



2050 Grand Concourse

Log # _____

INSTRUCTIONS

1. **Mail only one (1) original application per household.** You may only be a household member on one application. You will be disqualified if you submit more than one application or a photocopy of an application.
2. **No payment or fee should be given to anyone** in connection with the preparation or filing of this application for housing, and no broker's fee should be given to receive an apartment.
3. **When completed, mail application by regular mail only;** do not send by registered or certified mail, Fed Ex or UPS. Applications not sent via regular mail will be considered only after other applications. Additionally, applications postmarked after the postmark deadline of **TBD** will be considered only after all other applications.
4. **Mail Completed Applications to:** **2050 Grand Concourse c/o Wavecrest Consulting**
PO Box 159009
Kew Gardens, NY 11415

SECTION A. GENERAL INFORMATION

Applicant Name(s): _____

Home Address: _____
Street Apt. # City State Zip

Mailing Address, if different: _____
Street Apt. # City State Zip

Phone No: (home) _____ (work) _____ (cell) _____

Email Address: _____

In apartment applying for: How many persons, including yourself, will live there? _____

Do you currently have a Section 8 voucher or any other tenant based rental assistance? ☐ Yes ☐ No

Recipients of rental assistance need not meet the minimum income requirement.

SECTION B. HOUSEHOLD COMPOSITION

List ALL persons who **will** live in the apartment you are applying for. Include all persons for whom this unit will be a permanent residence/address. List the head of household first.

Name	Relationship to Head	Sex (M/F)	Age	Birth Date	Occupation (If in school, write "student")
	Head				

Do you anticipate any additions to the household in the next twelve months? ☐ Yes ☐ No

If yes, explain _____

Check if you or any member of your household has a disability: ☐ Mobility ☐ Visual ☐ Hearing

Describe any special accommodation needed in your residence if you or any member of your household is disabled _____

(This information is used only for processing preference purposes and is optional.)

Have **ALL** of the household members (both adults and children) been full-time students during five months or more of calendar year 2022 or will they be in calendar year 2023? ☐ Yes ☐ No **If Yes, answer the following questions:**

(1) Is the household comprised of a single parent and children, none of whom are dependents on the tax return of someone outside the household? ☐ Yes ☐ No; (2) Are all adult members of the household married and have they filed a joint tax return for the most recent tax year? ☐ Yes ☐ No; (3) Does any member of the household receive AFDC or TANF? ☐ Yes ☐ No; (4) Is any member

of the household enrolled in a Federal, State or local job training program? ☐ Yes ☐ No; (5) Has any member of the household been in foster care at any point in time? ☐ Yes ☐ No

SECTION C. INCOME

List below ALL current sources of income for ALL HOUSEHOLD MEMBERS, including yourself, listed in Section B. "Household Composition".

EMPLOYMENT INCOME

Include all full-time, part-time and self-employment income. (*Business income must reflect the amount that would be reported on IRS Form 1040, Line 12 and Schedule C, line 31)

Household Member Name	Name & Address of Employer	How Long Employed (From/To)	Status F=Full-Time P=Part-Time S=Self-Employed	Gross Annual Earnings
1.				\$
2.				\$
3.				\$
4.				\$
Total Gross Annual Employment Income =				\$

OTHER INCOME

Include gross periodic payments from: public assistance (including housing allowance), AFDC, TANF, unemployment, disability, veteran's, social security, SSI, alimony, child support, annuities, pensions, retirement funds, insurance policies, and other regular income. Also, include interest, dividends, net rental income and other income from assets listed in Section D. "Assets".

Household Member Name	Source of Income	Gross Amount		Period Received Weekly, Bi-weekly, Semi-monthly, Monthly, Quarterly	Annual Gross Amount
		\$	per		\$
		\$	per		\$
		\$	per		\$
		\$	per		\$
Total Gross Annual "Other Income" =					\$
					\$
TOTAL GROSS ANNUAL INCOME: ("Employment" PLUS "Other Income")					

Do you or any household member anticipate any changes in income in the next 12 months? ☐ Yes ☐ No
If yes, explain: _____

SECTION D. ASSETS

List below the current cash value of all assets held by ALL household members, including yourself, listed in Section B. "Household Composition". (Income from these assets must be listed in "Other Income" in Section C. "Income"). Include below: cash on hand, checking accounts, savings accounts, savings bonds, certificates of deposit, money market funds, mutual funds, stocks, bonds, IRA accounts, 401K accounts, other retirement and pension accounts, trust funds, life insurance policies (except Term), personal property held as an investment (e.g. jewelry, antiques or art), equity in real estate and all other assets.

Household Member Name	Institution Name	Type of Asset	Account #	Current \$ Value/ Account Balance
TOTAL VALUE OF ASSETS =				

Do you or any household member have a pension or retirement account other than an IRA or Keogh? ☐ Yes ☐ No

If Yes, do the terms of the account permit you to withdraw funds from the account now? ☐ Yes ☐ No

Have you or any household member received any lump sum payments, such as inheritance, gambling winnings, insurance?

☐ Yes ☐ No If yes, when? _____ How much? _____

Are these funds reflected in your asset list above? ☐ Yes ☐ No If not, describe why: _____

Do you or any household member own any property, including the home you live in? ☐ Yes ☐ No

If Yes, Type of property _____

Location of property _____

Appraised Market Value \$ _____ Mortgage or outstanding loans principal balance due \$ _____

If rental property, net annual rental income \$ _____

Have you or any household member sold/disposed of any property in the last 24 months? ☐ Yes ☐ No

If Yes, Type of property: _____ Date of transaction _____

Market value when sold/disposed \$ _____ Amount sold/disposed for \$ _____

Have you or any household member disposed of or given away any other assets in the last 24 months? (Examples: Given away money to relatives or set up Irrevocable Trust Accounts)? ☐ Yes ☐ No

If Yes, describe the asset

Date of disposition: _____ Amount disposed \$ _____

PLEASE CHECK THE GROUP(S) WHICH BEST DESCRIBES THE HEAD OF HOUSEHOLD: (This information is used only for statistical purposes and is optional.)

☐ White (Non-Hispanic origin)

☐ American Indian or Alaskan native

☐ Black or African American (Non-Hispanic origin)

☐ Asian or Pacific Islander

☐ Hispanic or Latino origin

☐ Other

CERTIFICATION

I/We certify that this will be my/our primary residence. I/We understand that eligibility for housing will be based on applicable income limits and management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, that I/We have revealed all income and assets, 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. Misleading or incomplete information is also grounds for rejection of an application.

In addition, I/We authorize a credit investigation firm retained by the owner of 2050 Grand Concourse to conduct inquiries concerning my/our income, credit history, residence, banking relationships, household composition, character and reputation to determine and verify my/our eligibility for an apartment pursuant to this application. Pursuant to NYSHCR policy, credit history will not be reviewed for applicants who (1) receive government subsidies that pay the entirety of their rent or (2) provide 12 months of on-time, complete rental payments My/Our signature here is consent to obtain such verification.

SIGNATURE(S): All adult applicants, 18 or older, must sign application.

_____	_____	_____	_____
(Signature of Tenant)	Date	(Signature of Co-Tenant)	Date
_____	_____	_____	_____
(Signature of Co-Tenant)	Date	(Signature of Co-Tenant)	Date