



# St. Nicks Alliance General Waiting List

**FOR USED BY: PROJECT OWNER**  
**DATE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_  
**CHRONO I.D. #** \_\_\_\_\_

MAIL ONLY **ONE (1)** APPLICATION PER FAMILY. YOU WILL BE DISQUALIFIED IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED. WHEN COMPLETED, THIS APPLICATION MUST BE RETURNED BY **REGULAR MAIL**.

**MAIL COMPLETE APPLICATION TO:**  
**St Nicks Alliance**  
**260 Powers Street**  
**Brooklyn NY 11211**

Each application will be recorded. Since so many families/elderly need housing, this Development will not be able to accommodate all who are eligible. As families can be reached, they will be called in for an interview.

**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				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

2. Are you now living in a government-subsidized housing unit? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Housing Development: \_\_\_\_\_

3. Are you now using section 8 Voucher/Certificate? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 What date does your voucher expire? \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Are all household members full-time students? \_\_\_\_\_ 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?

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

4. (a) Child Support or Spousal Support (alimony)?  Yes  No  
*(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)*

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>

(b) How is the support received? (Check all that apply)

<input type="checkbox"/> Child Support Enforcement Agency	Name of Agency: _____
<input type="checkbox"/> Court of Law	Name of Court: _____
<input type="checkbox"/> Directly from Individual	Name of Person: _____
<input type="checkbox"/> Other	Explain: _____

(c) If money is not actually received, are you taking legal action to remedy?  Yes  No

Explanation: \_\_\_\_\_

**Zero Income Verification:**

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Yes  No If YES, who? \_\_\_\_\_

**ASSETS**

1. List all checking and savings account (including IRAS, Keogh Accounts and Certifications of Deposit) of 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:

\_\_\_\_\_

**PLEASE CHECK EACH STATEMENT THAT IS CORRECT FOR THE HOUSEHOLD APPLYING FOR ASSISTANCE:**

**A. INVOLUNTARILY DISPLACE (DISPLACED NOW OR WITHIN THE NEXT 6 MONTHS) \* (MUST HAVE COURT DOCUMENTS)**

- \_\_\_\_\_ 1. I/We have been required to move from my/our housing due to natural disaster (for example fire, flood) and have not yet found suitable replacement housing.
- \_\_\_\_\_ 2. I/We been required to move because we have been displaced by Government Action or action by a private landlord beyond my/our control and have not yet found suitable replacement housing. Do not check here if you were evicted by the landlord because you did not pay the rent or because you violated some other part of your lease or rental agreement or if you moved because the landlord is increasing the rent.)\*
- \_\_\_\_\_ 3. I/We have been informed that we will be required to move (within the next six months) because of an action of the government or private landlord which we could not control.

**B. PLEASE IDENTIFY ANY SPECIAL NEEDS YOUR HOUSEHOLD MAY HAVE:**

Would you or anyone in your household benefit from a special needs unit?  
(Mobility, vision, or hearing impairment)  Yes  No

Will you or anyone in your household require care or attendant?  Yes  No

**C. PAYING MORE THAN 50% OF INCOME FOR RENT AND UTILITIES**

\_\_\_\_\_ 4. My/our monthly rent and utility cost for each of the last three (3) months or longer is more than one-half of our monthly total household income (see Below)

My/our current monthly RENT is? \$ \_\_\_\_\_ Does this include utilities? YES \_\_\_\_\_ NO \_\_\_\_\_

**Total Monthly Rent and Utility Cost \$ \_\_\_\_\_**  
**(If the Total Monthly Rent and Utility costs exceeds 50% of your gross monthly income, check item 4 above)**

**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:** \_\_\_\_\_

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

**Please check the racial group of the HEAD of HOUSEHOLD: OPTIONAL (Used for statistical purposes only)**

White  Black/African American  American Indian or Alaskan Native  Asian  Native Hawaiian or Pacific Islander

**Please check the ethnicity of the HEAD of HOUSEHOLD: (Used for statistical purposes only)**

Hispanic or Latino  Not Hispanic or Latino