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

APPLICATION FOR APARTMENT NUMBER:	ION FOR APARTMENT NUMBER:
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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 NECISITA 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		
If you are living in the City Owned b Address of Landlord	uilding ("In Rem") write "HPD")	_
		_
C. CURRENT RENT What is your present monthly rent? _		
How much do you contribute to the to (If you do not contribute anything wri	otal rent of the apartment?	
How long have you been living at this	s address? Years Mo	
Gas \$; Electric \$; Heat \$; Water \$ ed in your rent? Yes No	
D. REASONS FOR MOVING		
Why are you moving? Check all that	• • •	
() Living with parents() Not enough space	() Do not like neighborhood() Living with relatives/	
() Living in shelter or on streets		
() Bad housing conditions	() Rent too high	
() Health reasons	() Increase in family size	
() Other	(marriage, birth)	

Are you presently receiving a Section 8 () Yes () No	Housing Certificate or Voucher	?			
F. MOBILITY DISABLED, HEARI Are you or a member of your household Do you or a member of your household If "yes", please specify	disabled, hearing or visually in require a special accommodation	npaired? () Yes () No) No —	
G. HOUSEHOLD INFORMATION How many persons in your household w Is a baby expected? () Yes () List all persons who will live with you i	vill be living with you in the unit No If yes, when is baby expect	ted?			
FULL NAME	RELATIONSHIP TO APPLICANT	BIRTH DATE	AGE	SEX M/F	SOCIAL SECURITY NO.
1Occupation: (Write "in school" if attend	SELF				
2Occupation: (Write "in school" if attend	ling school)		·		
3Occupation: (Write "in school" if attend	ling school)				
4Occupation: (Write "in school" if attend	ling school)				
5Occupation: (Write "in school" if attend	ling school)		 .		
H. INCOME FROM EMPLOYMENT Income: List all full and/or part time en		nbers. Include	self-emplo	yed earnings.	
HOUSEHOLD MEMBER	NAME & ADDRESS OF EMPLOYER	HOW LONG		GROSS EARNINGS	
1		_	\$		Per
2					Per
3			\$		Per
4			\$		Per
I. INCOME FROM OTHER SO Unemployment Compensation, Interest Rental of Property, Armed Forces Reser	Income, Babysitting, Caretakin ves, Scholarships, and/or Grants	ng, Alimony, C .)	hild Supp		
HOUSEHOLD MEMBER 1	TYPE OF INCOME	AMOUN		_	
				er	
2		S		er	
4		S		er	
Public Assistance Recipients: Case Nun Name and Number of IM Center:	nber	·			
TOTAL ANNUAL INCOME. Add all \$ per year		ate the total ea	rned for t	the year.	

. E. SECTION 8 HOUSING ASSISTANCE

· J. ASSETS			
Checking Accounts	Bank/Branch Add	ress	Account Number
Checking / tecounts			
D 1 10 1			
Passbook Savings			
Savings Certificates			
			
Maximum Cash Available	APPLICANT'S DOWN PA' : \$		ON
Source of Cash Financial Institution			
rmancial institution	Account Number	Amount \$	
Financial Institution		*	
	Account Number	Amount \$	<u></u>
L. SOURCE OF INFOR	RMATION		
How did you hear about th	nis development? () Sign p		
	cal Organization or Church; (List;
() A city "apartment see () Other	eker" brochure listing new ad	s for the month;	
() Oulei			
	CATION (Used for statistic		
This information is option Household (or Applicant).		ocessing of the application	n. Please check one group, which identifies the Head of
nousehold (of Applicant).			
() Black	() Hispanic	() White	() American Indian
(Non Hispanic		(Non Hispanic	or Alaskan Native
Origin)		Origin)	
() Asian or	() Other		
Pacific Islander	, , , , , , , , , , , , , , , , , , , ,		
N. CICNIATURE			
N. SIGNATURE			
I DECLARE THAT THE	STATEMENTS CONTAIN	ED IN THIS APPLICATI	ION ARE TRUE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.			
SIGNATURE X			DATE:

OFFICE USE ONLY			
Community Poord Pacidor	nt: () Yes () No	Rent of Apartme	nt Assismad
Borough Resident: () Ye		() Low ()]	
_		\$	
Size of Apartment Assigne		() 2 D .	4.5.1
()Studio ()IB	edroom () 2 Bedroom (() 3 Bedroom ()	4 Bedroom
Family Composition:	Adult Males		
	Adult Females		
	Male Children		
	Female Children		
Verified Earned Income:	Verified (Other Income:	
1. \$00/Y		00/Year	
2. \$00/Y		00/Year	
3. \$00/Y 4. \$.00/Y		00/Year .00/Year	
τ. φ <u></u>	Cui 7. P	OO/ 1 Cat	
Total Verified Household I	income: \$00/\footnote{\footnot	Year	