



170 Froehlich Farm Blvd
Woodbury, NY 11797
Phone: 631-421-7371, Ext. 3301, 3306
Fax: 631-421-3933
www.concordny.com

AFFORDABLE HOUSING APPLICATION FOR APARTMENT

Instructions:

1. Mail only one application per family.
2. Mail completed application & proof of income to:
CONCORD MANAGEMENT OF NY, LLC
Attn: Compliance and Leasing
170 Froehlich Farm Boulevard
Woodbury, NY 11797
3. No Payment should be given to anyone in connection with the preparation or filing of this application (besides the \$20.00 (for 1 – 2 adults) money order for the credit & criminal check fee made payable to CONCORD MANAGEMENT) **which would be requested upon eligibility determination.**

4. This information to be filled out by the Applicant:

A. Apartment Size/ Location of apartment applying for: _____

B. Social Security # of Applicant _____

* APPLICATION WITHOUT SS# CANNOT BE PROCESSED.

C. Name and Address

Name: _____

Current Address _____ (Number, street, apt.#)

_____ (City, State, Zip)

Home Phone No. (_____) _____

Cell Phone No. (_____) _____

Work Phone No. (_____) _____

Email _____

How long have you lived at this address? _____ Years _____ Months



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D. 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	SSN	Birthdate	Age	Gender	Race	Occupation

Are you or any member of your household disabled? yes no

If yes, would you describe the disability impairment as mobility visual hearing?

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: _____

E. Income from Employment

*Please note earnings per as per week, month, year

PLEASE ATTACH PROOF OF INCOME. APPLICATIONS CANNOT BE PROCESSED WITHOUT PROPER BACKUP (I.E. MOST RECENT PAYSTUBS, W-2 & TAX RETURN, AWARD LETTER, ETC)

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.



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Household Member	Employer Name	Employer Address	Length of Employment	Gross Annual Earnings

F. 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 Name	Income Type	Amount	Frequency (week, month, year, etc)

G. Total Annual Household Income

Please add all total income from sections E & F Above and record below:

\$_____ per _____ (i.e.: week, month, year)

H. Current Landlord (if currently renting, this must be completed)

Landlords Name_____

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



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Landlord's Address _____

Landlord's Phone Number _____

I. Current Rent

What is the total monthly rent on the apartment where you currently live or temporarily staying? \$ _____

How Much do you contribute to the total monthly rent of the apartment? If nothing write "0" \$ _____

J. Reasons for Moving

Why are you moving? Please check all that apply.

- Living with parents Do not like neighborhood Other _____
- Not enough space Living with relatives/other family members
- Rent too high Living in shelter or on the streets
- Bad housing conditions Increase in family size (marriage, birth)
- Health Reasons Disability access problems

K. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certification? yes no

If yes, what type: _____

Examples of other rental subsidies/certificates include CITYFEPS, FEPS, LINC, SEPS, VASH, Etc., Note:
This information will not affect the processing of the application.

L. Assets

Checking Account #: _____ Bank Name: _____ Current Balance: _____

Savings Acct #: _____ Bank Name: _____ Current Balance: _____

CD Acct #: _____ Bank Name: _____ Current Balance: _____

IRA/401K, Funds Acct #: _____ Bank Name: _____ Current Balance: _____

M. Source of Information

How did you hear about this development?

- Newspaper Sign Posted on Property
- Local Organization or Church Friend
- City "affordable housing hotline" new ads for the month Web Site/Internet
- Other _____



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N. Personal/Business References

Name_____

Current Address_____

City/State/Zip Code_____

Home Telephone/Cell Phone_____

Work Phone_____

Relationship_____

Name_____

Current Address_____

City/State/Zip Code_____

Home Telephone/Cell Phone_____

Work Phone_____

Relationship_____

O. 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.

- White (non-Hispanic origin) Black
 Hispanic Origin Asian or Pacific Islander
American Indian/Alaskan Native Other

P. 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



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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, AM EMPLOYED BY THE DEVELOPER OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

Office Use Only:

Person with Disability: Mobility Visual Hearing

Community Board Resident: Yes No Municipal

Employee: Yes No

Size of Apartment Assigned: Studio 1BR 2 BR 3 BR 4 BR

Family Composition: # of Adult Males _____ # of Adult Females _____

 # of Minor Males _____ # of Minor Females _____

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ PER YEAR



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CREDIT REPORT PRIVACY DISCLOSURE FORM

I hereby authorize and instruct Concord Management of NY to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by Concord Management. I understand and agree that Concord Management intends to use the credit report for the purpose of evaluating my rental ability.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Concord Management in connection with such evaluation.

Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

___ authorize
 ___ do not authorize

I understand that I may revoke my consent to these disclosures by notifying Concord Management in writing.

 Client's Name Client's Signature Date

 Birth Date Telephone Number

 Social Security Number Address

 Driver's Lic#/State ID # City, State, and Zip Code

 Client's Name Client's Signature Date

 Birth Date Telephone Number

 Social Security Number Address

 Driver's Lic#/State ID # City, State, and Zip Code