



***Please note that Sister Strength Housing studio apartments are only approved for single individuals. Our housing does not accommodate couples or families.**

No payment should be given to anyone in connection with the preparation or filing of this application.

A. Name and Address

Name _____

Current Address _____

City, State, Zip Code _____

Home Telephone/Cell Phone _____

Work Phone _____

How long have you lived at this address? _____ Year/s _____ Month/s

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

Full Name:	Relation to Applicant	Birth Date	Age	Sex	Occupation

Are you or any member of your household disabled? [] Yes [] No
If yes, would you describe the disability as [] mobility impairment? [] visual impairment? [] hearing impairment?
If you checked either mobility impairment, or visual impairment, or hearing impairment, do you or a member of your household require a special accommodation? [] Yes [] No
If yes, please specify the special accommodation required

C. 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 Department of Housing Preservation and Development, 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.

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-employment earnings.

Household Member:	Employer Name and Address:	Years Employed:	Gross Earnings:

D. Income from Other Sources

List all other income, for example, welfare (including housing allowance), AFDC, Social Security, SSI, 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, etc.

HOUSEHOLD MEMBER	Type of Income	Amount
_____	_____	\$ _____ per _____

E. Total Annual Household Income

Add All Income Listed Above and Indicate the Total Earned for the Year \$ _____ per year

F. Current Landlord

Landlord's Name _____
(If you live in a public housing project enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD")

Landlord's Address _____
Landlord's Phone Number _____

G. Current Rent

What is the total rent on the apartment where you currently live or temporarily staying? \$ _____ monthly
How much do you contribute to the total rent of the apartment? If nothing write "0" \$ _____ monthly

H. Reason for Moving

Why are you moving? Please 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/other family members |
| <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"/> Health Reasons | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Disability access problem | |
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I. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certificate? Yes No

Please check Yes or No. This information will not affect the processing of the application.

J. Assets

Checking Account/Bank or Branch _____
Passbook Savings/Bank or Branch _____
Savings Certificates/Bank or Branch _____

K. Source of Information

How did you hear about this development?

- | | |
|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Sign Posted on Property |
| <input type="checkbox"/> Local Organization or Church | <input type="checkbox"/> Friend |
| <input type="checkbox"/> City "affordable housing hotline" listing new ads for the month | <input type="checkbox"/> Web Site/Internet |
| <input type="checkbox"/> Other _____ | |
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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 that best identifies the applicant.

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

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signed: _____ Date: _____

OFFICE USE ONLY:

Community Board Resident [] Yes [] No

Municipal Employee [] Yes [] No

Size of Apartment Assigned: [] Studio [] 1 Bedroom [] 2 Bedroom [] 3 Bedroom [] 4 Bedroom

Family Composition: Adult Males _____ Adult Females _____ Male Children _____ Female Children _____

Person with Disability [] Mobility [] Visual [] Hearing

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ per Year



Consumer Report Authorization

Sister Strength Housing LP

I, hereby authorize Sister Strength Housing LP. to obtain consumer reports on myself including, but not limited to: Credit Reports, Housing Court Records, Criminal Background Checks and whatever else is necessary to process my application as well as in the future to verify compliance and/or should I default on my lease. I understand that date of birth is necessary to obtain Criminal Background Reports and will not otherwise be used in evaluating my application. I also agree to hold Sister Strength Housing LP and its affiliates harmless for any claims that may arise as a result of this investigation.

Applicant Signature

Date

Social Security: _____

Date of Birth: _____