



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.



Dear Applicant,

Thank you for your interest in The Domenech which is owned and managed by Common Ground. 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 for an apartment is enclosed.

Mail completed application to:

Common Ground - The Domenech  
Central Intake Unit  
255 West 43<sup>rd</sup> 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 will be processed in the order it was received. Applicants will be notified of their status by mail. When a vacancy arises, the Central Intake Unit will run a credit and criminal background check and review our internal guest database. Applicants who pass the initial screening process may be required to update income and asset information prior to their interviews. Following the housing interview, applications will be further reviewed for credit worthiness, criminal history, financial stability, and stability of housing history. **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 212-659-0878.

Sincerely,

Central Intake Unit  
Common Ground

Please complete all sections and questions and sign the last page. If one does not apply, please draw a line through the question or write "N/A." If additional space is required please use blank space and/or attach a sheet of paper and clearly label the specific question you are answering (i.e. "Continuation from Question D1").

PLEASE PRINT.

**A. CONTACT INFORMATION**

1 NAME \_\_\_\_\_  
First Middle Last

2 STREET ADDRESS \_\_\_\_\_ APT. NO \_\_\_\_\_

3 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

4 HOME/CELL PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

5 EMAIL (if applicable) \_\_\_\_\_

**B. HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1 How many people plan on living in the apartment (including you)? \_\_\_\_\_

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. (**Note:** a full-time student is one who attends school at least 5 months out of a calendar year and has full-time student status for those 5 months, unless the individual qualifies for an exception under IRS code).

HOUSEHOLD MEMBER (NAME)	RELATIONSHIP	BIRTH DATE	SEX	FULL-TIME STUDENT? (Y/N)	PART-TIME STUDENT? (Y/N)	FULL-TIME STUDENT AT ANY POINT IN THE CURRENT CALENDAR YEAR? (Y/N)
	HEAD/SELF					

3 Does anyone live with you currently 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

4 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

5 Please specify the accommodation required: \_\_\_\_\_

**C. HOUSING INFORMATION**

- 1 Present landlord \_\_\_\_\_ Phone ( ) \_\_\_\_\_
- 2 Landlord's address \_\_\_\_\_
- 3 Is your apartment leased directly to you?  YES  NO
- 4 Monthly rent \_\_\_\_\_
- 5 How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months
- 6 Do you or any member of your household currently have a Housing Choice (Section 8) Voucher or similar portable voucher?  YES  NO

**D. INCOME AND ASSET INFORMATION**

- 1 List all full and/or part time employment. Include self-employment and/or freelance income earnings.

If you freelance, are multiply employed, or commonly receive 1099s from employers, please list all current contracted positions. If not currently working, please list any positions held within the last 12 months. If you are self-employed, please provide us with the name of your company and the anticipated net income from your business.

HOUSEHOLD MEMBER (NAME)	EMPLOYER NAME AND ADDRESS	DATES EMPLOYED		GROSS EARNINGS	
		FROM:	TO:	\$	per
		FROM:		\$	per
		TO:			
		FROM:		\$	per
		TO:			
		FROM:		\$	per
		TO:			
		FROM:		\$	per
		TO:			

2

List other income that you currently receive, such as public assistance, Social Security, Supplemental Security Income, pension, disability, unemployment compensation, alimony, child support, Armed Forces Reserves, regular financial support and/or grants.

TYPE OF INCOME	AMOUNT
1)	\$ _____ per _____
2)	\$ _____ per _____
3)	\$ _____ per _____

3 What is your household's total annual income? \$ \_\_\_\_\_

4 List all assets of household members who will live in the apartment:

HOUSEHOLD MEMBER (NAME)	TYPE (CHECKING, SAVINGS, MONEY MARKET/TRUSTS, CDS, DIRECT DEPOSIT ACCOUNTS, IRA/RETIREMENT ACCOUNTS, CREDIT UNION SHARES, STOCKS/BONDS, ETC.)	FINANCIAL INSTITUTION

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

\_\_\_\_\_

6 Do you or any member of your household own any real estate?  YES  NO

If yes, what is the current market value? \_\_\_\_\_

What is the value less any mortgage or lien? \_\_\_\_\_

Do you or any member of your household receive any rent from tenant(s) living at this property?  YES  NO

If yes, how much? \_\_\_\_\_

7 Do you expect to receive income that you are not currently receiving?  YES  NO

**E. MARKETING INFORMATION**

How did you learn about the availability of these apartments? Please check and fill in all choices that apply):

- Newspaper
- City "affordable housing hotline" listing new ads for the month
- Web Site/Internet \_\_\_\_\_
- Other \_\_\_\_\_
- Sign Posted on Property
- Friend
- Local Organization or Church

**F. RACIAL GROUP / ETHNICITY IDENTIFICATION**

The following information is required for statistical purposes by the U.S. Department of Housing and Urban Development. It will not affect the processing of this application. Please check one box in each "a" and "b" of which identifies the HEAD OF THE HOUSEHOLD.

A

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian/Pacific Islander

White

B

Hispanic or Latino

Not Hispanic or Latino

I hereby affirm that, to the best of my knowledge, the foregoing information is true, accurate and complete. I understand that misleading or false statements, misrepresentations, or incomplete information in this application will be grounds for rejection. I authorize Common Ground Management to contact my agencies, offices, other groups or organizations to obtain any information or materials deemed necessary to process my application, including verifying my financial, credit, housing and legal history. I understand that this information will be considered when determining my eligibility.

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**APPLICANT'S SIGNATURE**

**DATE**

**COMMON GROUND  
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  
                  Central Intake Unit  
                  255 West 43rd Street  
                  New York, NY, 10036

**2 EMPLOYMENT VERIFICATION FORM**

If you are working, please have your employer fill out the enclosed form and return it to the above address.

**3 LANDLORD VERIFICATION FORM**

Have your past or current landlord (apartment lessee, primary tenant, or housing specialist) fill out the enclosed landlord verification form and return it to the above address. If you receive a rental subsidy such as Section 8, include proof of the subsidy. (I.e. a Rent Breakdown Letter or copy of an active voucher)

**4 RECENT PAY STUBS**

Include copies of your six most recent and consecutive paystubs with year-to-date totals for each job.

**5 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.

**6 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.

**7 COPY OF YOUR most recent STATE & FEDERAL TAX RETURN**

Enclose a copy of your most recent State and Federal tax return (Form 1040), with W2s, 1099s, and all schedules. If you freelance or are multiply-employed, you must also include the two prior year's returns. If you did not file Federal returns and are not exempt from doing so; contact the nearest IRS office for assistance.

**8 INITIAL SCREENING WAIVER FORM AND PHOTO ID**

Please complete and sign the initial screening waiver form along with a valid photo ID.

COMMON GROUND  
EMPLOYMENT AND INCOME 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 Supervisor/HR Department Representative:

The above-named person is an applicant to 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.

**Please note that correction fluid cannot be used on this form.** Thank you for your assistance.

All sections must be answered - **if a question does not apply to the employee/contractor, please write "N/A" in the applicable line.**  
Please return to:

**This form needs to be sent directly by employer with a coversheet via fax, email or mail.**

Mail: Common Ground, Central Intake Unit - 255 West 43rd Street, New York, NY 10036

Fax: (212)302-8147 Attn: \_\_\_\_\_ Email: \_\_\_\_\_@commonground.org

1. Employee/Contractor's Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position/Job Title: \_\_\_\_\_
2. Still Employed/Contracted?:  Yes  No If no, last date worked: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Will the employee/contractor earn income within the next 12 months?:  Yes  No  
a. If no, please explain: \_\_\_\_\_
4. Year to Date Gross Earnings:  
\$\_\_\_\_\_ through pay period ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_
5. Average Gross Pay: \$\_\_\_\_\_ per  week  bi-week  semi-monthly  monthly  annual
6. Hourly Pay Rate: \$\_\_\_\_\_
7. Average Hours per: \_\_\_\_\_ per  week  bi-week  semi-monthly  monthly  annual (not a range)
8. Does the employee/contractor have the ability to earn overtime?:  Yes  No  
a. If yes, what is current rate of overtime pay?: \$\_\_\_\_\_
- b. Anticipated amount of OT hours: \_\_\_\_\_ per  week  bi-week  semi-monthly  monthly  annual
9. Anticipated Tips, Commissions, Bonuses: \$\_\_\_\_\_ per  week  bi-week  semi-monthly  monthly  annual
10. Do you anticipate any changes in rate of pay or number of hours in the next 12 months?:  Yes  No  
a. If yes, please explain: \_\_\_\_\_
11. Is work seasonal or sporadic?:  Yes  No  
a. If yes, please indicate layoff period(s): \_\_\_\_\_

This information is provided in strict confidence by:

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Printed Name of Employer/Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date





## Common Ground Initial Screening Waiver Form

As part of my application and initial screening process for housing with Common Ground, I authorize the Central Intake Unit to:

- Check my personal credit history
- Run a criminal background check
- Review Common Ground’s Guest Database
- Review landlord tenant court records

I understand that the results of the initial screening can result in an application being rejected. Financially eligible applicants that pass the initial screening process will be required to update income and asset information to confirm ongoing income eligibility prior to a housing interview. Following the housing interview, applications will be further reviewed for credit worthiness, criminal history, financial stability, and stability of housing history. A housing interview does not guarantee acceptance.

I affirm that all the information (including income and asset information) that I have disclosed, or will disclose to Common Ground as part of the application, initial screening, and interview process is truthful and accurate to the best of my knowledge and belief.

Note that refusal to agree to the above-mentioned checks will result in the application being process stopped/rejected.

Please complete and return with a copy of your valid photo ID to:

Common Ground – CIU  
255 West 43<sup>rd</sup> Street  
New York, NY, 10036

Fax: 212-302-8147  
Email: \_\_\_\_\_@commonground.org

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Prior address (if at current address less than 1 Year): \_\_\_\_\_

**Please include a copy of your valid photo ID with this waiver**