

Thank you for your interest in living at Spring Creek Towers (SCT)!

Please follow the instructions below when completing your application. Eligibility will be based on Section 8 Federal guidelines and the New York State Mitchell Lama guidelines.

- Completed applications must be sent via regular mail only to: P. O. Box 70457, Brooklyn, NY 11207. Overnight or express mail will not be accepted.
- Hand delivered or emailed applications will not be accepted.
- Do not submit more than one application per household. Duplicate applications will be rejected.
- Please make sure to complete <u>ALL</u> sections of the application. Incomplete applications will be returned.
- If a question does not apply to you, please mark it "N/A" (Not applicable).
- <u>ALL</u> household members 18 and over must sign the application.
- Please do not use white-out or cross out excessively. If you need to cross out an entry, one line is sufficient.
- Black or blue ink pen only. Do not use any other colored pens or pencils.

TWIN PINES A MANAGEMENT A Spring Creek Towers	DO NOT WRITE IN THIS SPACE
Preliminary Project Based Section 8 Application	DATE:
Please PRINT and complete all the information on this form.	

This preliminary application may not be transferred or sold. Filling out the preliminary application does not guarantee your eligibility. You will be notified for an appointment when your name is reached on the waiting list. No payment should be given to anyone in connection with the preparation, filing or processing of this or any application. All applicants are required at the time they are called in for further processing to have an applicable credit and criminal background check to further determine eligibility for tenancy at Spring Creek Towers.

Name (Head of Household)					
Social Security #	Last		First		Middle
Street Address				_ Apt. #	
City		_State		_Zip	
Telephone (Home)		(Work)			
(Cell)		E-mail:			

Occupants:

List all persons to occupy the apartment:

Name of Household Member	Relationship	Date of Birth	Sex	Student	
	Kelutionship	Duct of Dirth	DUA	Yes	No
	Head				
	Co-Head				

Current status of the Head of Household, spouse, or co-applicant (check which apply):

- \Box 62 years or older
- □ Head/Co-Head is Disabled
- □ Veteran
- \Box None of the Above

Size of apartment requested (Please select ONE only):

- \Box 1 Bedroom (1-2 Persons)
- \square 2 Bedroom (2-4 Persons)
- □ 3 Bedroom (4-6 Persons)

NOTE: SPRING CREEK TOWERS IS A PET-FREE COMMUNITY PAGE 1 OF 4

Income:

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

Name of Household Member	Name & Address of Employer	Gross Earnings
		\$ per

Other Sources of Income: (*Examples: welfare, social security, SSI, pension disability compensation, interest, babysitting, caretaking, alimony, child support, annuities, dividends, from rental property, Armed Forces Reserves, scholarships, and/or grants).*

Do you have a housing subsidy and/or voucher? □ Yes □ No

If "**Yes**" list the subsidy or voucher:

Name of Household Member	Source of Income	Gross Earnings
		\$ per

Current Assets:

Member #	Asset Type	Bank(s)	Account Number	Amount(s)
1				
2				
3				
4				
5				
6				

Stocks & Bonds (Value) \$	
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Savings Bonds (Value) \$ _____

	Do you own	Real Estate?		□ No
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If "**Yes**" what is the value? **\$**_____

Address: _____

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Spring Creek Towers does not discriminate on the basis of race, creed, religion, sex, national origin, age, familial status or disability.

Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years? \Box Yes \Box No

If "Yes" list each asset and the amount received for each ass	et:
Asset 1:	Amount \$
Asset 2:	Amount \$
<u>Child Care & Medical Expenses</u> :	
Do you pay for childcare expenses for any household member u	nder the age of 13? \Box Yes \Box No
List names of children requiring childcare:	
Child 1 Name:	
Child 2 Name:	
Child 3 Name:	
Estimated monthly childcare costs: \$ per	
If you are 62 or older, or disabled, do you anticipate any medica next 12 months and that are not reimbursed by any medical pla	
If " Yes " please indicate the estimated yearly amount: \$	
Amount of monthly Medicare premium: \$	
Amount of other medical insurance: \$	
Screening Information:	
Eligibility for Housing will be based on the Housing Program Requirements (inco Report, Drug and Criminal Record, Sex Offender Registry, Subsidy receipt and ar the Tenant Selection Plan.	

Are all household members U.S. Citizens or Legal Residents? □ Yes □ No

If "**No**" please explain:

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Persons with Disabilities:

In accordance with the Rehabilitation Act of 1973 (504) and the Fair Housing Act, all qualified individuals with disabilities will be given an equal opportunity to receive and enjoy the benefits of applying to/residing in this housing development.

	Are you or an	iy member of	f your	household	disabled?	□ Yes	□ No
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If "Yes" would you describe the impairment as:
Mobility
Visual
Hearing

If you checked either mobility impairment, visual impairment, or hearing impairment, do you or a member of your household require special accommodation? \Box Yes \Box No

If yes, please specify the special accommodation required:

Note: If you are an applicant with a disability and need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, you have the right to request such an accommodation.

Demographic Data:

We are required to ask for the following information to determine program utilization and the information will be used for statistical purposes only. You are not obligated to fill out this part. This information will not affect the processing of this application:

 Ethnicity:
 Image: Hispanic or Latino
 Image: Non-Hispanic or Latino

 Race:
 American Indian or Alaskan Native
 Image: Black or African American

 Image: Native Hawaiian or other Pacific Islander
 Image: White
 Image: Asian

 Image: Non-Hispanic or Latino
 Image: Prefer not to answer

How did you hear about this Development? ______

I/WE DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATION ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Signature of Head of Household

Signature of Co-Head of Household

Signature of Other Adult

Date

Date

Date

PLEASE DO NOT SUBMIT MORE THAN ONE APPLICATION OR COPIES OF APPLICATION



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