



new destiny
housing


**Please Read All Instructions Carefully Before Completing This Application,
Incomplete Applications Will Not Be Processed.
There Are No Application Fees.**

Dear Applicant:

Thank you for your interest in affordable permanent housing with New Destiny Housing Corporation. The application you requested is attached.

1. You Must **Type or Print** your application clearly.
2. Your application must be filled out **Completely & Correctly**.
3. If you are not living in a **Shelter**, you must provide a real **Street Address** not a **PO Box**.
4. You must submit your most recent **W2 and/or 5 most recent pay stubs** for all employed Persons that will live in the apartment.
5. Select only **One Apartment Size**. (Studio, 1-BR, 2-BR or 3-BR)
6. You Must **Sign and Date** your application where indicated.
7. You must include a business size **(#10) Self-Addressed Stamped Envelope** with your completed (**see example**) application.

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

<p>Your Name Your Address, Apt.# City, State Zip Code</p>	 Stamp
<p>Your Name Your Address, Apt.# City, State Zip Code</p>	
<p>(Business Size #10 Envelope)</p>	

8. Applications submitted without a business size **(#10) Self-Addressed Stamped Envelope** will not be accepted.
9. The **Yes and No** questions listed on page 5 must be answered; a **Yes** must be explained for all household members **18 Years of Age and over**, using the attached blank paper (page 6).
10. All applicants will be required to meet **Income and Selection** criteria.
11. Double check your application to make sure you have filled it out **Completely & Correctly**.
12. **Before mailing**, make a copy of this application and keep it for your records.
13. Mail your completed application along with a business size **(#10) Self-Addressed, Stamped Envelope** to **New Destiny Housing Corporation, 12 West 37th Street, 7th Floor, New York, NY 10018, Attn: Application Unit.**

NOTE: Applications are based on a six (6) months rollover cycle. If you do not received a response to your application within six (6) months from the date of submission, it has reached its maturity and has been discarded. You can reapply by submitting a new application.



Housing Application

Instructions:

1. Your application must be filled out **Completely & Correctly**. You must **Type or Print Clearly**
2. Only one (1) application per household will be accepted. **You will be disqualified** if more than one application per household is received.
3. If you are not living in a **Shelter**, you must provide a real **Street Address** not a **P. O. Box**.
4. You can select only (Studio, 1-BR, 2-BR or 3-BR). **One apartment size**.
5. You must **Sign** where indicated.
6. You must submit your most recent **W2 and/or 5 most recent pay stubs**.
7. Mail completed applications along with a **Business Size (#10) Self-Addressed Stamped Envelope**

Applications that are submitted without a business size (#10) self-addressed stamped envelope will not be processed.

NUMBER OF BEDROOMS (select only one) APPLYING FOR: Studio 1 BR 2 BR 3 BR
(3 Bedrooms are in Brooklyn and the Bronx only)

Borough in which you are applying for Manhattan Brooklyn Bronx

APPLICANT INFORMATION

If you are not living in a Shelter, you must provide a real Street Address not a P. O. Box.

First name:		Middle Name:		Last name:	
Current Physical Address (Number & Street):					Apt. #:
City		State:		Zip	
How long have you been living at this address?			Years:	Months:	

Mailing Address if different than above (PO Box OK):

City		State:		Zip	
------	--	--------	--	-----	--

E-Mail Address _____

Day or Work Phone # _____		Evening or Home Phone# _____	
Driver's License: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes	State Issued by:	# _____
→			
State ID: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes →	State Issued by:	# _____

Have you ever lived in a New Destiny Housing Corp.? Building Before? Yes No

If Yes →	Address: _____	City: _____	State: _____	Apt. #: _____
Date Moved In: Month _____ Year _____	Date Moved Out: Month _____ Year _____			

Reason for Moving (must answer): _____

Have you applied for housing with New Destiny Housing Corp.? Before? Yes No

If Yes →	Was your Application Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
If Approved, what was/is your Application Number #. _____ & List Number #. _____?	
If Disapproved, reason: _____	

SPECIAL POPULATION

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

Presently residing in a DV Shelter <input type="checkbox"/>	Survivor of Domestic Violence <input type="checkbox"/>	At Risk of Homelessness <input type="checkbox"/>
Handicapped/Disabled <input type="checkbox"/>	Crime Victim <input type="checkbox"/>	Intimidated Witness <input type="checkbox"/>

APPLICANT 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 size of your current apartment? Studio 1 BR 2 BR 3 BR Other

What is the total rent you pay? \$ _____ Per month | Date Moved 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# _____

Why are you looking to move? (must answer):**Have you lived in Shelter before?** Yes No

If Yes →

Date From: Month _____ Year _____

Date To: Month _____ Year _____

Previous Address**If at present address less than five (5) years (if shelter or homeless, your address before that):**Own Rent Shared Live With Parents/Family Other

Previous address:

City _____ State _____ Zip _____ | Date Moved In: Month _____ Year _____

Date Moved 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# _____

Why did you move? (must answer):**HOUSEHOLD INFORMATION****Starting with yourself, list all household members that will live in the apartment, 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.					
6.					

RENTAL ASSISTANCE**Are you currently receiving rental assistance such NYCHA Section 8, and HPD Section 8, HASA and/or Shelter allowance?** Yes No **If yes what type:** _____ Amount \$ _____ Per Month**Have you been approved for rental assistance such as NYCHA Section 8, HPD Section 8, and HASA and/or Shelter allowance?** Yes No **If yes what type:** _____ Amount \$ _____ Per Month**Applications that are submitted without a business size (#10) self-addressed stamped envelope will not be processed.**

INCOME FROM EMPLOYMENT

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#:
Employment Start Date: Month:	Year:	Position	
Gross Earnings (before taxes): \$ Per-Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Other:			

**Previous Employment
if at present employment less than five (5) years**

Employer's Name:		Contact Person:	
Address:		Phone#:	
City:	State:	Zip:	Position:
How Long Employed: Years:	Months:	Dates of Employed: From:	To:
Gross Earnings (before taxes): \$ Per-Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Other:			

Employment for Other 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:		Contact Person:	
Address:		Phone#:	
City:	State:	Zip:	Position:
How Long Employed: Years:	Months:	Date Employed From:	To:
Gross Earnings (before taxes): \$ Per-Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Other:			

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

Household Members Name:			
Employer's Name:		Contact Person:	
Address:		Phone#:	
City:	State:	Zip:	Position:
Employment Start Date: Month:	Year:	Date Employed From:	To:
Gross Earnings (before taxes): \$ Per-Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Other:			

INCOME FROM OTHER SOURCES

**Starting with yourself, you must list all other sources of income for all household members that will live in the apartment
(E.g. PA, Social Security, SSI, Pension, Disability, Income from Rental Property, Alimony, Court Ordered Child Support, Interest Income.)**

Household Member	Type of Income	Amount
1.		\$ _____ Per-Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
2.		\$ _____ Per-Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
3.		\$ _____ Per-Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
4.		\$ _____ Per-Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
5.		\$ _____ Per-Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

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

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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 to any of the listed questions must be explained in detail (Dates, names and addresses,) on page six 6 of this application.

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

OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 18

A "YES" answer to any of the listed questions must be explained in detail (Dates, names and addresses,) on page 6 of this application.

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

OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 18

A "YES" answer to any of the listed questions must be explained in detail (Dates, names and addresses,) on page 6 of this application.

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

REFERENCES

YOU MUST LIST THREE (3) REFERENCES THAT ARE NOT FAMILY MEMBERS

First Name:	Last Name:	Phone #

Are you now or have ever served as a member of the United States Armed Forces Yes No

If Yes → What Branch: Army Navy Air force Marine Coast Guard

Other: _____ Dates of Service: From _____ To _____

AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

I, the undersigned, authorize New Destiny Housing Corporation to contact any City, State or Government agencies, past and present landlords, past and present employers, creditors, credit bureaus, banks, and any other sources deemed necessary to process the application. I further authorize the same City, State or Government agencies, past and present landlords, past and present employers, creditors, credit bureaus and banks, and any other sources deemed necessary to release any and all information as needed upon presentation of this form or a photocopy thereof.

Applicant Signature: _____

Date _____

To the best of my knowledge all of the information contained in this application is true and complete. I understand New Destiny Housing Corporation reserves the right to disqualify any applicant if information in this application is not as represented. I further understand that my application and the information contained therein is subject to a screening process, screening and screening reports are provided by First Advantage Safe Rent, 734 Franklin Avenue, PMB 695, Garden City, NY 11530 1-800-811-3493

Applicant Signature: _____

Date _____

Mail your completed application along with a business size (#10) **Self-Addressed, Stamped Envelope** To:
New Destiny Housing Corporation, 12 West 37th Street, 7th Floor, New York, NY 10018, Attn: Application Unit.

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