

B.V.S.J. HOUSING APPLICATION



I. PERSONAL INFORMATION

Name of Applicant _____

(Please Print)

Residence _____ Telephone _____

Address _____ Zip Code _____

Apt/Rm. _____ Borough _____

Referring Agency _____

Address _____

Agency Contact _____ Agency Telephone _____

Marital Status -- Single _____ Married _____ Separated _____ Divorced _____

Is there (will there be) a mate living with you? _____ Yes _____ No

How many persons will be living in the apartment? _____

Starting with yourself, please list all persons who will live in the apartment. Include any family members not living with you now who will join you when you move.

Last	Name First	Relationship	Date of Birth	Age	Sex	Living w/ You Now	In School	Social Security

List below the name; school name and address; grade or level, and teacher or advisor for each family member living with you who is currently in day care or attending school, college or trade school. (If you need additional space, attach sheet of paper).

Family Member	Name of School	Address	Grade	Teacher or Advisor

Is a baby expected? _____ If yes, when is the baby expected? _____

Have you or any member of your household used or is known by any other name? _____

If yes, please state name and explain: _____

Legal Actions: Please list all civil and criminal actions to which you or any persons who will live in your apartment have been a party in the past 10 years. Do not include parking violations. If none, write "none".

ACTION	DISPOSITION

Mobility Status: Does any family member use any of the following:

Wheelchair? _____ Yes _____ No
 Walker? _____ Yes _____ No
 Crutches? _____ Yes _____ No

Please check one group, which identifies the Head of Household. This information is for statistical purposes only. Completing this section is optional.

_____	African American	_____	Hispanic
_____	Native American	_____	Asian
_____	Caucasian American	_____	Other

Veterans Status: Are you a veteran? _____ Yes _____ No

Social Services: Does any member of your household need any of the following services?

Substance abuse counseling or treatment	_____
Parole or criminal law assistance	_____
Employment Assistance	_____
Psychological or family counseling	_____
Other assistance	_____

II. INCOME AND EMPLOYMENT

List below all jobs for the last five years, held by you and every person who will live in the apartment (excluding students with part-time jobs). Report gross annual income before deductions (attach W2 format).

Name of Person Employed	Annual Income	Date Employed	Position Held	Employer's Name	Address Telephone

Other Sources of Income: (Public Assistance, Social Security, SSI, Pension, Unemployment Compensation, Interest, Baby-Sitting, Alimony, Child Support, Dividends, Income from Rental Properties, Armed Forces, Reserves, and any other income).

Household Member	Income Source	Amount Per Month
		\$
		\$

P.A. Recipient: Case Number _____ I.M. Center Name _____

I.M. Center Number _____ Case Worker Name _____

III. HOUSING HISTORY

Starting with your present address, list in order all your addresses for the last 5 years.

Address	Dates		Reason For Moving	Landlord Name	Landlord Address /Telephone
	From	To			

Have you ever been evicted or violated your lease? Yes _____ No _____

If yes, explain _____

Has a previous landlord tried to evict you in housing court? Yes _____ No _____

If yes, explain: _____

Have you ever been a fire victim? _____ Yes _____ No If yes, please state the circumstances: _____

How did you become homeless (if applicable)? _____

Have you ever been a part of a tenant association?
_____ Yes _____ No If yes, explain _____

Which of the following are you willing to become a part of:

- 1. Tenant Association _____
- 2. Block Association _____
- 3. Security Committee _____
- 4. General Volunteer _____
- 5. Self-Help Committee _____
- 6. Floor Captains _____
- 7. Building Standards and Beautification Committee _____

IV. REFERENCES

List four references (one for each category below) whom we may telephone. Do not list relatives or employers.

Name	Address	Type of Account & Account # or Other Relationship	Telephone
Bank			
Credit			
Personal			
Personal			

Person to contact in case of emergency _____ Relationship _____

Telephone _____

V. CERTIFICATION

I certify that the statements made in this form have been examined by me and to the best of my knowledge and belief are true, correct and complete. I have no objections to inquire made for the purpose of verifying facts stated here. I understand that the filing of this application does not in any way bind the owner to reserve an apartment for me.

Signature of Applicant _____

Date _____

**PROOF REQUIRED FOR ALL APPLICANTS APPLYING FOR
HOUSING**

Listed below are all of the documents required that apply to all adults 18 & over moving into the Apartment:

1. **Birth Certificate**
2. **Social Security Card**
3. **Four (4) Recent Pay Stubs**
4. **Proof of Income (i.e. Pension Letter, Award Letter, Child Support) if applicable**
5. **For all children: Letterhead from school confirming the child is attending school there or a copy of the most recent report card**
6. **A one-time credit & eviction background check fee - \$40.00 (Money Order Only – NON-REFUNDABLE)**

****PAYING THE FEE FOR CREDIT CHECK DOES NOT GUARANTEE ANYONE AN APARTMENT. ONLY AFTER SUCCESSFUL COMPLETION OF SCREENING PROCESS AND ACCEPTANCE AFTER MEETING ELIGIBILITY REQUIREMENTS WILL A DECISION BE RENDERED****