

**APPLICANT INFORMATION**

MARITAL STATUS (CHECK ONE)  SINGLE  MARRIED

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PREVIOUS ADDRESS IF AT CURRENT ADDRESS FOR LESS THAN TWO YEARS:  
\_\_\_\_\_  
\_\_\_\_\_

HOME TEL# \_\_\_\_\_ WORK TEL# \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ YEARS ON JOB \_\_\_\_\_

CURRENT ANNUAL SALARY \$ \_\_\_\_\_ OVERTIME \$ \_\_\_\_\_

DIVIDENDS, INTEREST, OTHER INCOME \$ \_\_\_\_\_

ARE YOU A NYC MUNICIPAL EMPLOYEE?  YES  NO

FAMILY SIZE: ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

INTERESTED IN:  2 BEDROOM  3 BEDROOM

DO YOU CURRENTLY:  OWN  RENT

**CO-APPLICANT INFORMATION**

MARITAL STATUS (CHECK ONE)  SINGLE  MARRIED

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PREVIOUS ADDRESS IF AT CURRENT ADDRESS FOR LESS THAN TWO YEARS:  
\_\_\_\_\_  
\_\_\_\_\_

HOME TEL# \_\_\_\_\_ WORK TEL# \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ YEARS ON JOB \_\_\_\_\_

CURRENT ANNUAL SALARY \$ \_\_\_\_\_ OVERTIME \$ \_\_\_\_\_

DIVIDENDS, INTEREST, OTHER INCOME \$ \_\_\_\_\_

ARE YOU A NYC MUNICIPAL EMPLOYEE?  YES  NO

FAMILY SIZE: ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

INTERESTED IN:  2 BEDROOM  3 BEDROOM

DO YOU CURRENTLY:  OWN  RENT

LIST ALL HOUSEHOLD MEMBERS (OTHER THAN APPLICANT & CO-APPLICANT), INCLUDING AGE & INCOME, THAT WILL BE LIVING WITH YOU IN THIS RESIDENCE:

1. NAME _____	AGE _____	INCOME \$ _____	3. NAME _____	AGE _____	INCOME \$ _____
2. NAME _____	AGE _____	INCOME \$ _____	4. NAME _____	AGE _____	INCOME \$ _____

**APPLICANT AND CO-APPLICANT COMBINED**

ARE YOU OR THE CO-APPLICANT 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 YOU ANSWERED "YES" TO THE ABOVE QUESTION, 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

CHECK "X" ONLY IF APPLICABLE: MOBILITY IMPAIRED  VISUALLY/HEARING IMPAIRED  NYC MUNICIPAL EMPLOYEE

TOTAL AMOUNT OF MONEY AVAILABLE TO COVER DOWN PAYMENT AND CLOSING COSTS: \$ \_\_\_\_\_

SOURCE OF CASH (SAVINGS ACCOUNT, CHECKING ACCOUNT, MONEY MARKET ACCOUNT, CERTIFICATE OF DEPOSIT, 401K, ETC.): \_\_\_\_\_

DEBT INFORMATION: INDICATE BELOW TOTAL CURRENT OUTSTANDING DEBTS FOR APPLICANT & CO-APPLICANT (EXAMPLE: AUTO LOANS, MORTGAGE PAYMENTS, ALIMONY, STUDENT LOANS, CREDIT CARDS, ETC.)

TYPE OF LOAN	BALANCE DUE	MONTHLY PAYMENT	APPLICANT'S / CO-APPLICANT'S DEBT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CREDIT CHECK AUTHORIZATION**

I AUTHORIZE YOU TO OBTAIN A CREDIT REPORT ON THE APPLICATION NAME(S) LISTED ON THIS FORM. IF MARRIED LESS THAN 2 YEARS OR IF KNOWN BY ANOTHER NAME OR HAVE A DESIGNATION AT THE END OF YOUR NAME SUCH AS JR., SR., II, ETC., PLEASE INDICATE. I UNDERSTAND THAT IF I MEET THE PROGRAM'S ELIGIBILITY REQUIREMENTS AND AM SELECTED TO PURCHASE A NEW HOME, I WILL NEED TO APPLY SEPARATELY FOR A MORTGAGE LOAN IF I NEED SUCH FUNDS TO PURCHASE A HOME.

APPLICANT'S SIGNATURE \_\_\_\_\_ CO-APPLICANT'S SIGNATURE \_\_\_\_\_

**APPLICATIONS SENT BY REGISTERED MAIL, CERTIFIED MAIL, OVERNIGHT MAIL, PRIORITY MAIL OR EXPRESS MAIL WILL NOT BE ACCEPTED**

PLEASE RETURN THE COMPLETED FORM BY REGULAR MAIL ONLY TO: **WATERS EDGE AT ARVERNE CONDOMINIUM**  
**42-06 A BELL BOULEVARD #500**  
**BAYSIDE, NY 11361**

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