

WESTHAB, INC. Housing Division
 103 Elm Street, Yonkers, N.Y. 10701

<u>Agency Use Only</u>
Date Received _____
Application # _____
Approved YES _____ NO _____

HOUSING APPLICATION

1) LAST NAME of Applicant FIRST NAME of Applicant Name of Spouse

2) HOME ADDRESS Apt. or Rm.# City, State Zip Code

Home Tel # Work Tel# Mailing name & address, if different from above:
 () ()

3) **FAMILY INFORMATION:** List ALL information for ALL persons who will live with you in order of age (oldest to youngest).

FULL NAME	Relation	Birth Date	M/F	Employed Y/N	School Y/N	Social Security # for ALL School /Grade for Children
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

4) Do you have any pets? ___ Yes ___ No If yes, how many? ___
 Specify: Dogs ___ Cats ___ Other _____

5) Total Number of people who will live in apartment: _____
 Is a child expected? ___ Yes ___ No If yes, when? _____

5a) Bedroom size needed? _____

6) Are there any persons who will live with you who are not living with you now?
 ___ Yes ___ No If yes, fill in details below:

<u>Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Where Now Living(address)</u>

7) **CURRENT LIVING CONDITION:**
 Where are you living (check box)?

<u>Have own apt. in building with:</u>	<u>Live in:</u>	<u>Describe:</u>
6 or more apartments []	Furnished room []	Total # rms. _____
3 to 5 apartments []	Hotel/Shelter []	# of bedrooms _____
1 or 2 family house []	Emergency Housing []	# of people _____
	Someone else's apt. []	Monthly rent: \$ _____

Your rent includes:
 Gas: Yes [] No [] Heat: Yes [] No []
 Electricity: Yes [] No [] Hot Water: Yes [] No []

8) Present Housing Conditions:
 Do you live in a Housing Authority, rent-subsidized, or Section 8 apartment at present?
 Yes [] No []

9) Do you currently have a Section 8 Voucher or Certificate? Yes ____ No ____

9a) If yes, bedroom size and rent amount approved: BR Size _____ \$ _____

10) Does anyone on this application have any Special Needs or require special accommodations due to disability? Yes ____ No ____

If YES, please describe:

10a) Do you or any other members of your household require the use of:
Wheelchair [] permanent crutches/walker [] handicapped access []

10b) Does any member of your household have a heart condition or any other special medical problem or needs? Please describe:

11) WHY DO YOU NEED OTHER HOUSING?

12) **PRIOR HOUSING:** List in order all your address for the last three years:

Address	City	Dates To/From	Monthly Rent	Hotel/ Shelter	Own Apt.	Emergency Housing	Share Apt.	Rooming House
1.			\$					
2.			\$					
3.			\$					

For addresses listed in 1-3 above, supply the following information:

LANDLORD INFORMATION

Name	Address	Telephone #
1.		
2.		
3.		

NOTE: If you leave the area below blank, your application will be rejected as INCOMPLETE.

13) **EMPLOYMENT INFORMATION:**

List all jobs held by you or any member of the household over the past two years.

Person Working	Employer	Employer Address	Employer Tel. #	Dates Employed (From/To)	Yearly income (<u>before taxes</u>)	Rate of Pay & # Hours worked
					\$	\$____ per hour #____ hours/week
					\$	\$____ per hour #____ hours/week
					\$	\$____ per hour #____ hours/week
					\$	\$____ per hour #____ hours/week

14) **INCOME FROM OTHER SOURCES:**

Examples: Welfare, Social Security, SSI, Veteran's benefits, family contributions, Child Support, Unemployment, Disability, Pension or any other income *other than* employment.

Name of Person Receiving Income	Source of Income	District Office Address	Caseworker Name & Phone	Amount (per day/month or year)
			Mr./Ms. _____ () ____-____	\$
			Mr./Ms. _____ () ____-____	\$
				\$
				\$

15) **ASSETS**

Bank Accounts: Checking, Savings, Credit Union, 401k, CD, Money Market etc.

Name of Person (with account)	Type of Account	Bank Name	Address	Current Balance
				\$
				\$
				\$

Credit Cards: Visa, MasterCard, American Express, other etc.

Name of Cardholder	Type of Card	Current Available Credit
		\$
		\$
		\$

16) Does anyone on application have a **DRIVER'S LICENSE**? If yes, fill in information below.

Full Name	License Number	State Issued By:

17) Does anyone in the household have a **MOTOR VEHICLE**? If yes, fill in information below:

Full Name	Make	Model	Year	Plate #	Color	State Issued By

18) **REFERENCES**

Full Name	Telephone #	Address	Relationship

19) **EMERGENCY CONTACTS** (Next of Kin, friends)

Full Name	Telephone #	Address	Relationship

APPLICANT'S DECLARATION

I declare that all statements contained in this application are true and correct and that I have not knowingly or willfully made a false statement, given false information or omitted information in connection with this application. I understand that willful false statements or misrepresentation are a basis for rejection of this application.

I hereby authorize **WESTHAB**, it's representatives and any consumer or credit reporting agency/bureau to conduct an investigation of character, mode of living, general reputation, credit and financial responsibility – **including any past or present housing court actions** (including but not limited to eviction and non-payment cases) - and accuracy of the contents of this application. I also authorize credit or consumer bureaus to make a consumer or credit report in connection therewith. I understand that such and investigation may include contacting my personal, financial or housing references as well as a visit to my current residence.

SIGNATURES (Application not valid without all signatures):

Signing below indicates that you have read, understand and agree with the above declaration.

Date: _____ Applicant _____

Co-Applicant/Spouse _____

Other applicant age 18 and older _____

Other applicant age 18 and older _____

*****DOCUMENTS REQUIRED with Application*****

- ****CREDIT CHECK FEE of \$25.00**** (money order ONLY) for ALL applicants ages 18 and older. NOTE: Your application will **not** be processed until this fee is submitted together with your application.
- Current **proof of ALL sources of income sources** (four most current pay stubs, job letter, DSS budget sheet, SS/SSI award letter, child support stubs, pension, unemployment etc.)
- **Birth Certificates and SS Cards** for ALL
- Copy of Section 8 Certificate/Voucher – if applicable

ADDITIONAL INFORMATION

You may provide any additional information or explanations in the space below that you think is relevant to your application for housing:

HOW DID YOU HEAR ABOUT US?

Local New paper (Journal news, PennySaver)

Please list: _____

Westhab Web site

Word of Mouth

Please list: _____

Church/Agency/Organization:

Please list: _____

Westhab Agency Referral

Other: _____



