



Ending homelessness in New York.

# THE HEGEMAN

## APPLICATION



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



# The Hegeman

Sponsored by  
Common Ground

Dear Applicant,

Thank you for your interest in The Hegeman which is owned and managed by Common Ground in partnership with Center for Urban Community Services. This newly constructed building offers 24-hour security, fitness room, outdoor gardens, computer lab and on-site laundry. Per your request, an application is enclosed.

The completed application must be returned by mail to the following address:

**Common Ground  
Central Intake Unit – The Hegeman  
255 West 43<sup>rd</sup> Street  
New York, NY 10036**

**The rent, household size, studio size and income distribution for these apartments is as follows:**

<b>Apartment Size</b>	<b>Household Size</b>	<b>Monthly Rent*</b>	<b>Total Annual Income Range** Minimum-Maximum</b>
<b>Studio (269 sq. ft)</b>	<b>1</b>	<b>\$600</b>	<b>\$18,000-\$36,120</b>

\* Includes Heat & Electric for cooking

\*\*Income eligibility is based on the Federal Low Income Housing Tax Credit guidelines and is subject to change. If your income is less than the minimum requirements listed above, you must have a rental subsidy (such as Section 8) to qualify. You will be required to submit proof of your rental subsidy (e.g. Rent Breakdown Letter or a copy of your voucher) at the time of interview.

### **Additional eligibility requirements:**

- **Full-time students are not eligible** for residency, unless you qualify for an exception under the IRS code.
- Pets are **not** allowed.

### **APPLICATION PROCESS**

All applications will be reviewed for eligibility and placed on a waitlist. Applicants will be asked to participate in at least two interviews. **At the time of the interviews, the Intake Unit will review your financial, credit, housing and employment histories. Please be aware that acceptance for our housing is based on all of these criteria.** 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,

Intake Department  
The Hegeman

**We Provide Housing in Compliance with Federal Fair Housing Laws**

Please complete all sections and sign the last page. All questions must be answered. If one does not apply, please draw a line through the question or write, "N/A." **PLEASE PRINT.**

**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. BIRTHDATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 5a. GENDER \_\_\_\_\_
6. EMAIL (if applicable) \_\_\_\_\_
7. Are you a full time student?  YES  NO (A Full-Time Student is one who attends school at least 5 months out of a year and has full-time student status for those 5 months).
8. Are you a part time student?  YES  NO

**HOUSING STATUS**

9. Present landlord \_\_\_\_\_ Phone (    ) \_\_\_\_\_
10. Landlord's address \_\_\_\_\_
11. Is your apartment leased directly to you?  YES  NO
12. Monthly rent \$ \_\_\_\_\_ 12a. Does your rent include electric?  YES  NO
13. What is your average utility bill? \_\_\_\_\_
14. Is your rent subsidized by a Government Agency (i.e. Section 8)?  YES  NO By whom? \_\_\_\_\_
15. How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months
16. PLEASE LIST YOUR LAST THREE RESIDENCES STARTING WITH THE MOST CURRENT:

PREVIOUS ADDRESS	RENT AMT	DATES OF RESIDENCY	WHY DID YOU MOVE?
		FROM	
		TO	
		FROM	
		TO	
		FROM	
		TO	

17. What is your current annual income? \_\_\_\_\_

18. What was your total income from last year's federal tax return? \_\_\_\_\_

**EMPLOYMENT HISTORY**

19. List all full- and/or part-time jobs worked during the last five years, including self-employment and/or freelance income. List your current/most recent job first. Attach additional sheets if necessary.  
**PLEASE NOTE: YOU WILL BE REQUIRED TO DOCUMENT ALL CURRENT AND/OR PERIODIC SOURCES OF EMPLOYMENT.**

DATE	EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**OTHER CURRENT SOURCES OF INCOME**

20. Please 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

**ASSETS**

21. Complete each category as applicable.

TYPE	BANK NAME	AMOUNT
CHECKING		
DIRECT DEPOSIT ACCOUNT		
SAVINGS/PASSBOOK		
MONEY MARKET/TRUSTS		
CREDIT UNION SHARES		
CDs		
IRAs/ RETIREMENT ACCOUNTS		
STOCKS/BONDS		

22. Do you 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 receive any rent from tenant(s) living at this property?  YES  NO  
If yes, how much? \_\_\_\_\_

### GENERAL QUESTIONNAIRE

23. Have you ever been evicted?  YES  NO If yes, when? \_\_\_\_\_  
Briefly explain circumstances: \_\_\_\_\_

24. Have you ever filed for personal bankruptcy?  YES  NO If yes, when? \_\_\_\_\_  
Briefly explain circumstances: \_\_\_\_\_

25. Have you ever been convicted of a felony?  YES  NO If yes, when? \_\_\_\_\_  
Briefly explain circumstances: \_\_\_\_\_

26. Are you subject to a state registration for sex offenders?  YES  NO  
If yes, is this a lifetime registration?  YES  NO  
Briefly explain circumstances: \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Sign posted on building        | <input type="checkbox"/> Website Name: _____ |
| <input type="checkbox"/> Newspaper Name: _____          | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Local Organization Name: _____ |  |

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

# THE HEGEMAN

## 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 – The Hegeman  
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), including all W2s, 1099s, and schedules. 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.**

**PLEASE RETURN ALL INFORMATION AND FORMS WITH YOUR  
COMPLETED APPLICATION.**

# COMMON GROUND 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  
Central Intake Unit  
255 West 43<sup>rd</sup> 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 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  
Central Intake Unit  
255 West 43<sup>rd</sup> 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 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  
Central Intake Unit  
255 West 43<sup>rd</sup> 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.