

WEST HARLEM GROUP ASSISTANCE, INC.
1652 AMSTERDAM AVENUE
NEW YORK, NEW YORK 10031

APPLICATION FOR APARTMENT NUMBER: _____

MAIL ONLY ONE (1) APPLICATION PER FAMILY. YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED. WHEN COMPLETED, THIS APPLICATION MUST BE RETURNED BY REGULAR MAIL ONLY (DO NOT SEND BY REGISTERED OR CERTIFIED MAIL). NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION OF FILLING OUT THIS APPLICATION FOR HOUSING.

MAIL COMPLETED APPLICATION TO:

West Harlem Group Assistance, Inc.
1652 Amsterdam Avenue
New York, NY 10031

ENVIE UNA SOLA SOLICITUD POR FAMILIA. SERA DESCALIFICADO SI ENVIA MAS DE UNA SOLICITUD. CUANDO LLENE SU SOLICITUD, ENVIELA POR CORREO REGULAR, UNICAMENTE (NO NECESITA SER ENVIADA POR CORREO REGISTRADO O DE ENTREGA INMEDIATA). NO NECESITA PAGAR A NADIE PARA LLENAR O SOMETER SU SOLICITUD. EL SOLICITANTE TIENE QUE ESTAR PRESENTE PARA LLENAR ESTA SOLICITUD.

POR FAVOR ESCRIBA EN LETRA DE MOLDE O MAQUINILLA.
THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT

PLEASE PRINT

A. NAME AND ADDRESS

Name _____
Current Address _____ Apt # _____
City _____ State _____ Zip code _____
Home Phone (_____) _____ Work Phone (_____) _____

B. CURRENT LANDLORD

Name of Current Landlord _____
(If you are living in a public housing project, write "NYCHA".
If you are living in the City Owned building ("In Rem") write "HPD")
Address of Landlord _____
Phone number of Current Landlord _____

C. CURRENT RENT

What is your present monthly rent? _____
How much do you contribute to the total rent of the apartment? _____
(If you do not contribute anything write "0") \$ _____ Per/month
How long have you been living at this address? _____ Years _____ Months
Check here the utilities paid by you monthly and indicate the average monthly amount:
Gas \$ _____ ; Electric \$ _____ ; Heat \$ _____ ; Water \$ _____
(Are some or all of these costs included in your rent? Yes _____ No _____)

D. REASONS 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 streets | <input type="checkbox"/> Rent too high |
| <input type="checkbox"/> Bad housing conditions | <input type="checkbox"/> Increase in family size |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> (marriage, birth) |
| <input type="checkbox"/> Other _____ | |

E. SECTION 8 HOUSING ASSISTANCE

Are you presently receiving a Section 8 Housing Certificate or Voucher?

() Yes () No

F. MOBILITY DISABLED, HEARING OR VISUALLY IMPAIRED

Are you or a member of your household disabled, hearing or visually impaired? () Yes () No

Do you or a member of your household require a special accommodation? () Yes () No

If "yes", please specify _____

G. HOUSEHOLD INFORMATION

How many persons in your household will be living with you in the unit for which you are applying?

Is a baby expected? () Yes () No If yes, when is baby expected? _____

List all persons who will live with you in the unit for which you are applying: (Add additional pages if necessary)

| FULL NAME | RELATIONSHIP TO APPLICANT | BIRTH DATE | AGE | SEX M/F | SOCIAL SECURITY NO. |
|---|---------------------------|------------|-------|---------|---------------------|
| 1. _____ | SELF | _____ | _____ | _____ | _____ |
| Occupation: (Write "in school" if attending school) | | | | | |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| Occupation: (Write "in school" if attending school) | | | | | |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| Occupation: (Write "in school" if attending school) | | | | | |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |
| Occupation: (Write "in school" if attending school) | | | | | |
| 5. _____ | _____ | _____ | _____ | _____ | _____ |
| Occupation: (Write "in school" if attending school) | | | | | |

H. INCOME FROM EMPLOYMENT

Income: List all full and/or part time employment for all household members. Include self-employed earnings.

| HOUSEHOLD MEMBER | NAME & ADDRESS OF EMPLOYER | HOW LONG EMPLOYED | GROSS EARNINGS |
|------------------|----------------------------|-------------------|--------------------|
| 1. _____ | _____ | _____ | \$ _____ Per _____ |
| 2. _____ | _____ | _____ | \$ _____ Per _____ |
| 3. _____ | _____ | _____ | \$ _____ Per _____ |
| 4. _____ | _____ | _____ | \$ _____ Per _____ |

I. INCOME FROM OTHER SOURCES: (Examples: Welfare, Social Security, SSI, Pension, Disability Compensation, Unemployment Compensation, Interest Income, Babysitting, Caretaking, Alimony, Child Support, Annuities, Dividends, Income from Rental of Property, Armed Forces Reserves, Scholarships, and/or Grants.)

| HOUSEHOLD MEMBER | TYPE OF INCOME | AMOUNT |
|------------------|----------------|--------------------|
| 1. _____ | _____ | \$ _____ Per _____ |
| 2. _____ | _____ | \$ _____ Per _____ |
| 3. _____ | _____ | \$ _____ Per _____ |
| 4. _____ | _____ | \$ _____ Per _____ |

Public Assistance Recipients: Case Number _____

Name and Number of IM Center: _____

TOTAL ANNUAL INCOME. Add all income listed above and indicate the total earned for the year.

\$ _____ per year

