



Liberty Street Realty LLC

Log # _____

INSTRUCTIONS

➔ **FREE APPLICATION--DO NOT PAY ANYONE FOR THIS APPLICATION** ◀

- Mail only one (1) original application per household.** You may only be a household member on one (1) application. You will be disqualified if you submit more than one (1) application. Also, **photocopied applications will not be accepted.**
- You must provide Social Security or Individual Tax Identification Numbers for all adult members of the household and all adult members of the household must sign the certification on the last page of the application.** Your application will be deemed ineligible if you fail to provide this complete information.
- Mail completed application by regular mail only to: Liberty Street Realty LLC, Grand Central Station, and P.O. Box 3628, New York, NY 10163.** Applications not sent via regular mail (e.g. priority, certified, registered, express or overnight mail) will not be accepted.
- No payment or fee should be given to anyone in connection with the preparation or filing of this application for housing, and no Broker's fee should be given to receive an apartment.
- This application is to be completely filled out by the applicant. Please answer all questions and write neatly.

SECTION A. GENERAL INFORMATION

Applicant Name: _____ e-mail address: _____

Home Address: _____
Street Apt. # City State Zip

Mailing Address, if different: _____
Street Apt. # City State Zip

Phone #: (home) _____ (work) _____ (cell) _____

In case of emergency, notify: _____ **Relationship:** _____

Address: _____ **Daytime Phone:** _____

In current unit: Number of bedrooms _____ Number of persons living there? _____

In apartment applying for: How many persons, including yourself, will live here? _____

Briefly describe your reasons for moving: _____

How did you hear about Liberty Street Realty LLC.? (If newspaper, which one?) _____

Do you work in New York City? Yes No

SECTION B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment you are applying for. Include all persons for whom this unit will be a permanent residence/address.

Name	Relation to Head of Household	Sex (M/F)	Age	Birth Date	Social Security Number (or Tax I.D.)	Occupation (Indicate if F/T or P/T Student)
	Head					

Do you anticipate any additions to the household in the next twelve (12) months? Yes No

If yes, indicate who (name and relationship) _____

Explain: _____

Check if you or any member of your household has a disability: Mobility Visual Hearing

Describe any special accommodation needed if you or any member of your household is disabled: _____

Will ALL of the household members (both adults and children) be full-time students during five (5) months or more of the last (12) twelve months or will they all be full-time students during five (5) or more months of the next (12) twelve months? Yes No

If yes, indicate the name(s) of the household member(s) and of the school(s) they are or will be attending: _____

SECTION C. INCOME

List below **ALL** current sources of income for **ALL HOUSEHOLD MEMBERS**, including yourself, listed in Section B. "Household Composition," i.e., all persons who will live in the apartment you are applying for.

EMPLOYMENT INCOME

Include all full-time, part-time and self-employment income. (Self-employment/business income, if applicable, must reflect the amount that would be reported on IRS Form 1040, Line 12, Business Income, and Schedule C, Line 31, Net Profit.)

Household Member Name	Name & Address of Employer	Dates of Employment (From/To, including Month/Year)	Status F=Full-Time P=Part-Time S=Self-Employed	Gross Annual Earnings
				\$
				\$
				\$
				\$
				\$
Total Gross Annual Employment Income =				\$

OTHER INCOME

Include gross periodic payments from: public assistance (including housing allowance), AFDC, TANF, unemployment, disability, veteran's, social security, SSI, alimony, child support, annuities, pensions, retirement funds, insurance policies, and other regular income. Also, include interest, dividends, net rental income and other income from assets listed in Section D. "Assets."

Household Member Name	Source of Income	Gross Amount		Period Received Weekly, Bi-weekly, Semi-monthly, Monthly, Quarterly	Annual Gross Amount
		\$	per		\$
		\$	per		\$
		\$	per		\$
		\$	per		\$
		\$	per		\$
Total Gross Annual "Other" Income =					\$
TOTAL GROSS ANNUAL INCOME: (Employment PLUS "Other" Income)					\$

Do you or any household member anticipate any changes in income in the next twelve (12) months? Yes No

If yes, explain: _____

