

RED HOOK GARDENS LP

PRE-LIMINARY APPLICATION

MAIL ONLY ONE (1) APPLICATION PER FAMILY BY REGULAR MAIL, ALONG WITH A NON-REFUNDABLE MONEY ORDER IN THE AMOUNT OF \$50.00. PLEASE MAKE MONEY ORDER PAYABLE TO RED HOOK GARDENS LP

(APPLICATION WITHOUT MONEY ORDER WILL NOT BE PROCESSED).

FOR USE BY PROJECT OWNER:

Date:

Time:

Chronological ID#

INCOME REQUIREMENTS FOR TAX CREDIT UNITS

Family Size	Maximum Income Limits
-------------	-----------------------

2014 LIHTC Income Limits Subject to Change

1 Person	36,120
2 Persons	41,280
3 Persons	46,440
4 Persons	51,540
5 Persons	55,680
6 Persons	59,820
7 Persons	63,960
8 Persons	68,040

RETURN FULLY COMPLETED APPLICATION TO:

RED HOOK GARDENS LP
C/O SHINDA MANAGEMENT CORPORATION
221-10 JAMAICA AVENUE, 3rd Fl.
QUEENS VILLAGE, NEW YORK 11428

***Non-refundable fee of \$50.00 for background checks on head of household \$11.95 for each additional adult member 18 years of age and older).**

1. THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT:

Last Name _____ First Name _____ Social Security No. _____ Date of Birth _____

Street Address _____ Apt. No. _____ City _____ State _____ Zip _____

Home Phone No. _____ Work Phone No. _____

2. FAMILY COMPOSITION

List all the person(s) who will live with you in the apartment at Red Hook Gardens LP.

FULL NAME	RELATIONSHIP	BIRTH DATE	OCCUPATION	SOCIAL SECURITY	DRIVER LICENSE#

FULL NAME	RELATIONSHIP	BIRTH DATE	OCCUPATION	SOCIAL SECURITY	DRIVER LICENSE#

How many persons are in your household? _____ How many bedrooms do you have? _____

3. FUNCTIONAL STATUS

Are you 62 years of age or over? ☐ Yes ☐ No

Is any member(s) of your family who lives with you disabled? ☐ Yes ☐ No

If "yes", enter name _____.

Are you or any member of your family who lives with you handicapped to the degree that you/they require a wheelchair, walker, crutches, metal braces, cane or any type of mechanical aid to assist in walking? ☐ Yes ☐ No _____
(enter name)

Is your current residence designed for the handicapped? ☐ Yes ☐ No

4. STUDENT STATUS

Are any household members full-time students? ☐ Yes ☐ No

If "yes", complete the following information:

NAME OF FULL-TIME STUDENT	NAME & ADDRESS OF SCHOOL	EXPECTED GRADUATION DATE

5. INCOME

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

NAME OF WORKING PERSON	NAME & ADDRESS OF EMPLOYER	GROSS EARNINGS
		\$ _____ per _____
		\$ _____ per _____
		\$ _____ per _____

6. OTHER SOURCES OF INCOME: (Examples: welfare, social security, SSI, pension disability compensation, interest,

baby sitting, care taking, alimony, child support, annuities, dividends, from rental property, Armed Forces Reserves, scholarships, and/or grants).

HOUSEHOLD MEMBER	SOURCE OF INCOME	AMOUNT
		\$ per
		\$ per
		\$ per

7. TOTAL ANNUAL HOUSEHOLD INCOME

Add all income listed above and indicate the total earned per year: \$

8. CURRENT ASSETS

	Bank(s)	Account Number(s)	Amount(s)
Checking Account			
Passbook Savings			
Savings Certificates (CD’S)			

Stocks & Bonds (Value) \$ Savings Bonds (Value) \$ Do you own Real Estate? ☐ Yes ☐ No

If “yes”, what is the value? \$ Address:

9. ASSETS RECENTLY DISPOSED OF

Has any family member disposed of any assets for less than fair market value, during the past 2 years? ☐ Yes ☐ No

IF “yes”, provide the following information:

ASSETS	ASSET’S MARKET VALUE AT TIME OF DISPOSITION	DATE OF DISPOSITION	AMOUNT RECEIVED

Were there any penalties, broker/legal fees or settlement costs in connection with the recent disposition of assets?
☐ Yes ☐ No

10. CURRENT LANDLORD’S NAME, ADDRESS AND PHONE NUMBER

11. CURRENT RENT

What is the total rent on the apartment where you currently live or are staying temporarily?

\$ _____ per month

How much do you contribute to the total rent of the apartment? (If you do not contribute anything, write "0")

\$ _____ per month

12. SECTION 8 HOUSING ASSISTANCE

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

(Please check "yes" or "no" and attach a copy of the document, this information will not affect the processing of the application)

13. AUTHORIZATION OF BACKGROUND CHECK

PLEASE READ ALL TERMS CAREFULLY AND SIGN:

It is understood that the premises are to be used as a residence to be occupied by not more than ____ persons and that occupancy subject to possession being delivered by present occupant. An application fee in the sum of \$ _____ received on _____ (date) has been deposited with Landlord, with the clear understanding that this application, including each prospective occupant, is subject to approval and acceptance by Landlord in its sole discretion.

I hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information.

Upon approval and acceptance, the applicant agrees to execute a lease before possession is given and to pay the security deposit and the first month's rent within five days after being notified of acceptance (time being of the essence); failing which the application fee shall be retained by Landlord as the agreed compensation for credit investigation, processing and verification of the application, other expenses and/or loss of rent, and the Landlord shall have no further obligation to applicant. In no event is the application fee refundable to the applicant, except in the event that Landlord fails to deliver possession of the premises as may be required by any lease executed between the parties.

The applicant hereby waives any claim for damages by reason of non-acceptance of this application which the Landlord or his agent may reject without stating reasons for so doing. It is further agreed that if any information herein is false, the lease made on the strength of this application may, at the option of the Landlord, be terminated at any time.

Signature (Head of Household)

Spouse's Signature

IMPORTANT: TO BE COMPLETED AND EXECUTED BY ALL HOUSEHOLD MEMBERS

MANAGEMENT AGENT: SHINDA MANAGEMENT CORPORATION

221-10 JAMAICA AVENUE, 3RD FL., QUEENS VILLAGE, NEW YORK 11428 • TEL. (718) 740-0416 • (800) 662-1220/TTY • (800) 421-1220/VOICE

18 YEARS OF AGE AND OLDER.

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY #	SIGNATURE

14. PROGRAM INFORMATION

How did you hear about this Development: ☐ Sign posted on building, ☐ Friend or Family, ☐ Newspaper, ☐ Assisted Housing List, ☐ Local Organization or Church, ☐ Brochure/Pamphlet
Other _____ (Example: Fair Housing Counseling Center, Mayor's Office of the handicapped, etc.)

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Signature

Date

PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY. IF MORE THAN ONE APPLICATION IS RECEIVED, THE APPLICATION WILL BE DISQUALIFIED.

The following information is required for statistical purposes. This information must be completed. It will not affect the processing of this application.

15. RACIAL GROUP IDENTIFICATION (Used for statistical purposes only). Please check one group, which identifies the head of household.

- ☐ White (Non-Hispanic)
☐ Hispanic
☐ Asian or Pacific Islander

- ☐ Black (Non-Hispanic Origin)
☐ American Indian or Alaskan Native



EQUAL HOUSING OPPORTUNITY