

The Odessa Apartments

Dear Applicant:

Thank you for your interest in our apartments. Enclosed please find a six (6)-page application. Please read the application carefully and complete every section. *An incomplete application will not be considered.* Mail the completed application to the attention of the Marketing Department at the address below. **DO NOT SEND MONEY WITH YOUR APPLICATION.**

When an apartment becomes available, you will be asked to come to our office for an interview. At that time, you will be required to bring the following documents, where applicable. **This documentation is required for everyone listed on the application, including children.**

Do not mail or bring these documents until you are called for an interview.

- Last year's tax returns and W-2 forms
- Last three (3) years tax returns if self-employed
- Employer letter or last six current consecutive pay stubs
- Any other income documentation (SSI, SS, unemployment benefits, child support, alimony, etc.)
- Budget letter (if public assistance received)
- Last six months' bank statements – all pages (checking account)
- Bank books or last month's statement for savings, CDs stocks, bonds, equity in real estate
- Section 8 voucher of certificate (If presently receiving)
- Current lease (If none, letter from landlord indicating your status in their property)
- Last six (6) rent receipts or cancelled checks
- Last two (2) telephone and/or Con Edison bills
- Birth certificate, social security card and picture ID
- School letter or report cards (Everyone attending school)
- Money Order(s). **\$50 Money Order per person over the age of 18 for Credit, Criminal, and Housing Reports. These are NON-REFUNDABLE. Please make the Money Order(s) payable to The Odessa Apartments LLC. NO PERSONAL CHECKS OR CASH WILL BE ACCEPTED.**

Please retain a copy of this letter for future reference.

Thank you,
Marketing Department

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Apartment Application

Instructions:

1. Print clearly
2. Complete all five (5) pages of this application.
- 2 All areas of the application must be filled out completely and accurately.
3. This application must be signed by all persons 18 years or older in the household.

Apartment Size Requested

- 1 Bedroom 2 Bedrooms 3 Bedrooms

A. Name and Address

Applicant's Name _____

Applicant's Address _____ (Number, Street, Apt. #)

_____ (City, State, Zip)

How long have you been living at this address? _____ years _____ months

Home # () _____ Work # () _____ Cell Phone # () _____

B. Household Information

How many persons in your household, including yourself, WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING? _____

List all of the people WHO WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING.

Full Name	Relationship to Applicant	Birth Date	Sex M/F	Social Security #	Occupation (Write "In School", if attending school)
	SELF				

For those listed above (including the applicant) please provide the following information. Add additional pages if necessary.

Do you anticipate any changes to the household in the next twelve months? []Yes []No

If **yes**, please explain: _____

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Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? []Yes []No

If “YES”, please answer the following questions:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a single person living with his/her minor child who is not a dependent on another’s tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Income from Employment

List all full and/or part-time employment for ALL HOUSEHOLD MEMBER, including yourself, who live with you in the unit. Include self-employed earnings.

Household Member	Name & Address of Employer	Years at Job	Gross Annual Earnings
1.			
2.			
3.			
4.			

D. Income from Other Sources

List all other income, for example, welfare (including housing allowance), AFDC, Social Security, S.S.I., pension, disability compensation, unemployment compensation, interest income, babysitting, care taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships, and /or grants.

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

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Alimony:

Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list amount you receive	\$	per

Child Support:

Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list the total amount you are entitled to receive	\$	
Do you receive child support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list the total amount you receive	\$	per

E. Total Gross Annual Household Income

Add all income listed above and indicate the total earned for the year: \$ _____ per year.

F. Assets

	Name of Bank/Branch Address	Account Number
Checking Accounts		
Savings Account		
CD's, Stocks, Bonds, Credit Union, Pension Plan, Life Insurance Policy		

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Real Estate Property: <i>Do you own any property?</i> <input type="checkbox"/>Yes <input type="checkbox"/>No	
If <i>yes</i> , type of property	
Location of property	
Appraised market value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household listed above? <input type="checkbox"/>Yes <input type="checkbox"/>No	
If <i>yes</i> , please describe	
Do they have access to the assets? <input type="checkbox"/>Yes <input type="checkbox"/>No	

Have you sold/dispensed of any property in the last 2 years? <input type="checkbox"/>Yes <input type="checkbox"/>No	
If <i>yes</i> , type of property	
Market value when sold/dispensed	\$
Date of transaction	

Have you disposed of any <i>other</i> assets in the last 2 years (Example: given away money to relatives, set up Irrevocable Trust Accounts)? <input type="checkbox"/>Yes <input type="checkbox"/>No	
If <i>yes</i> , describe the asset	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above? <input type="checkbox"/>Yes <input type="checkbox"/>No	
If <i>yes</i> , please list	

G. Current Landlord

Landlord's Name: _____
(If you are living in a public housing project write "NYCHA")
(If you are living in a City-owned ["In -Rem"] building, write "HPD")

Landlord's Address: _____ (Number, Street)
 _____ (Suite or Floor #)
 _____ (City, State, Zip Code)

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H. Current Rent

What is the total rent on the apartment where you currently live or are staying temporarily?
 \$ _____ .00 per month

How much do you contribute to the total rent on the apartment? (If you do not contribute, write "0")
 \$ _____ .00 per month

Why are you moving? Check **ALL** that apply:

<input type="checkbox"/> Living with parent	<input type="checkbox"/> Do not like neighborhood
<input type="checkbox"/> Living with relatives or another family member	<input type="checkbox"/> Not enough space
<input type="checkbox"/> Homeless	<input type="checkbox"/> Rent too high
<input type="checkbox"/> Bad housing conditions	<input type="checkbox"/> Health reasons
<input type="checkbox"/> Current apartment not suitable for person with disabilities	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Increase in family size (marriage, birth)	

I. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing certificate or voucher? Yes No
 Please answer "Yes" or "No". This information will not affect the processing of the application.

J. Additional Information

Are you or any member of your household currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <i>yes</i> , describe		
Have you or any member of your household ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

K. Reference Information

<i>Credit Reference #1:</i>	
Address	
Account #	Phone #
<i>Credit Reference #2</i>	
Address	
Account #	Phone #
<i>Credit Reference #3</i>	
Address	
Account #	Phone #
<i>Personal Reference #1</i>	
Address	
Relationship	Phone #
<i>Personal Reference #2</i>	
Address	
Relationship	Phone #
<i>Personal Reference #3</i>	
Address	
Relationship	Phone #

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L. Source of Information

How did you hear about this development?

- Newspaper
- Local organization or church
- A City "affordable housing" hotline listing new ads for the month
- Other

M. Signature

I/We DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I/We hereby certify that I/We Do /Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing is based on applicable income limits and by management's selection criteria. I/We understand that all information in this application is true to the best of my/our knowledge and **I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.** All adult applicants, 18 or older, must sign application.

Head of Household - Signature:	Date
Head of Household - Print Name:	

Household Member - Signature:	Date
Household Member - Print Name:	

Household Member - Signature:	Date
Household Member - Print Name:	

Household Member - Signature:	Date
Household Member - Print Name:	

N. Credit Authorization

I/We hereby authorize The Odessa Apartments LLC to use any consumer reporting agency, credit bureau or other investigation agencies employed by such, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the owner/agent listed above in support of this application. I have been advised that I have the right, under Section 606B of the Fair Credit Reporting Act, to make a written request, within a reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Co-Applicant's Signature

Date

Co-Applicant's Signature

Date