

# APPLICATION FOR RENTAL APARTMENT

## INSTRUCTIONS:

1. SUBMIT ONLY ONE APPLICATION PER HOUSEHOLD. You may be disqualified if more than one application is received per lottery for your household.
2. Applications are selected randomly through a lottery. Depending on the volume of applications received, it may not be possible for all of them to be processed. Accordingly, it is possible that you may not receive a response. The lottery date and location will be posted on [www.NYHousingSearch.gov](http://www.NYHousingSearch.gov) and [www.lanterncommunity.org](http://www.lanterncommunity.org) ([bit.ly/savannahall](http://bit.ly/savannahall)). Please check back after the application deadline stated below.
3. The application should be completed very carefully. Incomplete information for the number and names of household members applying to live in the unit, or their incomes, may result in disqualification. In addition, do not use white-out or liquid paper anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, and (c) sign your initials near the change.
4. When completed, this application must be returned by regular mail ONLY to the address below. To ensure that it arrives successfully at the P.O. Box, do not use certified mail, return receipts, or any method requiring a signature confirmation.
5. The completed application must be postmarked no later than **December 3, 2018**. Applications postmarked after **December 3, 2018** will be set aside for possible future consideration.
6. Only the application should be submitted at this time. If your application is selected for further processing, additional information will be requested at that time.
7. Mail completed application to:  
  
**Savanna Hall LP**  
**c/o Arete Management LLC**  
**PO Box 4978**  
**New York, NY 10185-4978**
8. No payment should be given to anyone in connection with the preparation or filing of this application. No broker or application fees may be charged.
9. Income Eligibility: Please review the chart in the project advertisement which breaks down the mandatory income levels for the building based on household size. All income sources for all household members should be listed on the application. All sources of income must be able to be documented and verified. If your application is selected for further processing you will be contacted, via the method you select on the application (email or paper mail), with a list of such documentation that you will need to provide at that time.
10. Other Eligibility Factors: In addition to the income requirements, other eligibility factors will be applied. Eligibility factors include, but are not limited to:
  - a. Credit History
  - b. Rent Payment History
  - c. Criminal Background Checks
  - d. Property Ownership
  - e. Asset Limits
11. Submission of False or Incomplete Information: The submission of false or knowingly incomplete information (either in this application or in any subsequently provided verification documents) will result in an applicant's disqualification.

# RENTAL APPLICATION

Property Name: Savanna Hall      Date:

Apartment Size Desired: Number of Bedrooms Studio

## 1. APPLICANT DATA

Name of Head of Household (Head)				Spouse Name (if living with the household)			
Current Address: Street		City	State	Zip	Day Phone	Night Phone	
Email							
Have you ever used another name? (Y/N) _____. If so, please indicate name _____							
Please select one of the following, email or paper mail as your preferred method of communication for all future correspondence regarding this application. If your preferred mailing address is different than the one listed above, please indicate the preferred mailing address in the space provided:							
<input type="checkbox"/> Email: _____							
<input type="checkbox"/> Paper Mail (specify if mailing address is different than above): _____							

***PLEASE ANSWER ALL QUESTIONS! Please do not leave any spaces blank, write "No" or "N/A" where appropriate. Please answer questions in English.***

### PLEASE PRINT

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number, your name and your social security number.

## 2. HOUSEHOLD COMPOSITION

Member Number	Name(s)	Relation to Head	Date of Birth	Gender (M/F)	Social Security	Student (Y/N)	If Yes, PT or FT
1.		HEAD					
2.							
3.							
4.							
5.							
6.							

Will all of the above household members reside in the household 100% of the time? (Y/N) \_\_\_\_\_  
 If no, please list the household members that will not live in the household 100% of the time:

Anticipated change in the household size within the next 12 months? (Y/N) \_\_\_\_\_ If Yes, explain.

Anticipated change in number of students within the next 12 months? (Y/N) \_\_\_\_\_ If Yes, explain.

Current Marital Status: Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_

Are all occupants full time students? Yes \_\_\_ No \_\_\_ If Yes, please answer the following:

- a.) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse?  
Yes \_\_\_ No \_\_\_ (If Yes, attach copy of the Signed Federal Income Tax Return)
- b.) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/AFDC? Yes \_\_\_ No \_\_\_
- c.) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act (WIA)/Job Training Partnership (JTPA) Act of under similar Federal, State or local laws?  
Yes \_\_\_ No \_\_\_
- d.) Are any of the students a single parent with minor child(ren) and neither the student, nor any of the minor child(ren) in the household are claimed as a dependent of a third party? Yes \_\_\_ No \_\_\_  
(If Yes, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached)

**3. ANTICIPATED HOUSEHOLD INCOME: PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY HOUSEHOLD MEMBERS:**

For the following indicate the amount of anticipated income for all household members (for minors, unearned income amounts only), during the 12 months period beginning this date (Sources of income should be able to be documented and verified. If your application is selected, documentation will be requested).

Wages or salaries, (include overtime, tips, bonuses, commissions and payment received in cash)	\$ _____
Child Support, (includes child support you are entitled to but may not be receiving)	\$ _____
Alimony (includes alimony you are entitled to but may not be receiving)	\$ _____
Social Security	\$ _____
Public Assistance (General Relief, and/or TANF/AFDC)	\$ _____
Veterans Administration Benefits	\$ _____
Pension Income	\$ _____
Unemployment Compensation	\$ _____
Income from Insurance Policies	\$ _____
Disability, Death Benefits and/or Life Insurance Dividends	\$ _____
Worker's Compensation	\$ _____
Severance Pay	\$ _____
Net Income from a Business (including rental property, land contracts or other forms of real estate)	\$ _____
Interest, Dividend & Other Income from Net Family Assets	\$ _____
Regular Contributions and/or Gifts from Persons not residing at unit	\$ _____
Lottery Winnings or Inheritances (Paid as an annuity)	\$ _____
All regular pay paid to members of the Armed Forces	\$ _____
Annuities	\$ _____
Retirement Savings Plan (IRA/401K/Keogh)	\$ _____
Education Grants, Scholarships, or Other Students Benefits	\$ _____
Self Employment	\$ _____
Other: (Please Detail)	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

4. **ASSET INCOME:** List all assets currently held by all household members and the cash value of each. The cash value is the market value of the asset minus reasonable costs there was, or would be, incurred in selling or converting the asset to cash.

YES	NO	Do you or anyone in your household have:	Cash Value
___	___	A Savings Account?	\$ _____
___	___	A Checking Account?	\$ _____
___	___	Certificate of Deposit?	\$ _____
___	___	Money Market Account?	\$ _____
___	___	A Safety Deposit Box?	\$ _____
___	___	Money Held in Trust?	\$ _____
___	___	Any Stocks, Bonds or Securities?	\$ _____
___	___	Any Treasury Bills?	\$ _____
___	___	A Retirement fund? (Includes IRA's, Keogh accounts)	\$ _____
___	___	Annuities?	\$ _____
___	___	A Pension Fund?	\$ _____
___	___	Any Treasury Bills?	\$ _____
___	___	Have any Personal Property held as an Investment (this includes: paintings, artwork, collectors or show cars, jewelry, coin or stamp collection, antiques, etc.)?	\$ _____
___	___	Other equity in real estate, rental property, land contracts/ contract for deeds or other real estate holding or other capital investments (this includes your personal residence, mobile homes vacant land, farms, vacation homes, or commercial property)? Market Value Less (a) any unpaid balance on loans secured by property, and (b) reasonable costs that would be incurred <b>to selling</b> the asset - penalties, broker fees, etc.	\$ _____
___	___	Received any Lump Sum Receipts? (Include inheritances, lottery winnings, insurance settlements and other claims? When? _____	\$ _____
___	___	Other Assets not listed?	\$ _____
___	___	Have you disposed of any assets (e.g. real estate, cash, stock, etc.) in the past two years? If yes, please describe: _____	\$ _____

5. **EMPLOYMENT HISTORY**

Applicant Employed By:			
How Long		Supervisor	
Current Wage: \$	Hours per week:	Overtime Wage: \$	Overtime hours per week:
Employer Address:			

Spouse Employed By:			
How Long:		Supervisor	
Current Wage: \$	Hours per week:	Overtime Wage: \$	Overtime hours per week:
Other Applicant Employed By:			
How Long:		Supervisor	
Current Wage: \$	Hours per week:	Overtime wage: \$	Overtime hours per week:
Employer Address:			

**6. CREDIT HISTORY**

Have you ever filed for bankruptcy? (Y/N)? \_\_\_\_ If yes, please explain. \_\_\_\_\_

Do you currently or have you previously had a judgment filed against you? (Y/N)? \_\_\_\_ If yes, please explain.

\_\_\_\_\_

**Credit References**

<u>Name</u>	<u>Address/Phone</u>	<u>Monthly Payment</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**7. RESIDENCE HISTORY: CURRENT & PREVIOUS LANDLORDS:**

(Past 2 years residence including any owned by applicants.)

Current Address	Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Current Address	Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone
Current Address	Rent/Month	Utilities/Month	Move-In Date	Reason for Leaving
Landlord Name	Landlord Address			Landlord Phone

**8. VEHICLES (including company cars, motorcycles, etc.):**

Member Name	Driver's License Number/State	Model	Year	Color	License Plate Number/State

**9. OTHER**

Do you have full custody of your child(ren)? Explain the custody arrangements:

\_\_\_\_\_

Have you ever been evicted? Yes \_\_\_ No \_\_\_ If Yes, explain. \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If Yes, explain \_\_\_\_\_

Will your household be receiving Section 8 rental assistance at the time of move-in? Yes \_\_\_ No \_\_\_

Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12th months?

Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Have you ever received rental assistance? Yes \_\_\_ No \_\_\_ If Yes, explain \_\_\_\_\_

Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify?

Yes \_\_\_ No \_\_\_ If Yes, explain \_\_\_\_\_

**10. SPECIAL NEEDS**

Does anyone in your household have special needs? (Y/N) \_\_\_

Special living accommodations required? (Y/N) \_\_\_

Please Explain (Attach additional pages as needed):

\_\_\_\_\_

\_\_\_\_\_

**11. EMERGENCY CONTACT:**

Name	Address	Phone

**12. ETHNIC IDENTIFICATION:** This information will not affect the processing of the application. Please check the group(s) that best identifies the household.

- White
- Black
- Hispanic or Latino
- Asian or Pacific Islander
- American Indian/Native Alaskan
- Other: \_\_\_\_\_

**13. SOURCE OF INFORMATION:** How did you hear about this development? Please check all that apply.

- Newspaper
- NYHousingSearch.gov
- Community Board
- Other: \_\_\_\_\_

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/manager to verify information provided on this application and my signature is my/our consent to obtain such verification. I/We certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/We further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/We understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this Property.

**SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:**

\_\_\_\_\_  
Applicant Signature (HEAD)                      Date

\_\_\_\_\_  
Applicant Printed Name (Head)                      Date

\_\_\_\_\_  
Applicant Signature                                      Date

\_\_\_\_\_  
Applicant Printed Name                                      Date