



METROPOLITAN
REALTY GROUP

Bedroom size requested: 2020
 1Bdrm 2Bdrm 3Bdrm 4Bdrm
 1-2 persons 2-4 persons 3-6 persons 4-8 persons

FOR OFFICIAL USE ONLY:

Date Received: _____

Time Received: _____

Application #: _____

Must be postmarked on or before 12/11/2020

LAKEVIEW APARTMENTS

4 East 107th Street, New York, NY 10029

**ORIGINAL
APPLICATION ONLY**

RETURN APPLICATION TO:

Lakeview Apartments
 c/o Metropolitan Realty Group
 PO Box 222073
 Great Neck, New York 11022-2073
 Attn: Lakeview Apts. Waiting List

This information is to be filled out by the Head of Household. Please complete all sections and sign last page.
 (Note: All other family members 18 years of age and older must also sign the last page)

Name: _____

Street Address/Apt.: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Social Security Number: _____ Date of Birth: _____ Email Address: _____

Are there any special accommodations that the household will require (e.g. unit for mobility impaired, unit for visibility impaired, unit for hearing impaired, live-in aide, grab bars etc.)? _____

HOUSING STATUS

Name & Address of Present Landlord: _____ City, State: _____ Zip Code: _____

Name & Address of Managing Landlord: _____ City, State: _____ Zip Code: _____

Landlord Telephone Number: _____ Managing Agent Telephone: _____

Is the apartment lease in your name? Yes No Do you pay your own rent? Yes No If not, who does? _____

Are you sharing your apartment? Yes No Is your landlord a relative? Yes No

Monthly rent: \$ _____ Does your apartment include Average monthly utility
 utilities? expenses: \$ Yes No
 How much do you contribute to the monthly rent? \$ _____
 (If you do not contribute anything, write "0")

How long have you lived at this address? _____ Reasons for wanting to move:
 _____ years _____ months



Do you currently have a section 8 voucher?

Yes No

Is your rent presently being subsidized through section 8?

Yes No

Please check the size of your present residence:

Studio

One Bedroom

Two Bedrooms

Three Bedrooms

Other: please specify _____

Name and Address of Previous Landlord:

City, State:

Zip Code:

Previous Landlord Telephone Number:

Telephone Number:

Previous Managing Agent Name:

Reason for moving:

Previous rent per month:

ASSETS

Complete each category as applicable.

Checking Account

Name of Bank:

Passbook/Savings Account

Name of Bank:

Address:

Address:

Account Number:

Account Number:

Balance/Date:

Balance/Date:

\$ /as of

\$

/as of

Stocks and Bonds Value:

Saving Bond(s) Value:

\$ \$

Do you own any real estate?

Yes No

If yes, what is the current value?

Have you ever owned any real estate?

Yes No

If yes, when? When sold? For how much?

Has any adult family member sold, given away, or otherwise disposed of any assets during the past two years?

Yes No

If yes, list each asset and the amount received for each asset:

CHILD AND MEDICAL EXPENSES

Complete each question as applicable

Do you pay for child care expenses for any household member under 13?

Yes No

If yes, list name, address, and telephone number of child care provider:

Names of children requiring child care:

Estimate monthly child care costs: \$ _____ per _____



If you are 62 or older or disabled, do you anticipate any medical and/or related expenses for the next 12 months that are reimbursed by any medical plan/insurance?

If yes, please indicate the estimated yearly amount:

\$ _____

Yes No

Amount of monthly Medicare premium:

Amount of other medical insurance:

\$ _____

\$ _____

If you or any member of your household need a unit with special design features, please check appropriate box:

Mobility Vision Hearing Other: _____

Are you currently homeless? Yes No

HOUSEHOLD INFORMATION

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g. unborn child/children of expectant household members, children to be adopted, etc.)

Full Name	Relationship to Head of Household	Date of Birth	Are you a US Citizen?	Social Security Number
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

INCOME EMPLOYMENT

List all current full and or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

Member Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings Before any Payroll Deductions and Taxes
				\$ _____ per _____
				\$ _____ per _____
				\$ _____ per _____
				\$ _____ per _____
				\$ _____ per _____

Please provide complete income information, for example annual salary, hourly rate and number of hours worked weekly. INCOMPLETE INFORMATION WILL AUTOMATICALLY BE REJECTED



INCOME FROM OTHER SOURCES

(Examples: List all Social Security, S.S.I, AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, and ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED).

Member Name	Type of Income	Amount Earned
		\$ per mo./yr
		\$ per mo./yr
		\$ per mo./yr
		\$ per mo./yr
		\$ per mo./yr
		\$ per mo./yr

PROGRAM INFORMATION

Do you presently reside in a development where your rent is based upon your income? Yes No
 If yes, explain:

How did you hear about our development? Why are you applying to our development?

Were you or any household member ever convicted of a felony? If yes, when? Explain circumstances briefly.

Yes No

Have you or any member of your household ever been evicted? If yes, when? Explain circumstances briefly.

Yes No

Has anyone in your household been convicted of violating any drug-related laws? If yes, when? Explain circumstances briefly.

Yes No

Is any member of your household subject to a lifetime sex offender registration requirement at admission? If yes, when? Explain circumstances briefly.

Yes No

List all the states in which you and all household members have resided (now or in the past):

I acknowledge that a background check (credit, housing and criminal) of all adult household members, 18 years of age and older will be part of the application process and I authorize this background check.

Signature of Head of Household

Date

Signature of Co- Head of Household

Date



Signature of Other Family Members - 18 years of age and older

Date

Signature of Other Family Members - 18 years of age and older

Date

Signature of Other Family Members - 18 years of age and older

Date

WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

I declare that the statements contained in this application are true and complete to the best of my knowledge.

Signature of Head of Household

Date

DEMOGRAPHIC DATA

The following information is required to determine program utilization and for statistical purposes only. This information will not affect the processing of this application.

Gender: Male

Female

Ethnicity Hispanic or Latino

Not Hispanic or Latino

Race: Asian

Black or African American

American Indian or Alaskan Native

White

Native Hawaiian or Other Pacific Islander

ATTENTION

Please do not submit more than one application per household or copies of an application. The filling of this application in no way guarantees you an apartment. Positively no pets, large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

INCOMPLETE APPLICATIONS WILL AUTOMATICALLY BE REJECTED

Fifth & 106th Street Associates, LP, does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Scott Jaffee, Metropolitan Realty Group, LLC, 60 Cuttermill Road, Suite 200, Great Neck, NY 11021, (212) 835-9040 TTY (800) 662-1220.



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> emergency <input type="checkbox"/> unable to contact you <input type="checkbox"/> termination of rental assistance <input type="checkbox"/> eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (54 U.S.C. 5001-5020). The public reporting burden is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 14604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 91006 (05/09)



<input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/> Խնդրում ենք նշում կատարել այս քանակություն, եթե խոսում կամ կարդում եք հայերեն:	2. Armenian
<input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্স দাগ দিন।	3. Bengali
<input type="checkbox"/> ឈ្មួញបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
<input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
<input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/> Mark this box if you read or speak English.	11. English
<input type="checkbox"/> اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.	12. Farsi

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໄຕ້ໝາຍໄສຊ່ອງນີ້ ຖ້າທ່ານສຳນຸນຮູ້ພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

DB-3309

U.S. DEPARTMENT OF COMMERCE
Economic and Statistics Administration
U.S. CENSUS BUREAU



- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Assinale este quadrado se você lê ou fala português. | 26. Portuguese |
| <input type="checkbox"/> | Însemnați această căsuță dacă citiți sau vorbiți românește. | 27. Romanian |
| <input type="checkbox"/> | Пометьте этот квадратик, если вы читаете или говорите по-русски. | 28. Russian |
| <input type="checkbox"/> | Обележите овај квадратик уколико читате или говорите српски језик. | 29. Serbian |
| <input type="checkbox"/> | Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. | 30. Slovak |
| <input type="checkbox"/> | Marque esta casilla si lee o habla español. | 31. Spanish |
| <input type="checkbox"/> | Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | 32. Tagalog |
| <input type="checkbox"/> | ให้ทำเครื่องหมายลงในช่องถ้าคุณอ่านหรือพูดภาษาไทย. | 33. Thai |
| <input type="checkbox"/> | Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. | 34. Tongan |
| <input type="checkbox"/> | Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. | 35. Ukrainian |
| <input type="checkbox"/> | اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ | 36. Urdu |
| <input type="checkbox"/> | Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. | 37. Vietnamese |
| <input type="checkbox"/> | באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש. | 38. Yiddish |

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