

BEACON MEWS APARTMENTS
34 West 139th Street, New York, NY 10037

Thank you for contacting us. An application for Beacon Mews Apartments is attached.
Please submit this Application and Supporting Documentation
PREFERABLY IN PERSON
To

Melissa Rosario
Beacon Mews Apartments
c/o Lemle & Wolff, Inc,
5925 Broadway
Bronx, NY 10463
Tel: 718-884-7676 Ext: 235
mrosario@lemlewolff.com

| Apartment Size | Monthly Rent* | Total Annual Minimum Income Limit Ranges** | Total Annual Maximum Income Limit Ranges** |
|-----------------------|----------------------|---|---|
| 2 Bedroom | \$2,200 | \$88,000 | 1-2 persons \$184,800 3 or more \$193,200 |
| 2 Bedroom | \$2,300. | | 1-2 persons \$193,200 3 or more \$198,000 |

*Includes Cooking Gas

**Income Guidelines subject to change

Application Instructions:

1. Application is to be filled out by the applicant
2. Submit completed Application to the address specified above or in person to the rental office
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.)
4. No payment or fee should be given to anyone in connection with obtaining this apartment or with the preparation or filing of this Application for housing. **However, please submit with this application a non-refundable money order made payable to “Lemle & Wolff, Inc” in the amount of \$50 for 1-2 persons household or \$75 for a 3 or more persons household for a required credit/criminal report.**

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:

- | | |
|---|--|
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Do not like neighborhood |
| <input type="checkbox"/> Not enough space | <input type="checkbox"/> Living with relatives or another family |
| <input type="checkbox"/> Living in shelter or on the streets | <input type="checkbox"/> Rent too high |
| <input type="checkbox"/> Bad housing conditions | <input type="checkbox"/> Increase in family size (marriage, birth) |
| <input type="checkbox"/> Current apartment not suitable for persons with disabilities | <input type="checkbox"/> Health Reasons |
| | <input type="checkbox"/> 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: _____ |