF THE HOUSE HOLD

A "YES" answer must be explained on a blank sheet of paper with names, addresses, dates and details.

Have you ever been sued for eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever broken a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

YOU MUST LIST FOUR (4) REFERENCES THAT ARE NOT FAMILY MEMBERS

First Name:	Last Name:	Phone #

I authorize New Destiny Housing Corporation to contact past and present landlords, employers, creditors, credit bureau, neighbors, banks and any other sources deemed necessary to investigate applicant.

Applicant Signature: _____

I authorize any City, State or Government agency to release information about me, the undersigned, at any time upon presentation of this form or a photocopy there of.

Applicant Signature: _____

To the best of my knowledge all of the information contained herein is true and complete. I understand New Destiny Housing Corporation reserves the right to disqualify applicant if information is not as represented.

Applicant Signature: _____

Date _____

"DO NOT WRITE BELOW THIS LINE"

TO BE COMPLETED BY OFFICE

Credit Report: Favorable <input type="checkbox"/> Unfavorable <input type="checkbox"/> By _____	Date _____
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Move-in Date _____	Total Number of Occupants _____
Terms of Lease _____	Monthly Rent \$ _____ Security Deposit \$ _____
Address _____	Apartment # _____
Remarks: _____	

Rev: September 1, 2006