

Liberty Street Realty LLC

Log #_____

INSTRUCTIONS

→ FREE APPLICATION--DO NOT PAY ANYONE FOR THIS APPLICATION ←

- 1. **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**.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. This application is to be completely filled out by the applicant. Please answer all questions and write neatly.

SECTION A. GENERAL INFORMATION

Applicant Name:	ame:e-mail address:				
Home Address:					
	Street	Apt. #	City	State	Zip
Mailing Address, if different:					
	Street	Apt. #	City	State	Zip
Phone #: (home)		_ (work)	(ce	ell)	
In case of emergency, notif	fy:		Relationship:		
Address:			Daytime Phone	:	
In current unit: Number of I	oedrooms		Number of pers	ons living there?	
In apartment applying for: I	How many perso	ons, including yourself, will l	ive here?		
Briefly describe your reason	s for moving:				
How did you hear about Lib	erty Street Real	ty LLC.? (If newspaper, which	ch one?)		
Address: In current unit: Number of I In apartment applying for: I Briefly describe your reason	bedrooms How many persons s for moving:	ons, including yourself, will l	Daytime Phone Number of pers ive here?	:ons living there?	

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? \Box Yes \Box No

If yes, indicate who (name and relationship)

Explain:

Check if you or any member of your household has a disability:	bility 🖵 visua	a 🖵 Hearing
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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? \Box 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 GF	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? \Box Yes **No** If yes, explain:

SECTION D. ASSETS

List below the current cash value of all assets held by ALL household members, including yourself, listed in Section B. "Household Composition." (Income from these assets must be listed in "Other Income" in Section C. "Income"). Include below: cash on hand, checking accounts, savings accounts, savings bonds, certificates of deposit, money market funds, mutual funds, stocks, bonds, IRA accounts, 401K accounts, other retirement and pension accounts, trust funds, life insurance policies (except Term), personal property held as an investment (e.g. jewelry, antiques or art), equity in real estate and all other assets.

Household Member Name	Institution Name	Type of Asset	Account #	Current \$ Value/ Account Balance
		TOTAL	VALUE OF ASSETS =	
Do you or any household member has f yes, do the terms of the account pe	-			
Have you or any household member → Yes → No If yes, wh	received any lump sum en?		ritance, gambling winnin w much?	-
Are these funds reflected in your ass	et list above? 🛛 Yes	□ No If not, descr		
			-	
Do you or any household member ov				
f Yes, type of property				
Appraised market value \$	N	Iortgage or outstanding	loans principal balance d	lue \$
f rental property, net annual rental in	ncome (amount that wor	uld be reported on IRS	Schedule E, Line 26): \$_	
Have you or any household member f Yes type of property:	sold/disposed of any pr	operty in the last twenty Date of tran	y-iour (24) months? 🖵 Y saction	les 🛛 No
f Yes, type of property: Market value when sold/disposed \$		Amount sol	saction d/disposed for \$	
Have you or any household membe			-	(24) months? (Example
Given away money to relatives or set fyes, describe the asset			No No	
			osed \$	

SECTION E. ADDITIONAL INFORMATION

EMPLOYMENT HISTORY (TWO YEARS)

For any adult household member who has not been with their current employer for at least two (2) years or who is not employed currently, list in order all previous employment for the past two (2) years, starting with your most current employment.

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

RESIDENCE HISTORY (FIVE YEARS)

Starting with your current address, list in order all addresses where you have lived for the past five (5) years.

Address	Dates (From/To)	Name, Address and Phone # of Landlord

Current monthly rent or mortgage payment amount: \$	Your contribution: \$
Check utilities paid by you: 🛛 Heat 🔹 Electricity	Gas Other (specify)
Are you presently receiving transferable rent subsidy? Types No. If y	yes, which? Section 8 Other (specify)
Are you or any member of the applicant household currently using an ill	llegal substance? 🛛 Yes 📮 No
Have you or any member of the applicant household ever been convicted	ted of a felony? 🛛 Yes 🖵 No If Yes, when?
Have you or any member of the applicant household ever been evicted	from housing? 🛛 Yes 🗖 No If Yes, when?
Have you or any member of the applicant household ever filed for bank	kruptcy? \Box Yes \Box No If Yes, when?
Do you or any member of the applicant household have any pets?	□ Yes □ No If Yes, type?
If yes to any questions above, explain	

The following information is used only for statistical purposes and is optional:

PLEASE CHECK THE RACE WHICH BEST DESCRIBES THE HEAD OF HOUSEHOLD:

White Black/African American American Indian/Alaska Native Asian

a Native Asian Native Hawaiian/Other Pacific Islander

IS THE HEAD OF HOUSEHOLD OF HISPANIC/LATINO ORIGIN?

□ Yes, Hispanic/Latino □ No, not Hispanic/Latino

CERTIFICATION

I/We certify that this will be my/our primary residence. I/We understand that eligibility for housing will be based on applicable income limits and management's selection criteria. I/We declare that statements contained in this application are true and complete to the best of my/our knowledge. I/We have not withheld, falsified or otherwise misrepresented any information. I/We 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/our application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

In addition, I/We authorize a credit authorize a credit investigation firm retained by the owner of Liberty Street Realty LLC to conduct inquiries concerning my/our income, credit history, residence, banking relationships, household composition, character and reputation to determine and verify my/our eligibility for an apartment pursuant to this application. My/Our signature here is consent to obtain such verification.

SIGNATURE(S): ALL ADULT APPLICANTS, 18 OR OLDER, MUST SIGN.

(Signature)	(Date)	(Signature)	(Date)
(Signature)	(Date)	(Signature)	(Date)