

Hargrave House

Revised October 2010

Send your application to:
 Hamilton House
 141 West 73rd Street, #10
 New York, NY 10023

Unit No. _____
 Apt. No. _____
 Bldg. No. _____
 Apt. No. _____
 No. of Rooms _____
 No. of Bedrooms _____

Name: _____
 Address: _____
 Zip Code: _____

Place me on the waiting list for (check one): Studio Apartment

Current Residence:

Check One (✓): Rent Co-op Homeowner Other Explain _____

Phone: Home () _____ Business () _____

No. of Rooms _____ No. of Bedrooms _____ Monthly Rent or Carrying Charge _____

Years at Present Address _____ If Former Site Resident, give Site Address _____

PERSONS TO RESIDE IN APARTMENT:

1.	2.	3.	NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE *	SEX *	SOCIAL SECURITY NUMBER	No. of Persons

* Must be supplied for any person who is 62 years of age or older; voluntary for other household members
 ** Voluntary Information

SOURCES OF INCOME FOR EACH PERSON TO RESIDE IN APARTMENT:

NAME	EMPLOYER'S NAME AND ADDRESS	ZIP CODE	HOW LONG EMPLOYED	ANNUAL EARNINGS - CURRENT	ANNUAL EARNINGS - ESTIMATED NEXT YEAR	No. of Persons Employed

DO NOT WRITE HERE

Monthly Rent \$ _____
 Gas and Electricity \$ _____
 Total Charges \$ _____
 Equity Investment (Co-ops Only) \$ _____
 Pending Appliance Allowance (Co-ops Only) \$ _____

MAXIMUM INCOME
 A. Income Ratio (7x) (8x) _____ \$ _____
 B. Median Income _____ \$ _____

HIGHER AMOUNT OF A OR B _____ \$ _____
 Total Earnings _____ \$ _____
 Other Income _____ \$ _____
 TOTAL INCOME _____ \$ _____

ALLOWABLE DEDUCTIONS:
 Secondary Wage Earner Deduction \$ _____
 Personal Deduction for Each Household Member \$ _____
 Medical and Dental Expenses as Reported on State Tax Return \$ _____
 ELIGIBILITY INCOME (Total Income Less Deductions Cannot Exceed Greater of A or B) \$ _____

APPROVED (Housing Company)
 By _____
 Date _____

Total Current Annual Earnings _____

INCOME OTHER THAN EARNINGS NAME	SOURCE	ANNUAL EARNINGS - CURRENT	ANNUAL EARNINGS - ESTIMATED NEXT YEAR

Total Current Other Income _____
 Total Current Annual Earnings _____
 Total Income From All Sources _____

Check if declaring a Veterans Preference.
 (Must include documentation)

I certify statements made in this application have been examined by me and to the best of my knowledge and belief are true, correct and complete. I have no objection to inquiries being made for the purpose of verifying the facts herein stated. I understand that if any of the information declared is false, my application will become void and I will lose my place on the waiting list. I further understand that the filing of this application does not in any way bind the Housing Company to reserve or assign an apartment to me.

Signature _____ Date _____

NO CASH ACCEPTED
 The solicitation or acceptance of any other payment by any sales or rental agent in connection with the sale of lease of any apartment constitutes a misdemeanor. Penal Law, Section 160.55

APPROVED (Housing Preservation and Development)
 Date _____ By _____
 Date _____ By _____