

12 w 37th street, 7th floor
new york, ny 10018
646 472.0262
646 472.0266 fax
www.newdestinyhousing.org



new destiny
housing



November 17, 2010

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Toni Carlina, District Manager
Community Board 6, Manhattan
866 United Nations Plaza, Suite 308
New York, NY 10017

Dear Toni Carlina:

New Destiny Housing Corporation is pleased to announce that we are accepting applications for an affordable studio apartment located in a renovated elevator building at 307 East 54th Street, between First and Second Avenues in Manhattan.

We are reserving this apartment for people in the community with incomes at or below 80% of the area median income. The apartment is large (609 Sq Ft.) and light with a recently-renovated kitchen and bathroom. The rent, allowable family size and income levels for the apartment are listed below:

Rent	Minimum Income 1 or 2 Person	Maximum Income 1 Person	Maximum Income 2 Person
\$925.00	\$37,000.00	\$44,350.00	\$50,700.00

We are asking for your help in reaching out to the community. For your convenience, we have attached an application for the apartment. Please feel free to make copies and distribute to people who may be eligible.

If you have any questions, please call me at (646) 472-0262 Ex #14.

Very truly yours,

Warren Standard Sr.

Warren Standard Sr.
Facilities Manager



new destiny housing

Dear Applicant:

Thank you for your interest in affordable permanent housing with New Destiny Housing Corporation. The application you requested is attached. **There are no application fees.**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION, INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

1. **Type or print** your application clearly.
2. Your application must be filled out **completely & correctly.**
3. If applicable, you must submit your most recent **W2**
4. Select only **one apartment size.** (Studio, 1-BR, 2-BR or 3-BR)
5. **Sign and date** your application where indicated.
6. You must include a business size **(#10) self-addressed stamped envelope** with your completed application.

For **example**, on the envelope write your name and address and put the stamp like this:

<p>Your Name Your Address City, State Zip Code</p>	 Sstamp
<p>Your Name Your Address, Apt.# City, State Zip Code</p>	
<p>(business size #10 envelope)</p>	

7. Applications submitted without a business size **(#10) self-addressed stamped envelope** will not be accepted.
8. The **Yes and No** questions listed on page 5 must be answered; a **Yes** must be explained for all house hold members **18 years of age and over**, using the attached blank sheet of paper (page 6).
9. All applicants will be required to meet **income and selection** criteria.
10. Mail your completed application along with a business size (#10) self-addressed, stamped envelope to **New Destiny Housing Corporation, 12 West 37th Street, 7th Floor, New York, NY 10018, Attn: Application Unit.**

**All Applications must go through a screening process, screening and screening reports are provided by First Advantage Safe Rent, 734 Franklin Avenue, PMB 695, Garden City, NY 11530
1-800-811-3493**



Housing Application

COMMUNITY BOARD 6

Instructions:

1. Your application must be filled out **completely & correctly**.
2. Only one (1) application per household will be accepted. **You will be disqualified** if more than one application per household is received.
2. You must **print or type clearly** and answer accurately for ALL members of the household.
3. **You can select only (Studio, 1-BR, 2-BR or 3-BR). one apartment size.**
4. You must **sign** where indicated.
5. If applicable, you must submit your most recent **W2**
6. Mail completed applications along with a **business size (#10) self-addressed stamped envelope to:** New Destiny Housing Corporation, 12 West 37th Street, 7th Floor, New York, New York 10018
Attn: Applications Unit.

Applications that are submitted with out a business size (#10) self-addressed stamped envelope will not be processed.

NUMBER OF BEDROOMS (select only one) APPLYING FOR: Studio 1 BR 2 BR 3 BR

APPLICANT INFORMATION

First name:		Middle Name:	Last name:	
Current Address (Number & Street):				Apt. #:
City	State:		Zip	
How long have you been living at this address?		Years:	Months:	
E-Mail Address				
Day or Work Phone #		Evening or Home Phone#		
Drivers License:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes →	State Issued by:	#
State ID:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes →	State Issued by:	#

SPECIAL POPULATION

Please check the appropriate box if you or a member of your household are the following:

Presently residing in a DV Shelter **Survivor of Domestic Violence** **At Risk of Homelessness**

Handicapped/Disabled **Crime Victim** **Intimidated Witness**

HOUSEHOLD INFORMATION

How many persons, including yourself, will live in the unit for which you are applying?

List all household members, starting with yourself, and provide the following information:

Full Name	Relationship to Applicant	Birth Date	Sex (M/F)	Social Security Number	Occupation Write "student" if attending school
1.	SELF				
2.					
3.					
4.					
5.					

RENTAL HISTORY

Present Residence

Please mark the box that describes your current housing situation:

Own Rent Live With Parents/Family Share Shelter Transitional Facility Residential Program
Hotel Homeless Other (explain):

What is the total rent you pay? \$ _____ Per month | Date Moved In: Month _____ Year _____

Have you been asked to leave? Yes No | Is rent up to date? Yes No

Present Landlord Name:

Present Landlord Address:

City _____ State _____ Zip _____ Phone# _____

Reason for Moving (must answer):

Have you lived in Shelter before? Yes No

If Yes →

Date From: Month _____ Year _____
Date To: Month _____ Year _____

Previous Address

If at present address less than five (5) years (if shelter or homeless, address before that):

Own Rent Shared Live With Parents/Family Other

Previous address:

City _____ State _____ Zip _____ | Date Moved In: Month _____ Year _____

Date Moved Out: Month _____ Year _____

How much rent did you pay: \$ _____ Per. month | Was rent up to date? Yes No

Were you asked to leave? Yes No | Did you give notice? Yes No

Landlord Name:

Landlord Address:

City _____ State _____ Zip _____ Phone# _____

Reason for Moving (must answer):

RENTAL ASSISTANCE

Are you currently receiving rental assistance such as Advantage, NYCHA Section 8, and HPD Section 8, HSAS and/or Shelter allowance? Yes No

If yes what type: _____ **Amount \$** _____ **Per Month** _____

Have you been approved for rental assistance such as Advantage, NYCHA Section 8, HPD Section 8, and HSAS and/or Shelter allowance? Yes No

If yes what type: _____ **Amount \$** _____ **Per Month** _____

INCOME FROM EMPLOYMENT

APPLICANT

List all current full, part-time and/or self employment (that is income that will be applied to the rent)

Employer's Name: _____ Position _____

Address: _____ Contact Person: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Employment Start Date: Month: _____ Year: _____ Position _____

Gross Earnings (before taxes): \$ _____ Per-Week By-Weekly By-Monthly Other: _____

**Previous Employment
if at present employment less than five (5) years**

Employer's Name:		Position:	
Address:		Contact Person:	
City:	State:	Zip:	Phone#:
How Long Employed: Years:	Months:	Dates of Employed: From:	To:
Gross Earnings (before taxes): \$		Per-Week <input type="checkbox"/>	By-Weekly <input type="checkbox"/>
		By-Monthly <input type="checkbox"/>	Other:

Applicant Other Employment

List all current full, part-time and/or self employment (that is income that will be applied to the rent)

Household Members Name:			
Employer's Name:		Position:	
Address:		Contact Person:	
City:	State:	Zip:	Phone#:
How Long Employed: Years:	Months:	Dates of Employed: From:	To:
Gross Earnings (before taxes): \$		Per-Week <input type="checkbox"/>	By-Weekly <input type="checkbox"/>
		By-Monthly <input type="checkbox"/>	Other:

Employment for Other Household Members

List all current full, part-time and/or self employment (that is income that will be applied to the rent)

Household Members Name:			
Employer's Name:		Position:	
Address:		Contact Person:	
City:	State:	Zip:	Phone#:
How Long Employed: Years:	Months:	Date Employed From:	To:
Gross Earnings (before taxes): \$		Per-Week <input type="checkbox"/>	By-Weekly <input type="checkbox"/>
		By-Monthly <input type="checkbox"/>	Other:

**Other Household Members Previous Employment
if at present employment less than five (5) years**

Household Members Name:			
Employer's Name:		Position:	
Address:		Contact Person:	
City:	State:	Zip:	Phone#:
Employment Start Date: Month:	Year:	Position	
Gross Earnings (before taxes): \$		Per-Week <input type="checkbox"/>	By-Weekly <input type="checkbox"/>
		By-Monthly <input type="checkbox"/>	Other:

INCOME FROM OTHER SOURCES

Starting with yourself, you must list for **ALL HOUSEHOLD MEMBERS** all other sources of income.
(e.g. PA, Social Security, SSI, Pension, Disability, Income from Rental Property, Alimony, Child Support, Interest Income,)

Household Member	Type of Income	Amount
1.		\$ Per-Week <input type="checkbox"/> By-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
2.		\$ Per-Week <input type="checkbox"/> By-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
3.		\$ Per-Week <input type="checkbox"/> By-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
4.		\$ Per-Week <input type="checkbox"/> By-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
5.		\$ Per-Week <input type="checkbox"/> By-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>

YOU MUST ADD ALL INCOME FROM EMPLOYMENT AND OTHER SOURCES LISTED ABOVE AND INDICATE THE TOTAL HOUSEHOLD YEARLY EARNINGS: \$ _____

(dates, names and addresses,) on page six 6 of this application.

Have you ever been arrested?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been sued for eviction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever broken a lease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been sued for child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever filed for bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 18

A "YES" answer to any of the listed questions must be explained in detail (dates, names and addresses,) on page 6 of this application.

Household Members Name:

Have you ever been arrested?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been sued for eviction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever broken a lease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been sued for child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever filed for bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 18

A "YES" answer to any of the listed questions must be explained in detail (dates, names and addresses,) on page 6 of this application.

Household Members Name:

Have you ever been arrested?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been sued for eviction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever broken a lease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been sued for child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever filed for bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REFERENCES

YOU MUST LIST THREE (3) REFERENCES THAT ARE NOT FAMILY MEMBERS

First Name:	Last Name:	Phone #

AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

I, the undersigned, authorize New Destiny Housing Corporation to contact any City, State or Government agencies, past and present landlords, past and present employers, creditors, credit bureaus, banks, and any other sources deemed necessary to process the application. I further authorize the same City, State or Government agencies, past and present landlords, past and present employers, creditors, credit bureaus and banks, and any other sources deemed necessary to release any and all information as needed upon presentation of this form or a photocopy thereof.

Applicant Signature:	Date
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To the best of my knowledge all of the information contained in this application is true and complete. I understand New Destiny Housing Corporation reserves the right to disqualify an applicant if information in this application is not as represented. I further understand that my application and the information contained therein will go through a screening process, screening and screening reports are provided by First Advantage Safe Rent, 734 Franklin Avenue, PMB 695, Garden City, NY 11530 1-800-811-3493

Applicant Signature:	Date
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