



1605 DR MARTIN LUTHER KING JR BLVD
BRONX NEW YORK 10453
718 – 294 – 5840 | bronxprogroup.com

January 2022

Dear Applicant,

Thank you for applying for an apartment with Bronx Pro Group LLC. The below listed documentation will be required should your application be selected for further processing. However, the below listed documentation is provided for informational purposes only. Please speak with the leasing agent regarding any additional selection criteria applicable to the specific development for which you are applying.

Credit and Background Check:

- Credit check fee
- All adults (18 years and older) in the household must pass a background check
- Original social security card and government-issued identification (i.e. driver's license, non-driver's license, or passport)

Income Documentation:

- Government-issued identification
- Copies of most recent federal and local tax returns and W-2 statements, 1099s, 1098s
- Six current and consecutive paystubs for all working adults
- Proof of any other income sources (i.e. social security, SSI award letter, HRA budget letter, pension and retirement benefits, child support or alimony)
- Children's birth certificates
- Social security cards for all adults and children
- Proof of assets (401K, IRA, 403B, pension/retirement /bank statements, etc.)

Applications are processed and eligibility for an apartment are determined by, but not limited to: satisfactory credit/criminal background check, rent payment history, verification of income to be within the income eligibility guidelines applicable to each specific building, any additional developer tenant selection criteria, and final approval of your application and income documentation by the NYC Department of Housing Preservation and Development and/or the NYC Housing Development Corporation (as applicable). You must meet all eligibility requirements before you can be approved to rent an apartment.

- Please return completed application to the receptionist, or via mail or fax.

Bronx Pro Group LLC

www.BronxProGroup.com



Website: Jan. 2022

APARTMENT APPLICATION

Instructions

1. This application is to be completed by the applicant only.
2. No payment should be given to anyone in connection with the preparation or filing of this application.
3. Return completed application to:

Bronx Pro Group LLC
ATTN: Marketing & Leasing
1605 Dr. Martin Luther King Jr. Blvd, Suite 1-D
Bronx, NY 10453
Fax No. 718-294-2768

Applicant Name / Head of Household _____

Current Address _____

City, State, Zip Code _____

Home Tel. _____ Cell Tel. _____

Work Tel. _____ Email _____

How long have you lived at this address? _____ Years _____ Months

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.

Full Name	Relation to Applicant	Birth Date	Age	Sex	Occupation
	SELF				

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: _____

1. Are you an employee of the City of New York, the NYC Housing Development Corporation, the NYC Economic Development Corporation, the NYC Housing Authority, or the NYC Health and Hospitals Corporation? Yes _____ No _____. If Yes, please identify the agency: _____

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, when you will also be required to provide other documents to verify your income and eligibility.

(A) 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-employment earnings.

Household Member	Employer Name and Address	Years Employed	Gross Earnings PER YEAR

(B) INCOME FROM OTHER SOURCES:

List all other income. For example, Public Assistance (including housing allowance), Social Security, SSI, 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, etc.

Household Member	Type of Income	Amount
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

TOTAL ANNUAL HOUSEHOLD INCOME:

Add ALL income listed above in (A) and (B) and indicate the total earned for the year: \$ _____/year.

Current Landlord

Landlord's Name _____

(If you live in a public housing project enter "NYCHA." If you live in a city-owned/In Rem building enter "HPD")

Landlord's Address _____

Landlord's Phone Number _____

Current Rent

What is the total rent on the apartment where you currently live or temporarily staying? \$_____/month

How much do you contribute to the total rent of the apartment? If nothing write "0": \$_____/month

Reason for Moving

Why are you moving? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Living with parents | <input type="checkbox"/> Do not like neighborhood |
| <input type="checkbox"/> Not enough space | <input type="checkbox"/> Living with relatives/other family members |
| <input type="checkbox"/> Living in shelter or on the streets | <input type="checkbox"/> Rent too high |
| <input type="checkbox"/> Bad housing conditions | <input type="checkbox"/> Increase in family size (marriage, birth) |
| <input type="checkbox"/> Health reasons | <input type="checkbox"/> Disability access problems |
| <input type="checkbox"/> Other_____ | |

Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certificate? Please circle: "YES" or "NO"

This information will not affect the processing of the application. If you checked "YES", do you currently have or have you already applied for a transfer voucher? Please circle: "YES" or "NO"

Assets

Checking Account/Bank or Branch _____

Passbook Savings/Bank or Branch _____

Savings Certificates/Bank or Branch _____

Other assets (IRAs, mutual funds, etc) _____

Source of Information

How did you hear about this development?

- Newspaper
- Local organization or church
- Trulia
- Craig's List
- Google
- City "affordable housing hotline" listing new ads for the month
- Referred by current tenant: _____
- Other: _____
- Sign posted on property
- Friend or relative
- Facebook
- Curbed NY
- www.BronxProGroup.com website

Ethnic Identification (Used for Statistical Purposes Only)

This information is optional and will not affect the processing of the application. Please check one group that best identifies the applicant. Please check all that apply.

- White (non Hispanic origin)
- Hispanic origin
- American Indian/Alaskan Native
- Black
- Asian or Pacific Islander
- Other _____

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 fully understand that any and all information I provide during this application process is subject to review by the New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. 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 NEW YORK CITY HOUSING DEVELOPMENT CORPORATION OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.

Signed: _____ Date: _____

No pets, no washing machines, no satellite dishes are allowed in the apartments or on the premises.

OFFICE USE ONLY:

- Community Board Resident Yes No
- Municipal Employee Yes No
- Size of Apartment Assigned: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

Family Composition: Adult Males _____ Adult Females _____ Male Children _____ Female Children _____
 Person with Disability Mobility Visual Hearing
 TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ per Year.