



Columbia Hicks LLC

**Completed Applications May Be Returned by email to: apply@ccmanagers.com
by Fax to 212-348-3670 or by Mail.**

YOU MUST BRING PHOTOCOPIES ONLY OF THE REQUIRED DOCUMENTATION TO YOUR INITIAL INTERVIEW. DOCUMENTS WILL NOT BE RETURNED. WE CANNOT MAKE COPIES OF DOCUMENTS.

EVERYONE 18 YEARS OF AGE AND OVER WHO IS LISTED ON THE APPLICATION MUST ATTEND THE INTERVIEW.

Columbia Hicks is currently accepting applications to fill the studio apartment vacancy and replenish the studio waiting list Only. Applicants will be contacted with the status of their application directly.

**Thank You,
Columbia Hicks LLC**

1735 Park Avenue Suite 300, New York, NY 10035, Phone #212-348-3248 Fax 212-348-3670





Apartment Management LLC

If contacted for an interview the following PHOTOCOPIED documentation will be requested to support eligibility and facilitate your interview. A Background fee of \$25 for all household members 18 years or older will be collected up to a maximum of \$75, money orders are payable to C+C Apartment Management LLC (We CANNOT accept CASH, CREDIT CARDS OR PERSONAL CHECKS):

Required Income Documents:

- **If Employed-** Six (6) consecutive pay stubs for ALL working household members over the age of 18.
- **If Employed** All 2016 W2(s) and complete tax return including all schedules (**If you have not filed 2016 tax return, 2015 tax return will be expected until 4/15/17.**)
- **If a household member(s) is receiving - Social Security, Pension, Worker's Compensation, Unemployment disbursement history, Annuity payments, Public Assistance (TANF) etc.** Current budget letters and/ award letters for household member(s) receiving
- **If receiving child support-** Child support and/ or alimony court order documents or other verifiable forms of child support and/ or alimony. www.newyorkchildsupport.com
- **If receiving Veteran's Benefits-** Current Award Letter
- **If receiving Pension payments-** Current award letter & most recent quarterly pension statement
- **If Self Employed-** 2016 & 2015 or 2015 & 2014- **until 4/15/17.** Complete signed tax returns; including all schedules, W2 & 1099

Asset Documents:

- Six (6) Complete consecutive checking account statements (all pages ex 1 of 6, all 6 pages must be submitted) for all household members 18+ with a checking account.
- Most recent complete savings account and/ or CD statement (all pages ex: 1 of 3, all 3 pages must be submitted) for all household members 18+ with a savings account.
- Money Market Acct- latest statement
- Most recent 401K/ 403b
- Most recent IRA, Mutual Funds, Trust Etc. - Documentation verifying income received.

Compliance Documents:

- Photo id (ex. Driver's License, non- driver's Id, etc.) & social security cards for all household members
- Birth certificates for all household members under 18
- Marriage Certificate or Domestic Partnership Cert. *if applicable*
- School letters and student status documents
- Current lease, residency letter or notarized landlord letter
- Six (6) recent Rent receipts
- Most recent electricity and/ or telephone bill

RESIDENTIAL HISTORY

If you have ever been to Housing Court, FOR ANY REASON, bring a copy of all stipulations entered into, and a copy of the final judgment (such document does not guarantee the approval of your case).

OVERALL CREDIT HISTORY

If you have ever had any credit problems or disputes, such as unpaid bills, accounts closed by the Credit Company, bankruptcy, etc. bring copies of all correspondence showing resolution of these bad debts, and copies of any court order of bankruptcy. You can request a free annual credit report at www.annualcreditreport.com

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COLUMBIA HICKS LLC RENTAL APPLICATION

Desired Apt Size

- Studio (Max. HH Size 1 Only)

Location Desired:

- 414 Hicks Street, Brooklyn, NY

Desired Method of Contact

- Email
 Mail

Instructions:

1. Only one (1) application per family.
2. All areas of the application must be filled out completely and accurately. Write N/A if a section does not apply.
3. This application must be signed by all persons over the age of 18 in the household.

A. Name and Address

Name _____

Current Address: _____ (Number, Street, Apt. #)

_____ (City, State, Zip)

How long have you been living at this address? _____ years _____ months

Home Phone No. () _____ Work Phone No. () _____

Cellular Phone No. () _____ E-mail Address: _____

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, start with yourself, and provide the following information. Add additional pages if necessary.

Full Name	Relationship To Applicant	Age	Sex M/F	Occupation (Write "In School", if attending school)
	SELF			



Apartment Management LLC

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 Department of Housing Preservation and Development, 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 before taxes for ALL HOUSEHOLD MEMBERS including yourself WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employed earnings, commissions, and bonuses.

Household Member	Name & Address of Employer	Yrs at Job	Gross Annual Earnings
1.			
2.			
3.			
4.			
5.			

Total Gross Household Earnings \$ _____

D. Income from Other Sources

List all other income, for example, welfare (including housing allowance), AFDC, Social Security, S.S.I., 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.

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Household Member	Type of Income	Amount
1.		\$ _____ per _____
2.		\$ _____ per _____
3.		\$ _____ per _____
4.		\$ _____ per _____
5.		\$ _____ per _____

Total Income from Other Sources \$ _____

E. Total Annual Household Income (add totals for sections C&D)

Add all income listed above and indicate the total earned for the year: \$ _____ per year.

F. Assets

	Name of Bank/Branch Address
Checking Accounts	
Savings Account	
CD's, Stocks, Bonds, Pension Plan	

G. Current Landlord

Landlord's Name: _____

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(If you are living in a public housing project write "NYCHA". If you are living in a City-owned ("In-Rem") building write ("HPD"). If you live with relatives write "Relative/Parents" or "Relative/Cousin" etc.

Landlord's Address: _____ (Number, Street, Apt#)

_____ (City, State, Zip)

Landlord's Phone No. () _____

H. Current Rent

What is the total rent on the apartment where you currently live or are staying temporarily?

\$ _____ .00 per month

How much do you contribute to the total rent on the apartment? (If you do not contribute, write "0")

\$ _____ .00 per month

Why are you moving? Check all that apply:

- Living with parent
- Do not like neighborhood
- Not enough space
- Living with relatives or another family
- Homeless
- Rent too high
- Bad housing conditions
- Increase in your family size (marriage, birth)
- Current apartment not suitable for person(s) with disabilities
- Health Reasons
- Other: _____

I. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing certificate or voucher?

Yes No

Are you presently receiving any housing assistance program OTHER than Section 8?

Yes No

If yes, what type? _____

Please answer "Yes" or "No". This information will not affect the processing of the application.

J. Source of Information

How did you hear about this development?

- Newspaper
- Sign Posted on Building
- Local Organization or Church
- Friend
- A City "affordable housing" hotline listing new ads for the month
- AM New York/METRO Paper (please specify): _____

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[] Other: _____

K. Statistical Information

The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are utilized by minority Families. Providing this information will not affect the processing of your application.

RACIAL GROUP IDENTIFICATION (Please check only one from this group which best identifies the applicant.)

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> American Indian or Alaska Native & White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black or African American & White |
| <input type="checkbox"/> American Indian or Alaska Native & Black or African American | |
| <input type="checkbox"/> Other Multi Racial: _____ | |

ETHNICITY: (check **only one** from this group)

_____Hispanic _____Non-Hispanic

M. Signature

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 fully understand that any and all information I/We provide during this application process is subject to review by local, state, and federal regulatory agencies, including The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-Sponsored programs.** 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 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 IS EMPLOYED BY THE NEW YORK CITY HOUSING DEVELOPMENT CORPORATION OR ITS SUBSIDIARIES, OR THE BUILDING OWNERS OR ITS PRINCIPALS (ALL PERSONS OVER THE AGE OF 18 MUST SIGN).

_____	_____
Applicant Signature	Date
_____	_____
Co-Applicant's Signature	Date
_____	_____
Co-Applicant's Signature	Date
_____	_____
Co-Applicant's Signature	Date

