



Cabs Senior Housing L.P.
590 DeKalb Avenue
BROOKLYN, NY 11206

FOR USED BY: PROJECT OWNER
 DATE: _____
 TIME: _____
 CHRONO I.D. # _____

APPLICATION FOR SENIOR HOUSING WAITING LIST
 (Federally Subsidized by HUD Section 202 Housing Program)

MAIL ONLY ONE (1) APPLICATION PER FAMILY BY REGULAR MAIL. MAIL THAT REQUIRES A SIGNATURE UPON DELIVERY, SUCH AS REGISTERED, CERTIFIED OR EXPRESS MAIL ARE NOT ACCEPTED.

MAIL TO: Cabs Senior Housing, LP – Waiting list
c/o: St. Nicks Alliance
590 DeKalb Avenue
Brooklyn NY 11206

Each application will be recorded in the order received. Due to the high volume of elderly (adult ages 62 or older) in need of housing, Owner/Agent will not be able to accommodate all eligible applicants. As log # assigned is reached, applicants will be called in for an interview.

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.

APPLICATION NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

CONTACT PHONE: _____ EMAIL: _____

BEDROOM SIZE REQUESTED: ___ STUDIO ___1 ___ 2 ___ 3 ___ 4

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the head of household and any other family member who will be living in the unit.
 Give the relationship of the other member to the Head.

Member NO.	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH	AGE	SEX	SOCIAL SECURITY NO.
1.		Head of household				
2.						
3.						
4.						

2. Does anyone live with you now who is not listed above? ___ Yes ___ No

3. Does anyone plan to live with you in the future who is not listed above? ___ Yes ___ No

Explain if you answered yes to either question 2 or 3.

4. Are you now living in a government-subsidized housing unit? _____ YES _____ NO

Name of Housing Development: _____

Manager's Telephone Number: _____

5. Are you now using section 8 Voucher/Certificate? _____ YES _____ NO

Do you receive any other type of housing assistance? _____ YES _____ NO

Income and Asset Information

Please answer each of the following questions. For each "yes" provide details in the chart below. Do you or anyone who will live with you,

YES NO

- _____ _____ 1. Work full-time, part-time, or seasonally?
- _____ _____ 2. Expect to work for any period during the next year?
- _____ _____ 3. Work for someone who pays cash? (off the books)?
- _____ _____ 4. Expect a leave of absence from work due to lay-off or medical leave?
- _____ _____ 5. Now receive or expect to receive unemployment benefits?
- _____ _____ 6. Now receive or expect to receive alimony?
- _____ _____ 7. Have an entitlement to receive alimony that is not currently being received
- _____ _____ 8. Now receive or expect to receive public assistance (welfare)?
- _____ _____ 9. Now receive or expect to receive social security or SSI benefit?
- _____ _____ 10. Now receive or expect to receive income from a pension or annuity?
- _____ _____ 11. Now receive or expect to receive regular contributions from organization or from individuals not living in the unit?
- _____ _____ 12. Now receive or expect to receive an earned income tax credit?
- _____ _____ 13. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificate of deposit, stock or bonds or income from rental property?

INCOME

Please list income and assets for all household members who will live with you.

Member No.	Source of income/Type of Income	Annual Income

--	--	--

ASSETS

1. List all checking and savings account (including IRAS, Keogh Accounts and Certifications of Deposit) for each household member.

Member No.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NO.	BALANCE

2. List the value of all stocks, bonds, trusts, pensions, cash or other assets, not included in item 1 above, owned by any household member.

3. List the value of any real estate owned for which no income is received.

4. List the value of any assets dispose for less than their fair market value during the past two years:

MEDICAL EXPENSES

Do you or anyone who will live with you: _____YES _____NO

- ___ ___ 1. Pay a care attendant or for any equipment for any handicapped or disable household member(s) necessary to permit that person or someone else in the household to work?
If "YES", how much? \$_____/Per_____
- ___ ___ 2. Pay for Medicare? If "YES" what are the total monthly premiums? \$_____
- ___ ___ 3. Have any other kind of medical insurance? If "YES: what are the total premiums for 12 months?
\$_____
- ___ ___ 4. Have outstanding medical/dental bills? If "YES" give total owed. \$_____
- ___ ___ 5. Expect to incur medical, dental or pharmaceutical expenses in the next 12 month? If "YES" give totals: Doctor \$_____ Pharmacy \$_____

EMERGENCY CONTACT

Please provide the name, address and phone number of two personal contacts. For example, you may provide the name of your next to kin, social worker, senior center contact or someone who will assist you in the application process.

- 1. _____ Phone Number: _____ Email: _____
- 2. _____ Phone Number: _____ Email: _____

CRIMINAL & BACKGROUND INFORMATION

- 1. Do you or anyone who will live with you subject to a lifetime registration requirement under a state sex offender registration program? _____ Yes _____ No
- 2. Please list all or any other states in which you have lived. _____

PROGRAM INFORMATION

How did you hear about this Development: Sign posted on: Building _____; Newspaper _____; Local organization or Church _____; friend or Family _____; Assisted Housing List _____; Brochure/Pamphlet _____; other(example: Fair Housing Counseling Center, Mayor office of the Handicapped, etc.) _____

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE,

SIGNATURE _____
(Head of Household)

DATE: _____

Please DO NOT submit more than ONE (1) Application per Household. If more than one (1) Application is received, it will be moved to the bottom of the waiting list. (Copies of the application will NOT be accepted.)

The following information is **required for statistical purposes** so that the Department of HUD may determine the degree to which its programs are utilized. This information must be completed. **It will not affect the processing of this application.**

RACIAL GROUP IDENTIFICATION: OPTIONAL (Used for statistical purposes only).

Please check one group which identifies the HEAD of HOUSEHOLD:

White (non Hispanic Origin) _____; Black/African American (non Hispanic Origin) _____
American Indian / Alaskan Native _____; Asian or Pacific Islander _____ Hispanic/Latino _____