WARBURTON LOFTS 44-50 Warburton Avenue Yonkers, NY 10701

APPLICATION FOR APARTMENT - Instructions

ORIGINAL

1) Submit only one (1) application per family.

2) Fax completed application to (212) 348-3670, email to Apply@ccmanagers.com or mail to:

Warburton Loft Apartments c/o C&C Apartment Management 1735 Park Avenue, Suite 300 New York, NY 10035

3) No payment should be given to anyone in connection with the preparation or filing of this application.

4) This information is to be filled out by the <u>APPLICANT</u>.

A. Name and Address	
Name	
Current Address	(Number, street, apt.#)
	(City, State, Zip)
Home Phone No. ()Cell Phone No.()	
Work Phone No.()Email	
1. How long have you been living 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	Relationship to applicant	Date of Birth	Age	Sex	Occupation If in school write Full Time Student (F/T) or
1	SELF				Part Time Student (P/T)
2					
3					
4					
5					
6					

C. Income from Employment

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-employed earnings.

HOUSEHOLD MEMBER	Name & Address of Employer	Years Employed	Gross Earnings (WK/YR)
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$

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, caretaking, alimony, child support, annuities, dividends, Income from rental property, Armed Forces Reserves, scholarships, and/or grants.

HOUSEHOLD MEMBER	Type of Income	Amou	<u>nt</u>
1		\$	Per
2		\$	Per
3		\$	Per
4		\$	Per
5		\$	Per
E. Total Annual Household Income Add all income listed above and indicate F. Current Landlord	the total earned for the year: \$		00 per yea
Landlord's name			
Landlord's Address:		(Nu	mber, street, apt. #)
		(Cit	y, State, ZIP)
Landlord's Phone No. ()			
 H. Reason for Moving Why are you moving? Check all that a ()Living with parents ()Not enough space ()Living in shelter or on the streets ()Bad housing conditions ()Current apartment not suitable for ()Persons with disabilities I. Section 8 Housing Assistance Are you presently receiving section 8 	 ()Do not like neighborho ()Living with relatives of ()Rent too high ()Increase in family size(()Health Reasons ()Other 	ood r another fami (marriage, birt	ily th)
J. Assets		,	
Passbook Savings/Bank or Branch -			
Certificates of Deposit /Bank or Bra	anch		
	Pa	ge 2 of	3

IRA/401K, Trust Account, Mutual Funds - ____

•	
()Newspaper (()Sign Posted on Building
()Local Organization/Church ())Friend
() A City "affordable housing ' hotline listing new ads for the month ()Other

This information is optional and will not affect the processing of the a Please check one group which best identifies the applicant.	pplication.
 () White () Asian () American Indian or Alaska Native & White () Asian & White () American Indian or Alaska Native & Black or African American 	 () Black or African American () American Indian or Alaska Native () Native Hawaiian or Other Pacific Islander () Black or African American & White () Other Multi Racial:

ETHNICITY: (check only one from this group)

Hispanic

____Non-Hispanic

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 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 THE BUILDING OWNERS OR ITS PRINCIPALS.

Signature:	Date:
e	

Credit Authorization

I/We hereby authorize the management/developer to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references herein listed or statements or other data obtained from me or from any person pertaining to my employment history credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the owner/agent listed above in support of this application have been advised that I have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Signature	Date:
Signature	Date:

