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MAIL TO: Loreto II Apartments
C/O: POP MANAGEMENT CORPORATION
P.O. BOX 25050
BROOKLYN, NEW YORK 11202-5050

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MAIL ONLY ONE (1) APPLICATION PER FAMILY BY REGULAR MAIL. IF MORE THAN ONE APPLICATION IS RECEIVED THE LAST APPLICATION RECEIVED WILL BE THE I.D. NUMBER OF RECORD. DO NOT SEND BY REGISTERED, CERTIFIED, EXPRESS, ETC. IT WILL NOT BE ACCEPTED.

IF YOU MAIL YOUR APPLICATION TO ANY OTHER ADDRESS IT WILL NOT BE PROCESSED

APPLICATION MUST BE POST MARKED BY August 31st 2021.

Each application received will be recorded. Since so many elderly need housing, this development will not be able to accommodate all who are eligible. As eligible applicants can be accommodated, they will be called in for an interview which will occur at the apartment building, located at 2337 Pacific Street Brooklyn, NY, 11233. No payment or fee should be given to anyone in connection with obtaining, preparing, filing, or processing of this application for housing. Proof of legal status, income, assets, and expenses will be required.

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THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT

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

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Mailing address (if different from address above):

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2 : \_\_\_\_\_

FUNCTIONAL STATUS

Does the Head of Household permanently require the use of a wheelchair? Yes [ ] No [ ]
Does the Co-Applicant permanently require the use of a wheelchair? Yes [ ] No [ ]
Would you or co-applicant benefit from the features of an accessible unit? Yes [ ] No [ ]

**FAMILY COMPOSITION**

**(LIST ONLY THE FAMILY MEMBERS WHO WILL LIVE IN THIS APARTMENT)**

**(1) YOU, HEAD OF HOUSEHOLD**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**(2) SECOND PERSON**

**RELATIONSHIP TO HEAD OF HOUSEHOLD:** \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

If any household member was 62 or older as of January 31<sup>st</sup> 2021 and *does not have* a SSN, were they receiving HUD rental assistance at another location on January 31<sup>st</sup> 2021? Yes  No  Not Applicable

Unit size preference (select only one):  First Available  Studio (1 person only)  1 Bedroom (1 -2 people)

**INCOME FOR ALL HOUSEHOLD MEMBERS**

Type of Income: Examples are wages, welfare, social security, SSI, pension, disability compensation, unemployment compensation, interest income, alimony, annuities, dividends, income from rental property.

If any household member has zero income, please state that below.

<u>HOUSEHOLD MEMBER</u>	<u>TYPE OF INCOME</u>	<u>AMOUNT</u>
1) _____	_____	_____ PER YEAR
1) _____	_____	_____ PER YEAR
2) _____	_____	_____ PER YEAR
2) _____	_____	_____ PER YEAR

**CURRENT ASSETS**

**Do you own a bank account? (INCLUDING DIRECT DEPOSIT CARDS) Yes  No**

**If yes, please provide ALL of the following information:**

Checking Acct Name of Bank \_\_\_\_\_ Acct # \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Checking Acct Name of Bank \_\_\_\_\_ Acct # \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Savings Acct Name of Bank \_\_\_\_\_ Acct # \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Direct Deposit Name of Bank \_\_\_\_\_ Acct # \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Cert. of Deposit Name of Bank \_\_\_\_\_ Acct # \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Stocks/Bonds Value \$ \_\_\_\_\_

IRA/401k/etc. Value \$ \_\_\_\_\_

**Do you now own Real Estate? Yes  No**

If yes, what is the value, during the past two years? \$ \_\_\_\_\_

Have you sold, given or disposed of any assets in the last two years? Yes  No  If yes, please provide the following information:

<u>Asset Received</u>	<u>Asset Value at time of Disposition</u>	<u>Date of Disposition</u>	<u>Amount Received</u>
_____	_____	_____	_____
_____	_____	_____	_____

Were there any penalties, broker/legal fees or settlement costs you had to pay in order to dispose of these assets?

Yes  No  Amount \$ \_\_\_\_\_

### MEDICAL EXPENSES

This allowance is permitted only for households whose Head or Spouse is age 62 or older, Handicapped or Disabled. Consider ONLY medical expenses which will not be paid by an outside source like health insurance, medicare, grants or a charitable organization. How much are the medical expenses you EXPECT to be paid by your household in the next 12-month period? \$ \_\_\_\_\_

### CRIMINAL BACKGROUND

List all states in which household members 18 years of age and older have resided: \_\_\_\_\_

Were you or any member of your household evicted in the last three years from federally assisted housing for drug-related criminal activity? Yes  No

Do you currently use illegal drugs or abuse alcohol? Yes  No

Were you or any member of your household subjected to State lifetime sex offender registration in any state? Yes  No  If yes, lists the state(s) here: \_\_\_\_\_

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

**WARNING:** FALSE STATEMENTS OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### MARKETING INFORMATION

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

Friend  Walk in  Local Organization/neighborhood center/church   
 Newspaper advertisement  \_\_\_\_\_ Other  \_\_\_\_\_

The following information is required for statistical purposes so that HUD may determine the degree to which its programs are utilized. This information must be completed. It will not affect the processing of this application.

#### ETHNICITY:

Please check one which identifies the head of household:  Hispanic or Latino  Not Hispanic or Latino

#### RACIAL GROUP IDENTIFICATION:

Please check one which identifies the head of household:

White  Black or African American  American Indian or Alaskan Native  
 Asian  Native Hawaiian or Other Pacific Islander



Loreto II Apartments does not discriminate directly or indirectly on the basis of race, color, religion, sex, national origin, disability or familial status in the admission or access to, or treatment or employment in its programs or activities regardless of the presence of federal financial assistance. Under Section 504 of the Rehabilitation Act of 1973 the owner honors reasonable accommodation requests for modifications in policies, practices and facilities, when such modifications may be necessary to afford an individual equal opportunity to use and enjoy the benefits of this development and are not fundamental program changes.