



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 **ALL** sections of the application. Incomplete applications will be returned.
- If a question does not apply to you, please mark it "N/A" (Not applicable).
- **ALL** 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.



**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
		\$ per
		\$ per
		\$ per
		\$ per
		\$ 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
		\$ per
		\$ per
		\$ per
		\$ per
		\$ per

**Current Assets:**

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

Stocks & Bonds (Value) \$ \_\_\_\_\_

Savings Bonds (Value) \$ \_\_\_\_\_

Do you own Real Estate?  Yes  No

If "Yes" what is the value? \$ \_\_\_\_\_

Address: \_\_\_\_\_

**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?**  Yes  No

If “Yes” list each asset and the amount received for each asset:

Asset 1: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Asset 2: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Child Care & Medical Expenses:**

**Do you pay for childcare expenses for any household member under the age of 13?**  Yes  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 medical and/or health-related expenses for the next 12 months and that are not reimbursed by any medical plan/insurance?**  Yes  No

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 (income and family composition), acceptable Credit Report, Drug and Criminal Record, Sex Offender Registry, Subsidy receipt and any other applicable criteria that are consistent with the Tenant Selection Plan.*

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

If “No” please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 any member of your household disabled?**  **Yes**  **No**

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?  **Yes**  **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:*

- |                   |   |   |
|-------------------|---|---|
| <b>Ethnicity:</b> | <input type="checkbox"/> <b>Hispanic or Latino</b>                        | <input type="checkbox"/> <b>Non-Hispanic or Latino</b>    |
| <b>Race:</b>      | <input type="checkbox"/> <b>American Indian or Alaskan Native</b>         | <input type="checkbox"/> <b>Black or African American</b> |
|                   | <input type="checkbox"/> <b>Native Hawaiian or other Pacific Islander</b> |   |
|                   | <input type="checkbox"/> <b>White</b>                                     | <input type="checkbox"/> <b>Asian</b>                     |
|                   |   | <input type="checkbox"/> <b>Prefer not to answer</b>      |

**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**

