

# THE LENNIGER RESIDENCES

## Application



Revised 06.14..2013

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



sponsored by  
**Lenniger Residences, L.P.**

Dear Applicant,

Thank you for your interest in The Lenniger Residences. These newly constructed buildings offer 24-hour security, a gym, computer lab, on-site laundry, and backyard gardens. Per your request, an application is enclosed. Please submit only one application.

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

**Central Intake Unit - Lenniger  
255 West 43<sup>rd</sup> Street  
New York, NY 10036**

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

Apartment Size	Household Size	Total Annual * Income Range Minimum Maximum	**Monthly Rent
Studio (310 sf)	1	\$24,210 - \$36,120	\$795
1 BR (600 sf)	2	\$26,210 - \$41,280	\$867
2 BR (639 sf)	2	\$31,470 - \$41,280	\$1049
	3	\$31,470 - \$46,440	
	4	\$31,470 - \$51,540	
3 BR (935 sf)	4	\$36,180 - \$51,540	\$1206
	5	\$36,180 - \$55,680	
	6	\$36,180 - \$59,820	

*\*Income guidelines subject to change*

*\*\*Includes heat*

*\*\*\*Tenants pay for electricity independently to Con Edison, account expected to be open in tenant's name for day of lease signing*

**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. Eligible applicants will be asked to participate in at least two interviews. **At the time of the interviews, the Intake Unit will review your household's 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. During periods when no units are available, eligible applicants will be placed on a waitlist until a unit becomes available.

If you have any questions or experience difficulty completing the forms, please contact the Intake office at (212) 659-0914.

Sincerely,

Intake Department  
The Lenniger Residences

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



7. 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. 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) Voucher?  YES  NO

3. 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

**D. INCOME & ASSETS**

1. 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 ((Name)	TYPE OF INCOME	AMOUNT
1)		\$ per
2)		\$ per
3)		\$ per
4)		\$ per
5)		\$ per
6)		\$ per

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

- |   |  |
|---|--|
| <input type="checkbox"/> Employment/Job ___/___/___           | <input type="checkbox"/> Social Security or Disability ___/___/___ |
| <input type="checkbox"/> Unemployment Benefits ___/___/___    | <input type="checkbox"/> Pension or Annuity ___/___/___            |
| <input type="checkbox"/> Child Support ___/___/___            | <input type="checkbox"/> Regular Contributions ___/___/___         |
| <input type="checkbox"/> Alimony ___/___/___                  | <input type="checkbox"/> Other _____ ___/___/___                   |
| <input type="checkbox"/> Public Assistance (TANF) ___/___/___ |  |

4. **LIST ALL FULL AND/OR PART-TIME JOBS WORKED DURING THE LAST FIVE YEARS FOR ALL HOUSEHOLD MEMBERS THAT WILL LIVE WITH YOU** (including self-employment and/or freelance income). List your current/most recent job first. PLEASE NOTE: YOU WILL BE REQUIRED TO DOCUMENT ALL CURRENT AND/OR PERIODIC SOURCES OF EMPLOYEMENT.

DATE	HOUSEHOLD MEMBER (Name)	EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

5. **LIST ALL ASSETS OF HOUSEHOLD MEMBERS THAT WILL LIVE WITH IN APARTMENT.** (Examples of assets: checking, savings, money market/trusts, CD's, IRA/retirement accts, real estate, stocks/bonds, etc.). Attach statements for each account listed.

HOUSEHOLD MEMBER (Name)	TYPE	BALANCE	INTEREST/ INCOME EARNED	DIRECT DEPOSIT Y/N
1)		\$	\$	
2)		\$	\$	
3)		\$	\$	
4)		\$	\$	
5)		\$	\$	
6)		\$	\$	

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

7. 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? \_\_\_\_\_

8. Have you or any member of your household ever filed for personal bankruptcy?  YES  NO  
If YES, when? \_\_\_\_\_  
Briefly explain circumstances: \_\_\_\_\_

**E. LEGAL HISTORY**

1. Have you or any member of your household 16 or over ever been convicted of a felony?  YES  NO  
If YES, When? \_\_\_\_\_ Please explain circumstances: \_\_\_\_\_  
\_\_\_\_\_

2. Have you or any member of your household 16 or over been convicted for Criminal Sales of A Controlled Substance?  
 YES  NO If YES, please list the dates of incarceration: \_\_\_\_\_ to \_\_\_\_\_.

3. Are you or any member of your household 16 or over subject to a state registration for sex offenders?  
 YES  NO  
If yes, is this a lifetime registration? \_\_\_\_\_  
Please explain circumstances: \_\_\_\_\_  
\_\_\_\_\_

**F. MARKETING INFORMATION**

1. How did you learn about the availability of these apartments? **Please check all that apply.**

Sign posted on building

Local Organization

Newspaper

Website: \_\_\_\_\_

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

Other \_\_\_\_\_

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 household's agencies, offices, other groups or organizations to obtain any information or materials deemed necessary to process my application, including verifying my household's financial, credit, housing and legal history. I understand that this information will be considered when determining my eligibility.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

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## 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: **Central Intake Unit - Lenniger**  
**255 West 43<sup>rd</sup> Street**  
**New York, NY 10036**

### 2. RECENT PAY STUBS

If anyone in your household is working, please include copies of the last six pay stubs for each job with year-to-date totals.

### 3. VERIFICATION OF SOCIAL SECURITY BENEFITS

If anyone in your household receives 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 anyone in your household receives 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 each household members 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.**

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