



BROOKWOOD ON THE LAKE

631-981-3924

Date: _____ Application # _____ Time: _____

OFFICE USE ONLY

THIS APPLICATION SHOULD BE COMPLETED BY THE INTENDED HEAD OF YOUR HOUSEHOLD. PLEASE FILL OUT ALL OF THE REQUESTED INFORMATION COMPLETELY THEN MAIL ONLY ONE (1) APPLICATION PER FAMILY BY REGULAR MAIL. DO NOT SEND BY CERTIFIED OR REGISTERED MAIL.

**MAIL COMPLETED APPLICATION TO: BROOKWOOD ON THE LAKE
1507 ROUND POND ROAD
LAKE RONKONKOMA, NY 11779**

APPLICANT'S NAME: _____

CURRENT ADDRESS: _____ APT. #: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____ EMAIL ADDRESS: _____

HOUSEHOLD COMPOSITION

1. List all persons who will be living with you in this federally subsidized development:

MEMBER NO.	MEMBER'S FULL NAME	RELATION TO HEAD	BIRTH DATE	AGE	SEX	SOCIAL SECURITY #
HEAD						
2.						
3.						
4.						

2. Is Head of Household a person with disabilities? Yes No

3. Unit Size Requested: _____ Studio _____ One Bedroom _____ Two Bedroom

4. Is there a medical necessity for a ground floor or larger unit? Yes No

(Your primary doctor's written verification for either is required)

5. Are you now living in a federally subsidized unit? Yes No

6. Have you ever lived in Public Housing? Yes No If yes, where & when? _____

7. Have you ever participated in the Certificate or Voucher Program? Yes No

If yes, enter the date(s) of occupancy: _____

INCOME AND ASSET INFORMATION

1. List all full and/or part-time employment for all household members for the past twelve (12) months:

MEMBER NAME	EMPLOYER'S NAME, ADDRESS & PHONE #	POSITION	DATES OF EMPLOYMENT	SALARY

2. Please answer each of the following questions. For each “yes”, provide details in the charts below:

- Yes No Work full time, part-time, or seasonally?
- Yes No Now receive or expect to receive unemployment benefits?
- Yes No Now receive or expect to receive public assistance (welfare, TANF)?
- Yes No Now receive or expect to receive Social Security benefits?
- Yes No Now receive or expect to receive income from a pension or annuity?
- Yes No Receive interest income? (Including bank accounts, stock/bond dividends, etc.)
- Yes No Receive income from rental property?
- Yes No Own real estate?
- Yes No Have you sold or given away real property or other assets (including cash) in the past two years?

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME OR ASSET VALUE

3. List all checking and savings accounts (including IRA’s, Keogh accounts, and Certificates of Deposit) of all household members:

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME OR ASSET VALUE

4. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

5. If you own real estate, state the name of the bank or mortgage holder, address, and account number(s):

6. List the value of any assets disposed of for less than fair market value within the past two years:

7. Please complete the following information concerning your medical expenses:

- Yes No Do you have Medicare? If yes, what is your monthly premium? _____
- Yes No Do you have any other kind of medical insurance? If yes, provide premium amount and agent’s name: _____
- Yes No Do you have outstanding medical bills which you are paying? If yes, list them below:

8. What medical expenses do you expect to incur in the next 12 months?

RENTAL HISTORY INFORMATION

1. Have you ever been evicted from your residence, including from public housing, Indian housing, a Section 23 or a Section 8 program? Yes No If yes, provide the following information: When? _____

For What Reason? _____

Name of Landlord or Housing Authority: _____

2. Name, address & phone number of your current Landlord: _____

_____ How long have you lived there? _____

3. Name, address & phone number of your previous Landlord: _____

_____ How long did you live there? _____

4. Have you ever been sued by a Landlord for non-payment of rent or for damages to premises? Yes No
If yes, please explain the circumstances and the date of such occurrence(s): _____

5. Have you lived in any other state other than the State of New York? Yes No
If yes, when and where (please list every residence): _____

CITIZENSHIP & IMMIGRATION STATUS

1. Do you have a legal right to be in the United States?

_____ Yes, because I am a United States Citizen

_____ Yes, because I have valid documentation from the Bureau of Citizenship & Immigration Services (INS)

_____ No

CRIMINAL BACKGROUND INFORMATION

1. Have you ever been evicted from a site for drug-related criminal activity within the past five (5) years?

Yes No

2. Do you currently use illegal drugs or abuse alcohol?

Yes No

3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?

Yes No

4. Have you ever been convicted of any drug-related crime within the past five (5) years? Yes No

No

5. Have you ever been convicted of any felony within the past five (5) years? Yes No

Yes No

6. Have you ever been convicted of any crime involving fraud or dishonesty within the past five years?

Yes No

7. Have you ever been convicted of any crime involving violence within the past five (5) years?

Yes No

8. Are you currently charged with any criminal activities?

Yes No

MARKETING INFORMATION

The following information is required for statistical purposes so that the Department of Housing and Urban Development may determine the degree to which its programs are utilized. This information must be completed and does not affect the processing of this application.

Ethnicity of Head of Household: (Check one – used for statistical purposes only)

White (Non-Hispanic Origin)

Black (Non-Hispanic Origin)

American Indian/Alaskan Native

Hispanic

Asian

Native Hawaiian/Other

How did you hear about this site? _____

APPLICANT'S CERTIFICATION & AUTHORIZATION TO DISCLOSE INFORMATION

I understand that the above information is required to determine my eligibility for residency. I certify that my answers and the information I provided on this Application are true and complete to the best of my knowledge. I understand that making false statement on this form is grounds for rejection and/or termination of my Lease.

I hereby give full authorization for an investigative report whereby third parties may be contacted to report my character, including criminal background information, general reputation, personal characteristics, mode of living, salary, income, consumer credit, banking, and financial practices. I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Landlord, a company, or agency contracted by Landlord to conduct criminal background checks or to a public housing authority. I have the right to make a written request for disclosure of the nature, results, and scope of this investigation. I may not however receive or view my consumer credit file. I agree to hold Brookwood Ronkonkoma LLC, including its principals, agents and representatives, harmless for any and all claims that may arise as a result of this investigation. I further authorize banks, financial institutions, landlords, business associates, credit bureaus, attorneys, accountants and other person or institutions with whom I am acquainted to furnish and all information regarding me. This authorization also applies to any updated reports which may be ordered as needed. I shall permit a photocopy or fax of this authorization to be accepted with the same application and any consumer report to collect any debts owed.

Signature: _____ Date: _____
(Head of Household)

Signature: _____ Date: _____
(Spouse)

Signature: _____ Date: _____
(Other Adult Occupant)

Signature: _____ Date: _____
(Other Adult Occupant)

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at (800) 424-8590.

BROOKWOOD ON THE LAKE
1507 ROUND POND ROAD
LAKE RONKONKOMA, N. Y. 11779
(631) 981-3924 FAX: (631) 981-3932
TTY: 711

NOTICE

DEAR APPLICANT(S):

PLEASE BE ADVISED THE U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT HAS PROVIDED FOR AND HAS REQUIRED THAT WE ISSUE THE ENCLOSED FORM FOR YOUR OPTION TO ESTABLISH EMERGENCY CONTACT INFORMATION WHICH WILL BE KEPT AS PART OF YOUR APPLICANT FILE.

THE OBJECTIVE OF PROVIDING SUCH INFORMATION IS TO FACILITATE OUR IMMEDIATE CONTACT WITH THE PERSON OR ORGANIZATION YOU CHOOSE TO IDENTIFY WHO CAN ASSIST WITH RESOLVING ANY POTENTIAL TENANCY ISSUES AND TO PROVIDE THE DELIVERY OF ANY SERVICES OR SPECIAL CARE NEEDS THAT YOU MAY REQUIRE.

PLEASE BE FURTHER ADVISED YOUR INFORMATION IS KEPT STRICTLY CONFIDENTIAL AND YOU WILL HAVE THE RIGHT TO UPDATE, REMOVE OR CHANGE THE CONTACT(S) YOU PROVIDED AT ANY TIME.

IN THE EVENT YOU OPT NOT TO IDENTIFY ANY SPECIFIC CONTACT INFORMATION THEN SIMPLY CHECK THAT BOX, SIGN AND DATE YOUR FORM ACCORDINGLY. PLEASE RETURN THIS FORM WITH YOUR CORRESPONDING APPLICATION FOR HOUSING.

THANK YOU FOR YOUR PARTICIPATION.

BROOKWOOD RONKONKOMA L.L.C.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.