



“General Application”


Dear Applicant:

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

6. **Applications submitted with out a business size (#10) self-addressed stamped envelope will not be accepted.**
7. The **Yes and No** questions listed on page 5 must be answered and/or explained for all house hold members **18 years of age and over**. If additional space is needed, use a blank sheet of paper.
8. 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 selection criteria's.

“REMOVE THIS PAGE”



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. You must 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: _____	
E-Mail Address					
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 | Date Move In: _____ Month _____ Year _____

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#
------	-------	-----	--------

Reason for Moving (must answer):**Previous Address****If at present address less than five (5) years (if shelter or homeless, address before that):**Own Rent Share Live With Parents/Family Share Hotel Residential Program

Previous address:

City	State	Zip	Date Move In: _____	Month _____	Year _____
			Date Move Out: _____	Month _____	Year _____

How much rent did you pay: \$ _____ Per. month | Was rent up to date? Yes No Were you asked to leave? Yes No | Did you give notice? Yes No

Landlord Name:

Landlord Address:

City	State	Zip	Phone#
------	-------	-----	--------

Reason for Moving (must answer)::**RENTAL ASSISTANCE**Are you currently receiving rental assistance such as EARP/Sect 8, and/or PA etc.? Yes No**If yes what type: _____ Amount \$ _____ Per Month**Have you been approved for rental assistance such as EARP/Sect 8, and/or PA etc.? Yes No**If yes what type: _____ Amount \$ _____ Per Month****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: _____

City: _____ | State: _____ | Zip: _____ | Phone#: _____

How Long Employed: Years: _____ Months: _____ | Position _____

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:

Applicant Other Employment

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

Household Members Name:			
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:

Employment for Household Members

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

Household Members Name:			
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:

**Household Members Previous Employment
If at present employment less than five (5) years**

Household Members Name:			
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

Starting with yourself, you must list for **ALL HOUSEHOLD MEMBERS**, all other sources of income. 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
5.		\$ per

YOU MUST ADD ALL INCOME FROM EMPLOYMENT AND OTHER SOURCES AND INDICATE THE TOTAL YEARLY HOUSEHOLD EARNINGS: \$ _____

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:	

APPLICANT

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

Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been sued for eviction? <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
Have you ever been sued for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER HOUSE HOLD MEMBERS OVER THE AGE OF 18

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

Household Members Name:	
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been sued for eviction? <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
Have you ever been sued for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER HOUSE HOLD MEMBERS OVER THE AGE OF 18

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

Household Members Name:	
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been sued for eviction? <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
Have you ever been sued for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever filed for bankruptcy? <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: _____	