



new destiny
housing

1070 Anderson Avenue

New Destiny Housing Corporation is accepting applications for sixteen (16) newly constructed, affordable Studio, 1 Bedroom, and 2 Bedroom rental apartments at 1070 Anderson Avenue in the Highbridge section of the Bronx near Yankee Stadium.

Units Available	Unit Size	Family Size	Rent*	Income Qualifications**
5	Studio	1	758	\$29,636-34,879
		2	758	\$29,636-39,299
3	1 Bedroom	1	666	\$26,327-29,049
		2	666	\$26,327-33,199
		1	810	\$31,564-34,859
		2	810	\$31,564-39,839
8	2 Bedroom	2	976	\$37,636-39,839
		3	976	\$37,636-44,819
		4	976	\$37,636-49,799

**Gas for Heat and Cooking Included.*

***Individuals with Section 8 vouchers may be exempt from the income requirements above; all other applicants will be required to meet income criteria as stated.*

Completed applications must be returned **by regular mail** to the address below and **postmarked by March 21, 2012:**

**P. O. Box 670199
Bronx, NY 10467**

Individuals with Section 8 vouchers are encouraged to apply. All applicants will be required to meet additional selection criteria. Only one application per household will be accepted. No Brokers Fee. No Application Fee.



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 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#
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Reason for Moving:

Previous Address

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

Own Rent Share Live With Parents/Family Hotel Shelter

Previous address:

City	State	Zip	Date Move In: Month Year
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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#
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Reason for Moving:

RENTAL ASSISTANCE

Are you currently receiving rental assistance such as Sect 8, and/or PA etc.? Yes No

If yes what type: **Amount \$** **Per Month**

Have you been approved for rental assistance such as Sect 8, and/or PA etc.? Yes No

If yes what type: **Amount \$** **Per Month**

EMPLOYMENT INCOME FOR ALL MEMBERS OF THE HOUSEHOLD

Applicant's Current Employment

List all current full, part-time and/or self employment 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	
Gross Earnings (before taxes): \$ _____		Per-Week	
Applicant's Previous Employment			
If at current 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's Other Employment			
List all current full, part-time and/or self employment 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 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 current 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

HOUSEHOLD MEMBER OVER THE AGE OF 18

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

Household Member's 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

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

Applicant Signature:

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:

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
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"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: _____	