

## **BEACON MEWS APARTMENTS**

Thank you for contacting us. Per your request, an application is enclosed for Beacon Mews Apartments located at  
34 W. 139<sup>th</sup> St. New York, NY

Please contact Arlene Santiago at 718-884-7676 x 310 for more information

**Arlene Santiago  
Lemle & Wolff, Inc.  
Leasing Department  
5925 Broadway  
Bronx, NY 10463**

**Preference will be given to New York City residents.** The rent and income distribution for these apartments is as follows:

Apartment Size	Monthly Rent *	Total Annual Minimum Income Limit Ranges**	Total Annual Maximum Income Limit Ranges **	
1 Bedroom	\$1,660	\$60,364	1 person 2 persons	\$139,440 \$139,440
2 Bedroom	\$2,019 \$1,950 \$1,850	\$69,223	2 persons 3 persons 4 persons	\$169,596 \$177,250 \$177,250

\*Includes Cooking Gas,

\*\*Income Guidelines subject to change

### **Application Instructions:**

1. Application is to be filled out by the applicant. **ONLY ONE ORIGINAL APPLICATION PER HOUSEHOLD**
2. Mail completed application to the address specified above. **Please write name & address as it appears above.**
3. A list of required documentation is attached. Please submit with application all documents that apply to you (i.e. tax returns, pay stubs, etc.). **All members** of your household who are to occupy the apartment will be required to attend the personal interview.
4. No payment or fee should be given to anyone in connection with the preparation or filing of this application for housing. However, **with the application, please submit a non-refundable check or money order made payable to Lemle & Wolff, Inc; in the amount of \$50 dollars for a 1-2 persons household or \$75 dollars for a 3 or more persons household for a required credit/criminal report.**

Thank you for your interest.



**BEACON MEWS APARTMENTS**

**APPLICATION FOR APARTMENT**

**INSTRUCTIONS:**

1. Mail completed application to: **\*\*\*\*\*Arlene Santiago\*\*\*\*\*  
Lemle & Wolff, Inc.  
5925 Broadway  
Bronx, NY 10463**
2. No payment or fee should be given to anyone in connection with the preparation or filing of this application for housing.
3. This information is to be filled out by the APPLICANT.

**A. Name and Address**

Name \_\_\_\_\_

Current Address \_\_\_\_\_ (Number, street, apt. #)  
 \_\_\_\_\_ (City, State, Zip)

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Cell Phone No. (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

How long have you been living at this address? \_\_\_\_\_ Years \_\_\_\_\_ months

**B. Income from Employment**

**1) Are you an employee of the City of New York, the New York City Housing Development Corporation, the New York City Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation?** Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, please identify the agency or entity at which you are employed):  
 Agency/Entity \_\_\_\_\_

2) If you answered "yes" to Question 1 above, have you personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE: If you answered "Yes" to Question 1 above, you may be required to submit a statement from your employer that your application does not create a conflict of interest. If you answered "Yes" to Question 2 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement would not be required until later in the application process, after you have been selected through the lottery, when you will also be required to provide other documents to verify your income and eligibility.**

3) List all full and/or part-time employment for ALL HOUSEHOLD MEMBERS including yourself WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employed earnings.

HOUSEHOLD MEMBER	Name & Address of Employer	How Long Employed	Gross Earnings
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____

**C. Income from Other Source**

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

<u>HOUSEHOLD MEMBER</u>	<u>Type of Income</u>	<u>Amount</u>
1. _____	_____	\$ _____ Per _____
2. _____	_____	\$ _____ Per _____
3. _____	_____	\$ _____ per _____
4. _____	_____	\$ _____ Per _____

**D. Total Annual Household Income**

Add all income listed above and indicate the total earned for the year: \$ \_\_\_\_\_ .00 per year.

**E. Current Landlord**

Landlord's name \_\_\_\_\_  
 (If you 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, apt. #)  
 \_\_\_\_\_ (City, State, ZIP)

Landlord's Phone No. (\_\_\_\_) \_\_\_\_\_

**F. 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 anything, write "0"). \$ \_\_\_\_\_ .00 per month

**G. Reason for Moving**

Why are you moving? Check all that apply:

- Living with parents
- Not enough space
- Living in shelter or on the streets
- Bad housing conditions
- Current apartment not suitable for persons with disabilities
- Do not like neighborhood
- Living with relatives or another family
- Rent too high
- Increase in family size (marriage, birth)
- Health Reasons
- Other \_\_\_\_\_

**H. Section 8 Housing Assistance**

Are you presently receiving section 8 housing certificate or voucher?  Yes  No  
 (Please check yes or no. This information will not affect the processing of this application).

**I. 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, starting with yourself, and provide the following information. Add additional pages if necessary.

<u>Full Name</u>	<u>Relationship to applicant</u>	<u>Date of Birth</u>	<u>Sex M/F</u>	<u>Occupation</u> <u>If in school write "Student"</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Are you or a member of your household disabled?  Yes  No  
 If yes, would you describe disability as  mobility impairment  visual impairment  hearing impairment?  
 If checked either mobility impairment, visual or hearing impairment, do you or a member of your household require special accommodations?  Yes  No  
 If Yes, remember to place a check mark on the outside of your envelope, and please specify the special accommodation required: \_\_\_\_\_

**J. Assets:** Include cash in checking or savings accounts, certificates of deposit, trust funds, equity in real estate and other capital investments, stocks, bonds, treasury bills, money market funds, IRA Accounts, retirement and pension funds (ex. 401K, 403B), lump sum receipts (i.e. Lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e. gem or coin collections, painting, antique cars, etc.)

**Checking Accounts/Bank** \_\_\_\_\_  
 \_\_\_\_\_

**Savings Accounts/Bank** \_\_\_\_\_  
 \_\_\_\_\_

**Other** \_\_\_\_\_  
 \_\_\_\_\_

**K. Source of information**

How did you hear about this development?

- |  |  |
|--|--|
| <input type="checkbox"/> Newspaper   | <input type="checkbox"/> Sign Posted on Building |
| <input type="checkbox"/> Local Organization/Church   | <input type="checkbox"/> Friend                  |
| <input type="checkbox"/> A City "affordable housing" hotline listing new ads for the month | <input type="checkbox"/> Other _____             |

**L. Ethnic Identification (Used for statistical purposes only).**

This information is optional and will not affect the processing of the application.  
 Please check one group which best identifies the applicant.

- |  |  |
|--|--|
| <input type="checkbox"/> White (non Hispanic origin)       | <input type="checkbox"/> Black (non Hispanic origin) |
| <input type="checkbox"/> Hispanic origin                   | <input type="checkbox"/> Asian or Pacific Islander   |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other: _____                |

**M. Signature- (Must be signed by all household members 18 and over).**

I/WE DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE THE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____

**Credit Authorization- (Must be signed by all household members 18 and over).**

I/We hereby authorize the management/developer/marketing agent to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references herein listed or statements or other data obtained from me or from any 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 have been advised that I have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____