



Ending homelessness in New York.

THE DOMENECH

APPLICATION



All information obtained is confidential and will be used for application review purposes only. The Domenech maintains a firm commitment to equal opportunity for all applicants. The Domenech does not discriminate based on race, sex, age, color, national origin, religion, sexual orientation, HIV status, or disability.



The Domenech

sponsored by
Common Ground Community

Dear Applicant,

Thank you for your interest in The Domenech which is owned and managed by Common Ground Community. This newly constructed building offers 24-hour security, a roof garden, on-site laundry, a beautiful court-yard in addition to many other services/amenities. Per your request, an application is enclosed.

Mail completed application to:

**Common Ground Community - The Domenech
Central Intake Unit
255 West 43rd Street
New York, NY 10036**

Eligibility Requirements:

- Head of household must be *62 years of age* or older.
- Income Requirements:
 - 1 Person Household with an income of *no more* than \$30,100 per year
 - 2 Person Household with an income of *no more* than \$34,400 per year
- Full-time students are not eligible for residency (there are exceptions under IRS code).
- Additional eligibility requirements based on HUD Section 202 PRAC Federal Guidelines.

Application Process

Each application received will be recorded in a log in the order selected by random lottery. Those eligible applicants selected will be contacted and asked to provide additional documentation and participate in at least two interviews. During the interview process, the Intake unit will review your household's financial, credit, legal, housing, and employment histories. This information will be used to determine your household's eligibility. **AT NO TIME IN THE APPLICATION PROCESS ARE YOU GUARANTEED AN APARTMENT UNTIL YOU HAVE SIGNED A LEASE.**

If you have any questions or experience difficulty completing the forms, please contact the Intake office at 212-659-0905.

Sincerely,

Intake Department
The Domenech

Please complete all sections and sign the last page. You must answer all questions. **PLEASE PRINT.**

A. GENERAL CONTACT INFORMATION

1. NAME _____
 First Middle Last
 1a. Other names (maiden name, stage name, etc.) _____
2. STREET ADDRESS _____ APT. NO _____
3. CITY _____ STATE _____ ZIP _____ - _____
4. HOME/CELL PHONE () _____ WORK PHONE () _____
5. EMAIL ADDRESS: _____

B. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. How many people plan on living in the apartment (including yourself)? _____
2. **PLEASE LIST EACH PERSON THAT PLANS ON LIVING IN THE APARTMENT. Do not include household members who do not plan on living in the apartment.**

| Full Name | Relationship | Birth Date | Sex | Social Security # | Full-time Student (Y/N) | Part-time Student (Y/N) |
|-----------|------------------|------------|-----|-------------------|-------------------------|-------------------------|
| | HEAD/SELF | | | | | |
| | | | | | | |

3. Does anyone live with you now who is not listed above? YES NO
4. Does anyone plan to live with you in the future who is not listed above? YES NO
5. Is a member of your household not currently living with you for any of the following reasons? **Please check all that apply.**

- Confined to Nursing Home/Hospital
- Away at School (lives in household during recess)
- In Foster Care
- In Joint Custody Arrangement
- In Rehabilitation Facility
- Temporarily Absent (Other) _____

6. Will a live-in aide reside in the apartment? YES NO
7. Have you or any member of your household ever been evicted? YES NO
 If YES, please answer a) and b):
 a) When? _____ Please explain circumstances: _____

b) Have you or any member of your household been evicted in the last three years from federally assisted housing for drug-related criminal activity? YES NO

8. Do you or any member of your household require a special accommodation in your residence?
 YES NO

If YES, please check which disability applies:

Mobility impairment Visual impairment Hearing impairment

Please specify the accommodation required: _____

C. PETS/ASSISTANCE ANIMALS

1. Do you have a pet that you plan to bring to the facility? YES NO

If YES, please specify what type of animal: _____

2. Does your household plan on using a service animal (i.e. guide dog) in this facility? YES NO

D. HOUSING HISTORY

1. **PLEASE LIST YOUR LAST THREE RESIDENCES STARTING WITH THE MOST CURRENT:**

| PREVIOUS ADDRESS | RENT AMT | DATE OF RESIDENCY | WHY DID YOU MOVE? |
|------------------|----------|-------------------|-------------------|
| | | FROM | |
| | | TO | |
| PREVIOUS ADDRESS | RENT AMT | DATE OF RESIDENCY | WHY DID YOU MOVE? |
| | | FROM | |
| | | TO | |
| PREVIOUS ADDRESS | RENT AMT | DATE OF RESIDENCY | WHY DID YOU MOVE? |
| | | FROM | |
| | | TO | |

2. Do you or any member of your household currently have a Housing Choice (Section 8) or Advantage voucher? YES NO

E. LEGAL HISTORY

1. Are you or any member of your household subject to a state lifetime registration for sex offenders?
 YES NO If yes, is this a lifetime registration? YES NO

Please explain circumstances: _____

2. Have you or any member of your household ever been convicted of a felony? YES NO

If YES, When? _____ Please explain circumstances: _____

3. Have you or any member of your household been convicted for Criminal Sales of A Controlled Substance? YES NO
 If YES, please list the dates of incarceration: _____ to _____.

F. INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "YES", provide details in the questions that follow.

Do you or any member of your household...

- YES NO 1. Work full-time, part-time or seasonally?
- YES NO 2. Work for any period during the next year?
- YES NO 3. Work for someone who pays cash?
- YES NO 4. Expect a leave of absence from work due to pay-off, medical, maternity, or military leave?
- YES NO 5. Receive unemployment benefits?
- YES NO 6. Receive child support?
- YES NO 7. Not receive child support that you are entitled to?
- YES NO 8. Receive alimony?
- YES NO 9. Have an entitlement to receive alimony that is not currently being received?
- YES NO 10. Receive public assistance (TANF)?
- YES NO 11. Receive Social Security or disability benefits?
- YES NO 12. Receive income from a pension or annuity?
- YES NO 13. Receive regular contributions from organizations or from individuals not living in the unit?
- YES NO 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, bonds, or income from rental property?
- YES NO 15. Own assets for which you receive no income (checking account, cash, etc.)?
- YES NO 16. Have real property or other assets (including cash) that has been sold or given away in the past two years?

17. LIST ALL INCOME OF HOUSEHOLD MEMBERS THAT WILL LIVE WITH YOU. (Examples of income: employment, public assistance, Social Security, Supplemental Security Income, pension, disability, unemployment compensation, alimony, child support, Armed Forces Reserves, regular financial support and/or grants.)

| HOUSEHOLD MEMBER 1 | TYPE OF INCOME | AMOUNT |
|--------------------|----------------|--------|
| HEAD/SELF | 1) | \$ per |
| | 2) | \$ per |
| | 3) | \$ per |

| HOUSEHOLD MEMBER 2 | TYPE OF INCOME | AMOUNT |
|--------------------|----------------|--------|
| | 1) | \$ per |

| | | | |
|--|----|----|-----|
| | 2) | \$ | per |
| | 3) | \$ | per |

18. What is your household's total annual income? \$ _____

19. Do you or any member of your household expect to receive income that you are not currently receiving now? YES NO

If YES, please check all income types that apply and fill in the anticipated start dates for each.

- Employment/Job ___/___/___
- Unemployment Benefits ___/___/___
- Child Support ___/___/___
- Alimony ___/___/___
- Public Assistance (TANF) ___/___/___
- Social Security or Disability ___/___/___
- Pension or Annuity ___/___/___
- Regular Contributions ___/___/___
- Other _____ ___/___/___

20. **LIST ALL ASSETS OF HOUSEHOLD MEMBERS THAT WILL LIVE WITH YOU.** (Examples of assets: checking, direct deposit accounts, savings, money market/trusts, CD's, IRA/retirement acct's, real estate, stocks/bonds, etc.)

| HOUSEHOLD MEMBER 1 | TYPE | BALANCE | INTEREST/INCOME EARNED |
|--------------------|------|---------|------------------------|
| HEAD/SELF | 1) | \$ | |
| | 2) | \$ | |
| | 3) | \$ | |

| HOUSEHOLD MEMBER 2 | TYPE | BALANCE | INTEREST/INCOME EARNED |
|--------------------|------|---------|------------------------|
| | 1) | \$ | |
| | 2) | \$ | |
| | 3) | \$ | |

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

G. EXPENSES

1. Do you or any member of your household have expenses for child care for a child aged 12 or younger? YES NO If YES, answer a), b) and c):

a) Provide the name, address, and telephone number of the care provider:

Name: _____ Phone #: _____

Address: _____

b) What does the child care cost you weekly? \$ _____

c) Does the child care enable an adult in your family to go to school, work, or look for work?
 YES NO

2. Do you pay a care attendant for any disabled household member(s) in order to permit that person or someone else in the household to work? YES NO If YES, answer a) and b):

a) Provide the name, address, and telephone number of the care attendant:

Name: _____ Phone #: _____

Address: _____

b) What does the care attendant cost you weekly? \$ _____

3. Do you pay for any equipment for any disabled household member(s) in order to permit that person or someone else in the household to work? YES NO

If YES, what is the cost to you for the equipment? \$ _____

4. Do you or any member of your household have Medicare? YES NO

If YES, what is your monthly premium? \$ _____

5. Do you or any member of your household have Medicaid? YES NO

If YES, what is your monthly premium? \$ _____

6. Do you or any member of your household another kind of medical insurance? YES NO

If YES, provide: Type _____ Premium Amount \$ _____

7. Do you have outstanding medical bills? YES NO

8. What medical expenses do you expect to incur in the next 12 months?

\$ _____

\$ _____

\$ _____

9. If you use the same pharmacy regularly, please provide the name and address:

Name: _____ Phone #: _____

Address: _____

THE DOMENECH

APPLICATION CHECKLIST

This is a checklist that you can use to ensure that you are submitting a complete application. Incomplete applications will not be processed. All applicable forms and/or documents must be submitted. If your application is selected, you will be required to provide additional documentation regarding your income and landlord history.

1. THE APPLICATION

Please fill out completely, sign, date and return by regular mail.

Return to: Common Ground Community
Central Intake Unit – Domenech
255 West 43rd Street
New York, NY 10036

2. RECENT PAY STUBS

If you are working, please include copies of your last six pay stubs with year-to- date totals.

3. VERIFICATION OF SOCIAL SECURITY BENEFITS

If you receive SSA, SSI, or SSD, please provide a current award letter (you can request one from your local social security office). The letter must be dated within the last 90 days.

4. VERIFICATION OF PENSION AND ANNUITIES

If you receive a pension or annuities, please provide documentation of the monthly or yearly amount in a letter dated within the last 90 days.

5. COPY OF YOUR MOST RECENT FEDERAL TAX RETURNS

Please enclose a copy of your most recent Federal tax return (Form 1040). If you are a performer or freelance artist, you must also include the two prior year's returns. If you did not file Federal tax returns and are not exempt from doing so, please contact the nearest IRS office for assistance. Your state tax returns are not needed.

6. STATEMENT(S) OF ASSETS

Please provide copies of documentation of the accounts you listed in the application. All statements must be dated within the last 90 days.

COMMON GROUND COMMUNITY

EMPLOYMENT VERIFICATION

I hereby authorize the release of the requested information, which will be kept confidential and used for program purposes only. Common Ground will call to verify this information.

Applicant's Name (printed)

Applicant's Signature

Dear Supervisor/HR Department Representative:

The above-named person is an applicant to or participant in a federal housing program regulated by the Internal Revenue Service (IRS). The IRS program rules require verification of all income information. We ask your cooperation in providing the requested information. Thank you for your assistance.

Please complete and return to:

Common Ground Community
Central Intake Unit
255 West 43rd Street
NY, NY 10036

Fax: 212-302-8147
Attention:

1. Employee's Start Date: _____ Still Employed? _____ If no, last date worked _____
2. Position/Job Title: _____ Probability of Continued Employment _____
3. Year to Date Gross Earnings: \$ _____ through ____/____/____
4. Average Gross Pay: \$ _____ per week / bi-weekly / monthly / annual (circle one)
5. Hourly Pay Rate: \$ _____ (if applicable) 6. Average Hours per Week: _____
7. Current Rate of Overtime (OT) Pay: \$ _____ /hr (if applicable)
Anticipated amount of OT: ____/hrs per week / bi-weekly / monthly (circle one)
8. Anticipated Tips, Commissions, Bonuses \$ _____ per _____
9. Do you anticipate any changes in salary in the next 12 months? YES NO (circle one)
If yes, please explain: _____
10. If work is seasonal or sporadic, indicate layoff period: _____

This information is provided in strict confidence by:

Signature of Employer

Printed Name of Employer/Title

Company Name

Company Address

Daytime Phone Number

Date

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make a willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

COMMON GROUND COMMUNITY
LANDLORD VERIFICATION FORM

I hereby authorize the release of the requested information, which will be kept confidential and used for program purposes only. Common Ground will call to verify this information.

Applicant's Name (printed)

Applicant's Signature

Dear Landlord:

As the Central Intake Unit of Common Ground, we have been authorized to verify the information provided by the individual whose signature appears above. Thank you for your assistance.

Please complete and return to:

Common Ground Community
Central Intake Unit
255 West 43rd Street
NY, NY 10036

Fax: 212-302-8147
Attention:

1. Resides, or once resided, at the following apartment (list address):

2. Length and dates of residence: _____

3. Monthly Rent Amount – current or time of move out: _____

4. Timeliness of Rent Payments in last 12 months (or 12 months prior to move out):

Paid in full and by date rent was due in each month

Did not pay in full and on time each month – please explain:

5. Care of Premises: _____

6. Do you plan to, or did you, return the applicant's security deposit in full? YES NO

If no, why? _____

7. Are you aware of any incidents relating to the applicant that required police presence at the premises?

YES NO

If yes, please explain: _____

8. Other Comments: _____

This information is provided in strict confidence by:

PRINT Name

Signature

Title (e.g. Primary lessee, Managing Agent, etc.)

Address

Daytime Phone Number

Date

COMMON GROUND COMMUNITY

ASSET VERIFICATION FORM

I hereby authorize the release of the requested information, which will be kept confidential and used for program purposes only. Common Ground will call to verify this information.

Applicant's Name (printed)

Applicant's Signature

Dear Financial Institution,

The above named person is an applicant/participant to/in a federal housing program regulated by the Internal Revenue Service (IRS). The IRS program rules require verification of all income information. We ask your cooperation in providing the requested information. Thank you for your assistance.

All sections must be answered – if one does not apply to a particular account, please write "N/A."

Please return to:

Common Ground Community
 Central Intake Unit
 255 West 43rd Street
 New York, NY 10036

Fax: 212-302-8147
 Attention:

1. Checking Account(s) – use #2 to indicate non-checking accounts.

| Account Number(s) | Average Six-Month Balance | Withdrawal Penalty | Interest Rate (expressed as a percentage) | OR | YTD Dividends Earned (expressed as a dollar amount) |
|-------------------|---------------------------|--------------------|---|----|---|
| | | | | | |
| | | | | | |
| | | | | | |

2. Savings Account(s)/Certificate of Deposit(s)/Other Non-Checking Accounts

| Account Number(s) | Current Balance | Withdrawal Penalty | Interest Rate (expressed as a percentage) | OR | YTD Dividends Earned (expressed as a dollar amount) |
|-------------------|-----------------|--------------------|---|----|---|
| | | | | | |
| | | | | | |
| | | | | | |

I certify that the above information is true and correct.

 Name of Company Official

 Title of Company Official

 Signature

 Company

 Date

 Address

 Telephone Number

 City, State, Zip Code

Company
 Stamp
 or
 Seal
 is
 Mandatory

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make a willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.