



43-25 Hunter Street

TATO	TRU		NTC:
- V	IKI	 .,,	IN.3

- 1. 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.
- 2. **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.
- 3. When completed, mail application by regular mail only; do not send by registered or certified mail, Fed Ex or UPS.
- 4. Mail Completed Applications to:

43-25 Hunter Street Apartments

C/O The Wavecrest Management Team

87-14 116th Street

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:	Are you a current resident of Queens Community Board 2?						
In current unit: Number of bedrooms			Number of persons living there?				
In apartment applying for: H	low many per	rsons, including y	ourself, will live	there?			
Briefly describe your reasons	for moving:						
How did you hear about the a	apartments de	evelopment?					
In case of emergency, notify:				Relation	ship:		
Address:				Daytime	Phone:		
	SEC	TION B. HO	U SEHOLD (COMPOSIT	ΓΙΟΝ		

List ALL persons who <u>will</u> 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 If yes, explain		elve months?	Yes		No	
Check if you or any member of your had Describe any special accommodation	•		•	□ Vi your h		•
Have <u>ALL</u> of the household members	(both adults and children) been full-time	e students	during	g five months or mo	ore of the current
calendar year or will they be in the up the household comprised of a single	parent and children, none	of whom are d	lependent	s on th	e tax return of son	neone outside the
household? ☐ Yes ☐ No; (2) Are a				•	5	
recent tax year? \square Yes \square No; (3)	-					-
member of the household enrolled in a	v	b training progr	ram? 🗆 Y	Yes □	No; (5) Was at least	st one member of
the household former in foster care?	J Yes □ No					
	SECTION	C. INCOM	E			
List below ALL current sources of "Household Composition".	f income for ALL HOU	SEHOLD ME	MBERS,	includ	ling yourself, liste	d in Section B.
EMPLOYMENT INCOME						
Include all full-time, part-time and self	employment income.(*Busin	ness income must reflect t	he amount that	would be re	eported on IRS Form 1040, Line	12 and Schedule C, line 31)
Household Member Name	Name & Address of Employer		How L Emplo (From/	yed	Status F=Full-Time P=Part-Time S=Self-Employed	Gross Annual Earnings
1.						\$
2.						\$
3.						\$
4.						\$
	Total	Gross Annual	Employn	nent Iı	ncome =	\$
OTHER INCOME						
Include gross periodic payments from veteran's, social security, SSI, alimor income. Also, include interest, divide	ny, child support, annuitie	s, pensions, ret	irement f	unds, i	nsurance policies,	and other regular
Household Member Name	Source of Income	Gross Wee		Weel	eriod Received kly, Bi-weekly, Semi- ly, 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 ant If yes, explain:						<u> </u>

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	have a pension or retire	ment account other than	an IRA or Keogh? 🗆 Y	es □ No
If Yes, do the terms of the account	permit you to withdraw	funds from the accoun	t now? ☐ Yes ☐ N	No
Have you or any household member	er received any lump su	m payments, such as in	heritance, gambling winni	ngs, insurance?
☐ Yes ☐ No If yes, v	when?	H	low much?	
Are these funds reflected in your a	sset list above? Yes	□ No If not, des	scribe why:	
Do you or any household member	own any property, inclu	ding the home you live	in? □ Yes □ No	
If Yes, Type of property Location of property				
Appraised Market Value \$ If rental property, net annual rental		Mortgage or outstanding	ng loans principal balance	due \$
If rental property, net annual rental	income \$			
Have you or any household member	er sold/disposed of any	property in the last 24 n	nonths? □ Yes □ N	10
If Yes, Type of property: Market value when sold/disposed \$			ansaction	
			old/disposed for \$	
Have you or any household memb			in the last 24 months? (Examples: Given away
money to relatives or set up Irrevoo				
Date of disposition:		Amount dis	posed \$	

SECTION E. ADDITIONAL INFORMATION

RESIDENCE HISTORY (FIVE YEARS)

(Signature of Co-Tenant)

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

Address	Name* & Address of Landlord					
Current monthly rent or mortgage payment amou	int: \$	Your co	ntributio	n: \$		
Check utilities paid by you: \Box Heat	☐ Electricity	□ Gas		☐ Other (specify)		
Are you presently receiving a tenant-based Section	on 8 Housing Vouch	er or Certificate?	Yes	□ No		
Are you or any member of your household curren	ntly using an illegal	substance? Yes	□ No			
Have you or any member of your household ever	been convicted of a	felony? Yes	□ No	If Yes, when?		
Have you or any member of your household ever	been evicted from l	nousing? Yes	□ No	If Yes, when?		
Have you or any member of your household ever	filed for bankruptcy	y? □ Yes	□ No	If Yes, when?		
Do you or any household member have any pets?	?	□ Yes	□ No	If Yes, type?		
If yes to any questions above, explain						
PLEASE CHECK THE GROUP(S) WHICH BE						
☐ White (Non-Hispanic origin)		☐ American Indian or Alaskan native				
☐ Black or African American (Non-Hispanic ori	gin) □ Asi	☐ Asian or Pacific Islander				
☐ Hispanic or Latino origin (This information is used only for statistical purposes and		□ Other				
(1 ms information is used omy for statistical purposes and	is optional.)					
CERTIFICATION						
I/We certify that this will be my/our p	•			•	_	
will be based on applicable income lin						
information in this application is true income and assets, and I/We understa		•	0 /			
and will lead to cancellation of this ap				<u> </u>		
or incomplete information is also ground				ter occupancy in instead	8	
In addition, I/We authorize a credit is	0	•				
Apartments to conduct inquiries co				• .	_	
relationships, household composition eligibility for an apartment pursuant		_				
such verification.	to this applicati	ion. My/Our si	gnatur	s here is consent to obt	am	
SIGNATURE(S): All	adult applicants,	18 or older, mus	t sign a	pplication.		
(Signature of Tenant)	Date	(Signature of	f Co-Tena	nnt) Date	;	
(3)						
(Signature of Co-Tenant)	Date	(Signature of	t Co-Tena	ant) Date	;	

Date

(Signature of Co-Tenant)

Date