

**QFC Owner, LLC
MODA Upgraded Living
89-14 Parsons Blvd
(a/k/a 153-30 89th Avenue)
Jamaica, NY 11432**

APPLICATION FOR APARTMENT

This information to be filled out by the Applicant (Head of Household):

A. Name and Address

Name _____

Current Address _____

City, State, Zip Code _____

Home Telephone _____ Cell Phone _____

Work Phone _____

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

B. 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 to Applicant	Birth Date	Age	Sex	Occupation
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you or any member of your household disabled? Yes No

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

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:

C. Income from Employment

1) Are you an employee of the City of New York, the New York City Housing Development Corporation, the New York City Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation? Yes _____ No _____ (If Yes, please identify the agency or entity at which you are employed): Agency/Entity _____

2) If you answered "yes" to Question 1 above, have you personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application? Yes ___ No ___

NOTE: If you answered 'Yes' to Question 1 above, you may be required to submit a statement from your employer that your application does not create a conflict of interest. If you answered 'Yes' to Question 2 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement would not be required until later in the application process, after you have been selected through the lottery, when you will also be required to provide other documents to verify your income and eligibility.

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.

Household Member:	Employer Name and Address:	Years Employed:	Gross Earnings:

D. 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	Type of Income	Amount
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

E. Total Annual Household Income

Add All Income Listed Above and Indicate the Total Earned for the Year \$ _____ per year

F. Current Landlord

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

Landlord's Address _____

Landlord's Phone Number _____

G. Current Rent

What is the total rent on the apartment where you currently live or temporarily staying? \$ _____ monthly
How much do you contribute to the total rent of the apartment? If nothing write "0" \$ _____ monthly

H. Reason for Moving

Why are you moving? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Do not like neighborhood |
| <input type="checkbox"/> Not enough space | <input type="checkbox"/> Living with relatives/other family members |
| <input type="checkbox"/> Living in shelter or on the streets | <input type="checkbox"/> Rent too high |
| <input type="checkbox"/> Bad housing conditions | <input type="checkbox"/> Increase in family size (marriage, birth) |
| <input type="checkbox"/> Health Reasons | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Disability access problems | |
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I. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certificate? [] Yes [] No
Please check Yes or No. This information will not affect the processing of the application.

J. Assets

Checking Account/Bank or Branch _____
Passbook Savings/Bank or Branch _____
Savings Certificates/Bank or Branch _____

K. Source of Information

How did you hear about this development?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Sign Posted on Property
<input type="checkbox"/> Local Organization or Church	<input type="checkbox"/> Friend
<input type="checkbox"/> City "affordable housing hotline" listing new ads for the month	<input type="checkbox"/> Web Site/Internet
<input type="checkbox"/> Other _____	

L. 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

M. 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 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 ARE EMPLOYED BY THE NEW YORK CITY HOUSING DEVELOPMENT CORPORATION OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.

Signed: _____ Date: _____

OFFICE USE ONLY:

Community Board Resident Yes No

Municipal Employee Yes No

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

Family Composition: Adult Males _____ Adult Females _____ Male Children _____ Female Children _____

Person with Disability Mobility Visual Hearing

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ per Year

(Each applicant (over 18 years of age) applying to live in the apartment must fill out below)

Name
First _____ Middle _____ Last _____ D.O.B: ____/____/____ SS# _____
☎ Work _____ ☎ Cell _____ Other (home) _____ E-MAIL _____

Do you have any pets? Yes No Please specify type and size _____

Emergency Contact: Name _____ Relationship _____ ☎ _____

RESIDENCE HISTORY

Current Address _____

City _____ State _____ Zip Code _____ Length of Time at Current Address _____

Landlord/Mortgage holder _____ Landlord ☎ _____ Monthly Payment \$ _____

Have you ever been evicted or asked to move? Yes No Do you have any derogatory information on public record? Yes No

Have you ever defaulted on a rental agreement? Yes No Have you ever been convicted of a felony? Yes No

Do you owe money to a past landlord? Yes No Have you ever been convicted of manufacturing or distributing a controlled substance? Yes No

AUTHORIZATION AND AGREEMENT

Pursuant to federal and state law NYC Admin. Code §20-807 et seq.:

- 1) If your application is denied** or other adverse action is taken against you due to a screening report the landlord uses, the landlord must tell you so and how to contact the screening company to obtain a free copy of the report.
- 2) You may dispute** inaccurate or incorrect information on the report directly with the screening company. Our screening company is: On-Site.com, 2465 Latham Street, Floor 3, Mountain View, CA 94040 | Phone: (877) 222-0384 | Fax: (888) 774-0144 | www.on-site.com/documents
- 3) Annually**, you may order a free screening report from www.annualcreditreport.com (in addition to a free report from each national consumer reporting agency if adverse action was taken against you).

AUTHORIZATION AND AGREEMENT

PLEASE READ CAREFULLY

The Landlord will in no event be bound, nor will possession of the apartment be given, unless and until a lease executed by the Landlord has been delivered to the applicant. The leasing Agent shall in no event be liable concerning this application, or concerning any act of the Landlord, or failure to act on the part of the Landlord, in connection with this application or in connection with any lease contemplated herein. No representations or agreements by agents, brokers or others are binding on the landlord or its leasing Agent unless included in writing in the lease.

A consumer report may be requested in connection with this application to lease and apartment. Subsequent similar reports may be requested or utilized in connection with an update, renewal or extension of this application. Upon request, applicant will be informed whether a consumer report of an investigative report was requested, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. Please be advised that in the event applicant enters into a lease with owner/agent, owner/agent may request additional credit reports for a period of not more than 5 years after applicant vacates apartment.

I hereby warrant that all my representations set forth herein are true. I recognize that the information contained herein is essential to the Landlord's decision to lease an apartment to me and that any misstatement I make on this application or in the information supporting this application constitutes a material breach of the lease contemplated herein. I represent that I am not renting a room or an apartment under any other name, nor have I ever been dispossessed from any apartment, nor am I now being dispossessed. I represent that I am over 18 years of age.

I understand that I have the right under Section 8068 of the Fair Credit Reporting Act to make a written request directed to On-Site Manager, Inc. within a reasonable time for a copy of my credit report. I understand that upon submission, this application and all supporting documents become the property of the Landlord and will not be returned to me.

I authorize the verification of the above reference information and its release to the Landlord and its Agent and other parties connected with the lease contemplated herein. I authorize On-Site Manager, Inc. to obtain my credit report and to verify any information on this application and any other information, which the Landlord deems pertinent to leasing me an apartment. I will supply any other information required by the Landlord in connection with the lease contemplated herein. **I understand that the credit/background fee is non-refundable. I understand that the hold deposit amount I have submitted (to take the apartment temporarily off the market until application is either approved or denied) will not be refunded unless my application is denied by management.**

Signature _____ Date _____



Moda Upgraded Living provides equal housing opportunity. We do business in accordance with the Federal Fair Housing Law. It is illegal to discriminate against any person because of Race, Color, Religion, Sex, Handicap, Family Status or National origin

