



1328 New York Avenue  
Huntington Station, NY 11746  
Phone: 631-421-7371 x 112  
Fax: 631-421-3933  
www.concordny.com

## **Application Instructions & Requirements**

Dear Applicant:

Please fill out the **ENTIRE** apartment application and attach the following documents to your apartment application:

1. **Copies** of Social Security Cards for **ALL** occupants.
2. **Copies** of State and/or Government Issued Photo I.D. (16 years and older).
3. \$50.00 **Money Order** for credit and criminal background checks made payable to **CONCORD MANAGEMENT.**
4. Background Report Approval form
5. Proof of Income and Assets for all employed legal household members age (18) or older.
  - a. Most Recent (preceding year) IRS income tax returns and W2/1099.
  - b. Six most recent consecutive paystubs.
  - c. If self-employed, certified copy of IRS and New York State income tax returns for the immediately and preceding year.
  - d. Only if applicable, most recent Social Security income award letter; Public assistance printout; unemployment; pension, disability; workman's compensation; child support/alimony support, court documents or printout from NYC child support website)
  - e. Six (6) most recent/consecutive checking account statements
  - f. Current statement or passbook savings account and related financial accounts (i.e.: any retirement / pension / IRA / 401k), including addresses and phone numbers for all financial institutions
  - g. Any other documents in addition to those listed above, which provide information relative to household income and assets.

### **UPON LEASE SIGNING**

- h. Copy of Birth Certificate
- i. Copy of Valid Photo ID
- j. 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  
Attn: Leasing Dept.  
Huntington Station, NY 11746

Thank you for your interest.

*Concord Management Staff*



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## BACKGROUND REPORT PRIVACY DISCLOSURE FORM

I hereby authorize and instruct Concord Management of NY to obtain and review my credit & criminal report. My credit & criminal 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 & criminal 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 & criminal report.

\_\_\_\_\_ initial if you authorize a background check

\_\_\_\_\_ initial if you do not authorize a background check

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 & Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Client's Signature & Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

Application # \_\_\_\_\_ (office use only)

REV 07.19.16 JM



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## 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**  
**Attn: Leasing Dept.**  
**Huntington Station, NY 11746**
3. No Payment should be given to anyone in connection with the preparation or filing of this application (besides the \$50.00 money order for the credit & criminal 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 # of Applicant \_\_\_\_\_

**\* APPLICATION WITHOUT SS# CANNOT BE PROCESSED.**

### C. Name and Address

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

Current Address \_\_\_\_\_ (Number, street, apt.#)

\_\_\_\_\_ (City, State, Zip)

Home Phone No. (\_\_\_\_\_) \_\_\_\_\_ Cell Phone No. (\_\_\_\_\_) \_\_\_\_\_

Work Phone No. (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

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? \_\_\_\_\_

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.



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Full Name	Relation	SSN	Birthdate	Age	Gender	Occupation

Are you or any member of your household disabled?  yes  no

If yes, would you describe the disability impairment as  mobility  visual  hearing?

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 as per week, month, year

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

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	Employer Address	Length of Employment	Gross Annual Earnings



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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 Name	Income Type	Amount	Frequency (week, month, year, etc)

**G. Total Annual Household Income**

Please add all total income from sections E & F Above and record below:

\$\_\_\_\_\_ per \_\_\_\_\_ (i.e.: week, month, year)

**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 monthly rent on the apartment where you currently live or temporarily staying? \$ \_\_\_\_\_  
How Much do you contribute to the total monthly rent of the apartment? If nothing write "0" \$ \_\_\_\_\_

**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

**K. Section 8 Housing Assistance**

Are you presently receiving a Section 8 housing voucher or certification?     yes     no

If yes, what type: \_\_\_\_\_

Examples of other rental subsidies/certificates include CITYFEPS, FEPS, LINC, SEPS, VASH, Etc.,.

Note: This information will not affect the processing of the application.



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**L. Assets**

Checking Account #: \_\_\_\_\_ Bank Name: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Savings Acct #: \_\_\_\_\_ Bank Name: \_\_\_\_\_ Current Balance: \_\_\_\_\_

CD Acct #: \_\_\_\_\_ Bank Name: \_\_\_\_\_ Current Balance: \_\_\_\_\_

IRA/401K, Funds Acct #: \_\_\_\_\_ Bank Name: \_\_\_\_\_ Current Balance: \_\_\_\_\_

**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.

- White (non-Hispanic origin)                 Black  
 Hispanic Origin                                   Asian or Pacific Islander  
 American Indian/Alaskan Native            Other

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**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 \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use Only:**

Person with Disability:             Mobility     Visual     Hearing

Community Board Resident:     Yes             No

Municipal Employee:             Yes             No

Size of Apartment Assigned:     Studio     1BR             2 BR             3 BR             4 BR

Family Composition:            # of Adult Males \_\_\_\_\_            # of Adult Females \_\_\_\_\_

    # of Minor Males \_\_\_\_\_            # of Minor Females \_\_\_\_\_

TOTAL VERIFIED HOUSEHOLD INCOME: \$ \_\_\_\_\_ PER YEAR