



1328 New York Avenue
Huntington Station, NY 11746

Phone: 631-421-7371 x112
Fax: 631-421-3933
www.concordny.com

Application Instructions & Requirements

Dear Applicant:

Please fill out the **ENTIRE** apartment application.

Please attach the following documents to your apartment application:

1. **Copies** of Social Security Cards for **ALL** occupants.
2. **Copies** of Government-Issued Photo I.D. (16 years and older).
3. \$25.00 **Money Order** for credit check made payable to **CONCORD MANAGEMENT.**
4. Credit Report Approval form
5. Proof of Income
 - a. Most Recent (preceding year) IRS income tax returns.
 - b. Most Recent (preceding year) W2 forms.
 - c. Three (3) most recent consecutive pay stubs if paid bi-weekly or six (6) if paid weekly
 - d. If unable to produce paystubs, statement of current employer indicating, Rate of income and income earned for current and preceding year.
 - e. If self-employed, certified copy of IRS and New York State income tax returns for the immediately and preceding year.
6. Signed W-9 form with **Name as shown on your income tax return.**

UPON LEASE SIGNING

- f. Copy of Birth Certificate
- g. Copy of Valid Photo ID
- h. Copy of Social Security Card

Please send completed application and copies of all the above mentioned documents to the following address:

CONCORD MANAGEMENT OF NY, LLC
1328 New York Avenue
Huntington Station, NY 11746

Thank you for your interest.

Concord Management Staff



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CREDIT REPORT PRIVACY DISCLOSURE FORM

I hereby authorize and instruct Concord Management of NY to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by Concord Management. I understand and agree that Concord Management intends to use the credit report for the purpose of evaluating my rental ability.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Concord Management in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

authorize

do not authorize

I understand that I may revoke my consent to these disclosures by notifying Concord Management in writing.

Client's Name (Print)

Birth Date

Client's Signature

Telephone Number

Social Security Number

Address

Driver's License/State ID #

City, State, and Zip Code

Date



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Application # _____ (office use only)

REV 07.19.16 JM

APPLICATION FOR APARTMENT

Instructions:

1. Mail only one application per family.
2. Mail completed application & proof of income to:
Concord Management of NY, LLC
1328 New York Avenue
Huntington Station, NY 11746
3. No Payment should be given to anyone in connection with the preparation or filing of this application (besides the \$25.00 money order for the credit check fee made payable to CONCORD MANAGEMENT).
4. This information to be filled out by the Applicant:
 - A. Apartment/ Location of apartment applying for: _____
 - B. Social Security # _____ ***WITHOUT SS# APPLICATION CANNOT BE PROCESSED.**

C. Name and Address

Name _____
Current
Address _____
City, State,
Zip Code _____
Home
Telephone _____
Cell
Phone _____
Work
Phone _____
How long have you
lived at this address? _____ Years _____ Months

D. Household Information

How many persons in your household, including yourself, WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING? _____.



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List all of the people WHO WILL LIVE IN THE UNIT FOR WHICH YOU ARE APPLYING, starting with yourself, and provide the following information. Add additional pages if necessary.

Full Name:	Relation to Applicant	Birthdate	Age	Sex	Occupation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you or any member of your household disabled? yes no
If yes, would you describe the disability as mobility impairment visual impairment
 hearing impairment?
If you checked either mobility impairment, or visual impairment, or hearing impairment, do you or a member of your household require a special accommodation? yes no
If yes, please specify the special accommodation required: _____

E. Income from Employment *Please note earnings per: YEAR/MONTH/WEEK

PLEASE ATTACH PROOF OF INCOME. APPLICATIONS CANNOT BE PROCESSED WITHOUT PROPER BACKUP (I.E. MOST RECENT PAYSTUBS, W-2, TAX RETURN)

List all full and/or part time employment for ALL HOUSEHOLD MEMBERS including yourself, WHO WILL BE LIVING WITH YOU in the residence for which you are applying. Include self-employment earnings.

Household Member:	Employer Name & Address:	Years Employed:	Gross Earnings /Per*:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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F. Income from Other Sources

List all other income, for example, welfare (including housing allowance), AFDC, Social Security, SSI pension, disability compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, etc.

Household Member	Type of Income	Amount
_____	_____	\$ _____ per* _____
_____	_____	\$ _____ per* _____
_____	_____	\$ _____ per* _____
_____	_____	\$ _____ per* _____

G. Total Annual Household Income

Please add all total income from sections E & F Above

\$ _____ per* _____ (year/month/week)

H. Current Landlord (if currently renting, this must be completed)

Landlords Name _____
(If you live in a public housing project enter "NYCHA". If you live in a city-owned/In Rem building enter "HPD")

Landlord's Address _____

Landlord's Phone Number _____

I. Current Rent

What is the total rent on the apartment where you currently live or temporarily staying?

\$ _____ Monthly

How Much do you contribute to the total rent of the apartment? If nothing write "0"

\$ _____ Monthly

J. Reasons for Moving

Why are you moving? Please check all that apply.

- Living with parents
- Do not like neighborhood
- Other _____
- Not enough space
- Living with relatives/other family members
- Rent too high
- Living in shelter or on the streets
- Bad housing conditions
- Increase in family size (marriage, birth)
- Health Reasons
- Disability access problems



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K. Section 8 Housing Assistance

Are you presently receiving a Section 8 housing voucher or certification? yes no
Please check Yes or No. This information will not affect the processing of the application.

L. Assets

Checking/Bank or Branch _____

Savings/Bank or Branch _____

Certificates/Bank or Branch _____

M. Source of Information

How did you hear about this development?

Newspaper

Sign Posted on Property

Local Organization or Church

Friend

City "affordable housing hotline" new ads for the month

Web Site/Internet

Other _____

N. Personal/Business References

Name _____

Current Address _____

City/State/Zip Code _____

Home Telephone/Cell Phone _____

Work Phone _____

Relationship _____

Name _____

Current Address _____

City/State/Zip Code _____

Home Telephone/Cell Phone _____

Work Phone _____

Relationship _____



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O. Ethnic Identification (Used for Statistical Purposes Only)

This information is optional and will not affect the processing of the application. Please check one group that best identifies the applicant.

- | | |
|---|--|
| <input type="checkbox"/> White (non-Hispanic origin) | <input type="checkbox"/> Black |
| <input type="checkbox"/> Hispanic Origin | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other |

P. Signature

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY, IS EMPLOYED BY THE DEVELOPER OR ITS SUBSIDIARIES, OR THE BUILDING OWNER OR ITS PRINCIPALS.

Signed _____ Date _____