



WESTHAB HOUSING APPLICATION
Mail to: WESTHAB, INC. (Property Management)
8 BASHFORD ST, YONKERS, N.Y. 10701
HOUSING APPLICATION

<u>Agency Use Only</u>	
Date Received	
Application #	
Approved YES	NO

1) <u>LAST NAME</u> of Applicant	<u>FIRST NAME</u> of Applicant	<u>Name of Spouse</u>
2) <u>HOME ADDRESS</u>	<u>Apt. or Rm.#</u>	<u>City, State</u>
	<u>Zip Code</u>	

Home Tel # Work Tel# Mailing name & address, if different from above:
 () ()

3A) **FAMILY INFORMATION:** List ALL information for ALL persons who will live with you in order of age (oldest to youngest)

<u>FULL NAME</u>	<u>RELATION</u>	<u>M/F</u>	<u>EMPLOYED</u> Y/N	<u>SCHOOL</u> Y/N
1.	SELF			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

3B) Please complete this section if the entire household is comprised of full-time students

Is every member of the household a FT student as defined above ?	Yes	No
<ul style="list-style-type: none"> If NO continue to the next section If YES please complete the following question: 		
Does a student receive assistance under Title VI of Social Security Act?		
Was a student previously a foster child?		
Is a student enrolled in a program founded by the Workforce Investment Act or similar federal/state/local program?		
Is a student married and eligible to file a joint tax return?		
Is a student a single parent who is not claimed as a dependent by another individual?		
Are the minor in the household claimed as a dependent by a parent?		

4) Do you have any pets? Yes No If yes, how many?
 Specify: Dogs Cats Other

5) Total Number of people who will live in apartment:
 Is a child expected? Yes No If yes, when?

5a) Bedroom size needed?

6) Are there any person who will live with you who are not living with you now?
 Yes No
 If yes fill in details below:

<u>Full Name</u>	<u>Relationship</u>	<u>Where Now Living (address)</u>



7) **CURRENT LIVING CONDITION:**

Where are you living (check box)?

Have own apt. in building with:

- 6 or more apartments []
 3 to 5 apartments []
 1 or 2 family house []

Live in:

- Furnished room []
 Hotel/Shelter []
 Emergency Housing []
 Someone else's apt. []

Describe:

- Total # Rms. _____
 # of bedrooms _____
 # of people _____
 Monthly rent \$ _____

Your rent includes:

- Gas: Yes [] No [] Heat: Yes [] No []
 Electricity: Yes [] No [] Hot Water: Yes [] No []

Present Housing Conditions:

- 8) Do you live in a Housing Authority, rent-subsidized, or Section 8 apartment at present?
 Yes [] No []
- 9) Do you currently have a Section 8 Voucher or Certificate? Yes ____ No ____
- 9a) If yes, bedroom size and rent amount approved: BR Size _____ \$ _____
- 10) Does anyone on this application have any Special Needs or require special accommodations due to disability? Yes ____ No ____
 If YES, please describe:

- 10b) Do you or any other members of your household require the use of:
 Wheelchair [] permanent crutches/walker [] handicapped access []
- 10c) Does any member of your household have a special medical problem or needs? Please describe:

- 11) **WHY DO YOU NEED OTHER HOUSING?**

- 11b) Are you a Veteran? Yes ____ No ____

12) **PRIOR HOUSING:** List in order all your address for the last three years:

Address	City	Dates To/From	Monthly Rent	Hotel/ Shelter	Own Apt.	Emergency Housing	Share Apt.	Rooming House
1.			\$					
2.			\$					
3.			\$					

For addresses listed in 1-3 above, supply the following information:

LANDLORD INFORMATION

Name	Address	Telephone #
1.		
2.		
3.		



NOTE: If you leave the area below blank, your application will be rejected as INCOMPLETE.

13) EMPLOYMENT INFORMATION:

List all jobs held by you or any member of the household over the past two years.

Person Working	Employer	Employer Address	Employer Tel. #	Dates Employed (From/To)	Yearly income (before taxes)	Rate of Pay & # Hours worked
					\$	\$ _____ per hour # _____ hours/week
					\$	\$ _____ per hour # _____ hours/week

14) HOUSEHOLD INCOME:

Type of Income	Head of Household			Co-Head and/ or Other members		
	Circle One	Amount	Frequency	Circle One	Amount	Frequency
1. Salary or pay from job?	YES NO	\$		YES NO		
2. Overtime or shift pay?	YES NO			YES NO		
3. Bonus/ commission/ etc	YES NO			YES NO		
4. Do you have a 2 nd job?	YES NO			YES NO		
5. Seasonal/ sporadic work?	YES NO			YES NO		
6. Tips?	YES NO			YES NO		
7. Cash pay?	YES NO			YES NO		
8. Self employment income?	YES NO			YES NO		
9. Periodic gift income?	YES NO			YES NO		
10. Non cash contributions?	YES NO			YES NO		
11. Formal child support?	YES NO			YES NO		
12. Is child support awarded but not paid?	YES NO			YES NO		
13. Informal child support?	YES NO			YES NO		
14. Formal spousal support?	YES NO			YES NO		
15. Is spousal support awarded but not paid?	YES NO			YES NO		
16. Informal spousal support?	YES NO			YES NO		
17. Social Security?	YES NO			YES NO		
18. SSI	YES NO			YES NO		
19. TANF, AFDC, etc	YES NO			YES NO		
20. Unemployment benefits	YES NO			YES NO		
21. Worker's compensation	YES NO			YES NO		
22. Severance pay	YES NO			YES NO		
23. Pension income	YES NO			YES NO		
24. Retirement acct payments	YES NO			YES NO		
25. Investment acct payments	YES NO			YES NO		
26. Annuity acct payments	YES NO			YES NO		
27. Trust acct payments	YES NO			YES NO		
28. Disability/ death benefits	YES NO			YES NO		
29. Rent estate rent income	YES NO			YES NO		
30. Student financial aid	YES NO			YES NO		
31. Military pay	YES NO			YES NO		
32. Veterans/ VA income	YES NO			YES NO		



33. Are any income changes expected in the next 12 months? Yes No If YES please describe:

14) **HOUSEHOLD ASSETS:**

- List all assets for all household members including minors
- Cash value is market value minus any cost/ penalties required to convert to cash
- Do not list assets that are not accessible to the family

Type of Asset	Head of Household			Co-Head and/ or Other members		
	Circle One	Appx Cash Value		Circle One	Appx Cash Value	
1. Checking account	YES NO	\$		YES NO	\$	
2. 2 nd Checking account	YES NO	\$		YES NO	\$	
3. Savings account	YES NO	\$		YES NO	\$	
4. 2 nd savings account	YES NO	\$		YES NO	\$	
5. Debit/ direct deposit card	YES NO	\$		YES NO	\$	
6. 2 nd debit card	YES NO	\$		YES NO	\$	
7. Cash on hand	YES NO	\$		YES NO	\$	
8. Certificate of deposit	YES NO	\$		YES NO	\$	
9. Other bank account	YES NO	\$		YES NO	\$	
10. Mutual fund	YES NO	\$		YES NO	\$	
11. Stocks	YES NO	\$		YES NO	\$	
12. Portfolio/ brokerage	YES NO	\$		YES NO	\$	
13. IRA/401 K/ etc.	YES NO	\$		YES NO	\$	
14. 2 nd IRA/ 401 K/ etc.	YES NO	\$		YES NO	\$	
15. Treasury bills/ bonds	YES NO	\$		YES NO	\$	
16. Company retirement acct	YES NO	\$		YES NO	\$	
17. Annuity	YES NO	\$		YES NO	\$	
18. Pension	YES NO	\$		YES NO	\$	
19. Revocable trust	YES NO	\$		YES NO	\$	
20. Life insurance (not term)	YES NO	\$		YES NO	\$	
21. Real estate equity	YES NO	\$		YES NO	\$	
22. Other assets	YES NO	\$		YES NO	\$	
23. Other assets	YES NO	\$		YES NO	\$	

24. Has anyone received any lump sum amounts in the past 2 years (i.e lottery/ gambling/ inheritance)? YES / NO

25. Has anyone disposed of any assets for less than fair market value in past 2 years? YES / NO

16) Does anyone on the application have a **DRIVER'S LICENSE**? If yes, fill in information below.

Full Name	License Number	State Issued By:

17) Does anyone in the household have a **MOTOR VEHICLE**? If yes, fill in information below:

Full Name	Make	Model	Year	Plate #	Color	State Issued By

18) **REFERENCES**

Full Name	Telephone #	Address	Relationship



19) EMERGENCY CONTACT: (Next of Kin, Friends)			
Full Name	Telephone #	Address	Relationship

SIGNATURES (Application not valid without all signatures):

Signing below indicates that you have read, understand and agree with the above declaration.

Date: _____ Applicant _____

Co-Applicant/Spouse _____

Other applicant age 18 and older _____

Other applicant age 18 and older _____

DOCUMENTS REQUIRED with Application

- Current **proof of ALL sources of income sources** (four most current consecutive pay stubs, job letter, DSS budget sheet, SS/SSI award letter, child support stubs, pension, unemployment etc.)
- **Birth Certificates and SS Cards** for ALL
- Copy of Section 8 Certificate/Voucher – if applicable

ADDITIONAL INFORMATION

You may provide any additional information or explanations in the space below that you think is relevant to your application for housing:

HOW DID YOU HEAR ABOUT US?

Local Newspaper (Journal news, Penny Saver)

Please list: _____

Church/Agency/Organization:

Please list: _____

Westhab Web site

Please list: _____

Westhab Agency Referral

Please list: _____

Word of Mouth

Please list: _____

Other: _____

Please list: _____



APPLICANT'S DECLARATION

I declare that all statements contained in this application are true and correct and that I have not knowingly or willfully made false statements, given false information or omitted information in connection with this application. I understand that willful false statements or misrepresentation are a basis for rejection of this application. I also understand that if any member of my household is a lifetime registrant on a state or federal Sex Offender database, or has been convicted for methamphetamine production, my application will be rejected.

I hereby authorize **WESTHAB**, its representatives and any consumer or credit reporting agency/bureau to conduct an investigation of character, mode of living, criminal background, general reputation, credit and financial responsibility – **including any past or present housing court actions** (including but not limited to eviction and non-payment cases) - and accuracy of the contents of this application. I also authorize credit or consumer bureaus to make a consumer or credit report in connection therewith. I understand that such an investigation may include contacting my personal, financial or housing references as well as a visit to my current residence. I understand that I have the right to review, contest, and explain any information contained in the background check, including any conviction record, and to present evidence of rehabilitation. I understand that I will be provided an explanation including any documentation used if my application for housing is denied, and that I will have fourteen business days to respond if I wish to appeal the decision.

SIGNATURES (Application not valid without all signatures):

Signing below indicates that you have read, understand and agree with the above declaration.

Date: _____ Applicant _____

Co-Applicant/Spouse _____

NOTE: THIS FACILITY IS COMMITTED TO SERVING ALL ELIGIBLE AND QUALIFIED INDIVIDUALS REGARDLESS OF DISABILITY. IF YOU NEED A REASONABLE ACCOMMODATION, YOU SHOULD BRING THIS FACT TO THE ATTENTION OF WESTHAB. WESTHAB PROPERTY MANAGEMENT STAFF WILL WORK WITH YOU TO REACH AN ACCOMODATION IN KEEPING WITH THE FUNDAMENTAL NATURE OF THE PROJECT AND WITHIN BUDGETARY AND ADMINISTRATIVE LIMITS OF THE FACILITY. NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.

