



PWB Management Corporation
3092 Hull Avenue, Bronx, NY 10467
Tel:(718) 519-6900 Fax: (718) 519-6904

Dear Applicant,

Enclosed is our apartment application which must be totally completed prior to submission. Incomplete applications will be rejected. A \$40.00* money order must accompany the application to cover expense of a Credit Report.

Copies of the following must accompany the application for every household member that it applies to:

- Planillas de impuestos del año pasado, W-2 Forma y seis últimos talonarios de cobro.
- Último contrato del apartamento ó carta notariada de la persona con quien reside.
- Tres últimos recibos de pago de renta (aunque sea su apartamento ó no).
- Recibo más reciente del Gas & Telefono (si es su apartamento).
- Último estado de cuenta bancaria y estado de Tarjeta(s) de Crédito.
- Carta de Presupuesto de Asistencia Pública ó Carta de Beneficios del SSA/SSI.
- Identificacion con retrato (ejemplo licencia pasaporte etc.)
- Copia de la tarjeta de Seguro Social del aplicante.
- Giro de \$ 40.00 para chequeo de crédito. (No reembolsable)

** Los \$40.00 no les garantiza un apartamento. Por favor de submitir copias solamente. No se aceptan originales. Gracias.

Sincerely/Sinceramente

PWB Management Corp.



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Enclosed is our apartment application which must be totally completed prior to submission. Incomplete applications will be rejected. A \$40.00* money order must accompany the application to cover expense of a Credit Report.

Copies of the following must accompany the application for every household member that it applies to:

- Last year's Tax Return including W-2 Form and six (6) recent paystubs.
- Current apartment lease or notarized letter from person you reside with.
- The three most recent rent receipts (whether it is your apartment or not).
- Most recent Gas & Telephone bill (if it's your apartment).
- Most recent bank statement(s), Passbook and Credit Card statement(s).
- Budget letter from Public Assistant or SSA/SSI Award Letter.
- Positive ID (example- Driver's License, Passport, etc.).
- Copy of Social Security Cards of applicants.
- \$40.00 Money Order for Credit Check. (Non-refundable)

** The \$40.00 does not guarantee an apartment. Please submit copies only. No originals accepted. Thank you.

Sincerely

PWB Management Corp.



PWB MANAGEMENT CORP.

APPLICATION FOR APARTMENT

Building Address: _____

	Unit Size	Rent
Applying For:	_____ 1 Bdr	_____ _____
	_____ 2 Bdrs	_____ _____
	_____ 3 Bdrs	_____ _____

Instructions:

- 1 Mail only one (1) application per family.
2. Mail completed application or leave at our office:

**PWB MANAGEMENT CORP.
3092 HULL AVENUE
BRONX, NEW YORK 10467**

3. No payment or fee should be given to anyone in connection with the preparation of filling of this application for housing.
4. This information is to be filled out by the applicant.
5. A \$40 Money Order must accompany the application for each applicant. Money Order must be payable to PWB Management Corp.

This information to be filled out by the Applicant:

A. NAME AND ADDRESS

Name: _____

Current Address: _____
(Number, street, apt#) (City, State, ZIP)

Home /Cell Phone No. () _____ Work Phone No. () _____

How long have you been living at this address? _____ year(s) _____ month(s)

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	Birth Date	Age	Sex (M/F)	Occupation

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 special accommodation? [] Yes [] No

If yes, please specify the special accommodation required:

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-employment earnings.

HOUSEHOLD MEMBER	Name & Address of Employer	How Long Employed:	Gross Earnings:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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, baby-sitting, care taking, alimony, child support, annuities, dividends, Income from rental property, Armed Forces Reserves, scholarships, and/or grants.

HOUSEHOLD MEMBER	Type of Income	Amount
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____

E. TOTAL ANNUAL HOUSEHOLD INCOME:

Add all income listed above and indicate the total earned for the year: \$ _____ .00 per year

F. CURRENT LANDLORD:

Landlord's Name: _____

(If you are living in a public housing project write "NYCHA". If you are living in a City-owned ("In-Rem") building write "HPD.")

Landlord's Address: _____
(Number, street, apt#) (City, State, ZIP)

Landlord's Phone No. () _____

G. CURRENT RENT:

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

How much do you contribute to the total rent on the apartment? (If nothing write "0") \$ _____ monthly

H. REASON FOR MOVING:

Why are you moving? 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 or another family |
| <input type="checkbox"/> Living in a 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"/> Other _____ |
| <input type="checkbox"/> Disability access problems | |
-

I. SECTION 8 HOUSING ASSISTANCE:

Are you presently receiving a Section 8 housing certificate or voucher? Yes No
(Please check "Yes" or "No". This information will not affect the processing of the application.)

J. ASSETS:

Checking/ Bank or Branch : _____

Savings/ Bank or Branch : _____

Certificate/ Bank or Branch : _____

K. SOURCE OF INFORMATION:

How did you hear about this development?

- | | |
|--|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Sign posted on Building |
| <input type="checkbox"/> Local Organization or Church | <input type="checkbox"/> Friend |
| <input type="checkbox"/> A City "affordable housing" hotline listing new ads for the month | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other: _____ | |
-

L. ETHNIC IDENTIFICATION (USED FOR STATISTICAL PURPOSES ONLY):

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

- | | |
|--|--|
| <input type="checkbox"/> White (non Hispanic origin) | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Other |
-

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 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 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/We hereby consent PWB Management Corp. to obtain my/our Consumer Reports including, but not limited to: credit profile, housing court history and criminal background and other reports deemed necessary to process this application and in the future to ensure compliance with regulations and the lease; or in the event of a default of the lease. I/we agree to hold harmless PWB Management Corp and its affiliates for any harm which may arise from this investigation.

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY, IS EMPLOYED BY THE DEVELOPER OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.

SIGNATURE _____

DATE _____

OFFICE USE ONLY: PLEASE DO NOT WRITE IN THE AREA BELOW!

Community Board Resident: Yes No

Borough Resident: Yes No

Size of Apartment Assigned: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

Person with Disability: M V H

Family Composition: Adult Males _____
 Adult Females _____
 Male Children _____
 Female Children _____

Verified Earned Income:

Verified Other Income:

1. \$ _____ .00/year

1. \$ _____ .00/year

2. \$ _____ .00/year

2. \$ _____ .00/year

3. \$ _____ .00/year

3. \$ _____ .00/year

4. \$ _____ .00/year

4. \$ _____ .00/year

TOTAL: \$ _____ .00/year

TOTAL: \$ _____ .00/year

TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ .00/year