



WEBSTER GREEN

Log # _____

INSTRUCTIONS

- Mail only one (1) original application per household.** You may only be a household member on one application. You will be disqualified if you submit more than one application or a photocopy of an application.
- 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.
- When completed, **mail application by regular mail only; do not send by registered or certified mail, Fed Ex or UPS.** Applications not sent via regular mail will be considered only after other applications. Additionally, applications postmarked after the postmark deadline of **July 16th, 2018** will be considered only after all other applications.
- Mail Completed Applications to:**
WEBSTER GREEN
 PO Box 189017
 Richmond Hill, NY 11418

SECTION A. GENERAL INFORMATION

Applicant Name(s): _____

Home Address: _____

Street Apt. # City State Zip

Mailing Address, if different: _____

Street Apt. # City State Zip

Phone No: (home) _____ (work) _____ (cell) _____

Email Address: _____ Preferred Method of Contact (Check one): Mail E-mail

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

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

Briefly describe your reasons for moving: _____

How did you hear about the apartments development? _____

In case of emergency, notify: _____ Relationship: _____

Address: _____ Daytime Phone: _____

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. List the head of household first.

Name	Relationship to Head	Sex (M/F)	Age	Birth Date	Occupation (If in school, write "student")
	Head				

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

If yes, explain _____

Check if you or any member of your household has a disability: Mobility Visual Hearing
 Describe any special accommodation needed in your residence if you or any member of your household is disabled _____

Have ALL of the household members (both adults and children) been full-time students during five months or more of calendar year 2018 or will they be in calendar year 2019? Yes No **If Yes, answer the following questions:**

- (1) Is the household comprised of a single parent and children, none of whom are dependents on the tax return of someone outside the household? Yes No; (2) Are all adult members of the household married and have they filed a joint tax return for the most recent tax year? Yes No; (3) Does any member of the household receive AFDC or TANF? Yes No; (4) Is any member of the household enrolled in a Federal, State or local job training program? Yes No

SECTION C. INCOME

List below ALL current sources of income for ALL HOUSEHOLD MEMBERS, including yourself, listed in Section B. "Household Composition".

EMPLOYMENT INCOME

Include all full-time, part-time and self-employment income. (*Business income must reflect the amount that would be reported on IRS Form 1040, Line 12 and Schedule C, line 31)

Household Member Name	Name & Address of Employer	How Long Employed (From/To)	Status F=Full-Time P=Part-Time S=Self-Employed	Gross Annual Earnings
1.				\$
2.				\$
3.				\$
4.				\$
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		\$
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 12 months? Yes No
 If yes, explain: _____

