



PWB Management Corporation  
3092 Hull Avenue, Bronx, NY 10467  
Tel:(718) 519-6900 Fax: (718) 519-6904

Dear Applicant,

Enclosed is our apartment application which must be totally completed prior to submission. Incomplete applications will be rejected. A \$40.00\* money order must accompany the application to cover expense of a Credit Report.

Copies of the following must accompany the application for every household member that it applies to:

- Last year's Tax Return including W-2 Form and six (6) recent paystubs.
- Current apartment lease or notarized letter from person you reside with.
- The three most recent rent receipts (whether it is your apartment or not).
- Most recent Gas & Telephone bill (if it's your apartment).
- Most recent bank statement(s), Passbook and Credit Card statement(s).
- Budget letter from Public Assistant or SSA/SSI Award Letter.
- Positive ID (example- Driver's License, Passport, etc.).
- Copy of Social Security Cards of applicants.

\*\* The non-refundable \$40.00 does not guarantee an apartment. Please submit copies only. No originals accepted. Thank you.

Sincerely

**PWB Management Corp.**



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Estimado Solicitante,

Incluida va una aplicacion de apartamento la cual debe ser completada antes de ser sometida. Las aplicaciones incompletas seran rechazadas. Un giro postal de \$40.00 debera acompañar la aplicacion para cubrir los gastos de un reporte de crédito.

Copias de lo siguiente debera acompañar la aplicacion para cada miembro de la familia al cual aplica:

- Planillas de impuestos del año pasado, W-2 Forma y seis últimos talonarios de cobro.
- Último contrato del apartamento ó carta notariada de la persona con quien reside.
- Tres últimos recibos de pago de renta (aunque sea su apartamento ó no).
- Recibo más reciente del Gas & Telefono ( si es su apartamento).
- Último estado de cuenta bancaria y estado de Tarjeta(s) de Crédito.
- Carta de Presupuesto de Asistencia Pública ó Carta de Beneficios del SSA/SSI.
- Identificacion con retrato (ejemplo licencia pasaporte etc.)
- Copia de la tarjeta de Seguro Social para todas las personas que a paracen en la aplicacion.

\*\* Los \$40.00 no les garantiza un apartamento. Por favor de someter copias solamente. No se devuelven originales. Gracias.

Sincerely/Sinceramente

**PWB Management Corp.**



# PWB MANAGEMENT CORP.

## APPLICATION FOR APARTMENT

Applying For: STU \_\_\_\_\_  
 1 BD \_\_\_\_\_  
 2 BD \_\_\_\_\_  
 3 BD \_\_\_\_\_

### Instructions:

- Information is to be filled out by the applicant. Mail completed application or leave at our office:  
**PWB MANAGEMENT CORP.**  
**3092 HULL AVENUE**  
**BRONX, NEW YORK 10467**
- No payment or fee can be given to anyone in connection with the preparation of filling this application.
- A non-refundable \$40 Money Order must accompany the application for each applicant made payable to **PWB Management Corp.**

### A. NAME AND ADDRESS

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

Current Address: \_\_\_\_\_  
 (Number, street, apt#) (City, State, ZIP)

How long have you been living at this address? \_\_\_\_\_ years \_\_\_\_\_ months

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

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

### B. HOUSEHOLD INFORMATION

How many people, including yourself, WILL LIVE IN THE UNIT WHICH YOU ARE APPLYING? \_\_\_\_\_

List all of the people WHO WILL LIVE IN THE UNIT WHICH YOU ARE APPLYING, starting with yourself, and provide the following information. Add additional pages if necessary.

<u>FULL NAME</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex (M/F)</u>	<u>Occupation</u>

### **ETHNIC IDENTIFICATION (Used for Statistical Purposes only)**

Please check the group which best identifies the applicant:

Hispanic  Black  Caucasian  Asian/ Pacific Islander  American/Alaskan Indian

Are you or any member of your household disabled? [ ] No [ ] Yes

Please Circle:    Mobility            Visual            Hearing

Do you or a member of your household require special accommodation? [ ] Yes [ ] No

If yes, please specify the special accommodation required: \_\_\_\_\_

**SECTION 8 HOUSING ASSISTANCE:**

Are you presently receiving a Section 8 housing certificate or voucher? [ ] Yes [ ] No

*This information will not affect the processing of the application*

**C. INCOME FROM EMPLOYMENT**

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	Name & Address of Employer	Years Employed	Gross Earnings
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**D. INCOME FROM OTHER SOURCES**

List all other income, for example, welfare (including housing allowance), AFDC, Social Security, S.S.I., pension, disability compensation, unemployment compensation, Interest Income, baby-sitting, care taking, alimony, child support, annuities, dividends, Income from rental property, Armed Forces Reserves, scholarships, and/or grants.

HOUSEHOLD MEMBER	Type of Income	Amount
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____
_____	\$ _____	\$ _____ Per _____

Total Annual Income: \$ \_\_\_\_\_

**E. ASSETS:**

Checking/ Bank or Branch : \_\_\_\_\_

Savings/ Bank or Branch : \_\_\_\_\_

Certificate/ Bank or Branch : \_\_\_\_\_

**F. CURRENT LANDLORD:**

Landlord's Name: \_\_\_\_\_

(If in a public housing project write "NYCHA". If in a City-owned ("In-Rem") building write "HPD.")

Landlord's Address: \_\_\_\_\_

(Number, street, apt#)

(City, State, ZIP)

Landlord's Phone No. ( ) \_\_\_\_\_

What is the total monthly rent of the apartment that you currently live or are staying temporarily? \$ \_\_\_\_\_

How much do you contribute to the total monthly rent on the apartment? (If nothing write "0") \$ \_\_\_\_\_

**G. REASON FOR MOVING:**

Why are you moving? Check all that apply:

Living with parents

Not enough space

Living in a shelter or on the streets

Bad housing conditions

Health Reasons

Disability access problems

Do not like neighborhood

Living with relatives or another family

Rent too high

Increase in family size (marriage, birth)

Other \_\_\_\_\_

**H. SOURCE OF INFORMATION:**

How did you hear about this development?

Newspaper

Friend

Sign posted on Building

Website

Other: \_\_\_\_\_

**I. 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 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/We hereby consent PWB Management Corp. to obtain my/our Consumer Reports including, but not limited to: credit profile, housing court history and criminal background and other reports deemed necessary to process this application and in the future to ensure compliance with regulations and the lease; or in the event of a default of the lease. I/we agree to hold harmless PWB Management Corp and its affiliates for any harm which may arise from this investigation.**

**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.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_