



FOR USE BY PROJECT OWNER
Date:
Time:
Chronological ID No.

PROJECT NAME **APEX II HOUSING**

**STANAN MANAGEMENT CORP.**  
(516) 486-1000

PRELIMINARY TENANT APPLICATION

MAIL ONLY ONE (1) APPLICATION FORM PER FAMILY BY REGULAR MAIL ONLY. (DO NOT SEND BY REGISTERED OR CERTIFIED MAIL.)

**MAIL TO: STANAN MANAGEMENT CORP.**  
**33 FRONT STREET**  
**HEMPSTEAD, NEW YORK 11550**

Each application received will be recorded on the waiting list. Since so many families/elderly need housing this Development will not be able to accommodate all who are eligible. As families can be placed, they will be called in for an interview.

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING, OR PROCESSING OF THIS APPLICATION FOR HOUSING.

**THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT:**

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

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Home Phone Number ( ) \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

**FUNCTIONAL STATUS:**

Are you or any member of your family who lives with you disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", enter name here \_\_\_\_\_

What is this disability? \_\_\_\_\_

Are you or any member of your family who lives with you handicapped to the degree that you/they require assistance?

(Please check applicable aid) wheelchair \_\_\_\_\_ walker \_\_\_\_\_ crutches \_\_\_\_\_  
metal braces \_\_\_\_\_ cane \_\_\_\_\_ other mechanical aid \_\_\_\_\_

If "yes", enter name: \_\_\_\_\_

Is your current residence designed for the handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_

**FAMILY COMPOSITION:**

How many persons in your household? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_

List all persons who will live with you in this Development:

<u>FULL NAME:</u>	<u>RELATIONSHIP</u>	<u>BIRTH DATE</u>	<u>AGE</u>	<u>M/F SEX</u>	<u>(CHECK IF) ATTENDING SCHOOL</u>
(1) _____	<u>(HEAD)</u>	_____	_____	_____	_____
Occupation _____		Social Security Number _____		-	-
(2) _____	_____	_____	_____	_____	_____
Occupation _____		Social Security Number _____		-	-

**INCOME:** List all full and/or part-time employment for all household members. Include self-employed earnings.

<u>HOUSEHOLD MEMBER</u>	<u>NAME AND ADDRESS OF EMPLOYER</u>	<u>GROSS EARNINGS</u>
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

**OTHER SOURCES OF INCOME:** (Examples: welfare, social security, SSI, pension, disability compensation, unemployment compensation, interest, baby sitting, care taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships, and/or grants).

<u>HOUSEHOLD MEMBER</u>	<u>TYPE OF INCOME</u>	<u>AMOUNT</u>
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

**CURRENT ASSETS:**

Checking Accounts:

Bank _____	Acct. No. _____	Amount \$ _____
Bank _____	Acct. No. _____	Amount \$ _____

Passbook Savings:

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Savings Certificates:

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Bank \_\_\_\_\_ Acct. No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Stocks and Bonds: Value \$ \_\_\_\_\_ War Bonds: Value \$ \_\_\_\_\_

Do you now own Real Estate? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", what is the value? \$ \_\_\_\_\_

<b><u>OTHER CURRENT ASSETS</u></b>	<b><u>TYPE</u></b>	<b><u>VALUE/AMOUNT</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ASSETS RECENTLY DISPOSED OF:**

Has any family member disposed of any assets for less than fair market value during the past two years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", provide the following information:

<i>Asset</i>	<i>Asset's Market Value at Time of Disposition</i>	<i>Date of Disposition</i>	<i>Amount Received</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were there any penalties, broker/legal fees or settlement costs in connection with the recent disposition of assets?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", Amount \$ \_\_\_\_\_

**SHARED LIVING UNITS**

*The most unique feature of APEX II will be the two-shared dwelling 3 bedroom apartments wherein six individual, unrelated households will live. In these two units, six unrelated people, who are carefully screened and matched, by Family and Children’s Association will have the opportunity to find lasting companionship. Each of the sharers will have his/her own key-controlled bedroom. Each sharer will also have their own three-fixture bathroom, their own refrigerator in the shared kitchen, and they will share a dining area and living room.*

Would you be interested in more information about this unique type of housing? Yes \_\_\_\_\_ No \_\_\_\_\_

**PROGRAM INFORMATION:**

How did you hear about this Development?

Sign posted on building \_\_\_\_\_ Newspaper \_\_\_\_\_ Local Organization or Church \_\_\_\_\_

Friend or Family \_\_\_\_\_ Assisted Housing List \_\_\_\_\_ Brochure/Pamphlet \_\_\_\_\_

Other \_\_\_\_\_

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

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE DO NOT MAIL MORE THAN ONE APPLICATION PER FAMILY, PER DEVELOPMENT. IF MORE THAN ONE APPLICATION IS RECEIVED, ALL APPLICATIONS SUBMITTED BY THAT FAMILY WILL BE DROPPED TO THE BOTTOM OF THE WAITING LIST.**

The following information is requested for statistical purposes. It will not affect the processing of this application.

**RACIAL GROUP IDENTIFICATION** (Used for statistical purposes ONLY). Please check one group which identifies the **HEAD OF THE HOUSEHOLD**.

White (Non-Hispanic Origin) \_\_\_\_\_ Black (Non-Hispanic Origin) \_\_\_\_\_

Hispanic \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_