

The following items **MUST BE SUBMITTED** with your application.

INCOME INFORMATION (FOR ALL HOUSEHOLD MEMBERS.)

- Copies of your 2000 & 2001 W-2. If self-employed two years tax returns with all schedules are required plus a YTD Profit & Loss signed by an accountant (***all tax returns will be subject to IRS verification***)
- Two months bank statements or passbooks (***all pages***) showing down payment funds (\$16,000) available not including closing cost, if applicable a copy of pension fund, 401k statement, savings plan, profit sharing or retirement. .
- Credit explanations for any late payments if any, and proof of satisfaction for judgments, charge-offs and collection on credit reports.
- One month consecutive pay stubs for all jobs or letter from the employer if computerized pay stubs are not available.

OTHER SOURCES OF INCOME

- Social Security and/or Pension Income (if applicable) –Copy of monthly check and awards letter.
- Child Support Income (if applicable) – copy of support check or divorce decree or if cash issued a copy of the bank statement showing a six months history of deposits.
- Sou Sou fund (if applicable) ---letter and ledger from treasurer.

HOUSING INFORMATION

- Rental letter from landlord stating amount of rent and length of residency or 12 months consecutive rent checks (back & front) or rent receipts OR copy of mortgage statements and/or lease to rent.
- Copy of your last six (6) rent receipts or cancelled check/money orders of your current apartment.

FAMILY COMPOSITION

- Copy of Birth Certificates for each family member.
- Copy of Social Security cards for each family member.
- Copy of I.D. card for head of household, i.e. Driver’s License, Alien Card or Passport.
- Letter from school(s) indicating your child’s grade, teacher, and attendance record.

Upon return of application, a non-refundable credit investigation fee of **\$50.00** by money order only is required, payable to **RENTAL & MANAGEMENT ASSOCIATES, CORP.**

NOTE: YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT COMPLETE AND ACCURATE INFORMATION.

HERITAGE HOMES

REQUEST FOR INVESTIGATION

Applicant's Name: _____ S.S. # _____ - _____ - _____

Address: _____ Apt. # _____ Zip Code: _____

Telephone # (Home) _____ - _____ - _____ (Work) _____ - _____ - _____

PRESENT LANDLORD INFORMATION

Name: _____ Telephone# _____ - _____ - _____

Address: _____

PREVIOUS LANDLORD INFORMATION

Name: _____ Telephone# _____ - _____ - _____

Address: _____

EMPLOYMENT INFORMATION

Employer's Name: _____

Address: _____

Telephone# _____ - _____ - _____ How Long Employed? _____ Position: _____

Salary: _____ Supervisor's Name: _____

Co-Applicant Employer's Name: _____

Address: _____

Telephone# _____ - _____ - _____ How Long Employed? _____ Position: _____

Salary: _____ Supervisor's Name: _____

I hereby authorize Rental & Management Associates to conduct inquires concerning my income, credit, residence, family composition, character and reputation for the purpose of verifying information provided by me on my apartment rental application to the above name development. I understand any misrepresentation by the me may be cause of rejection by the development.

Signature: _____

Date: _____

Co-Applicant Signature _____

Date: _____

No payment or fee should be given to anyone in connection with the preparation or filing of this application for this application for housing.

Mail complete application to:

(Project Name or Address) _____

**C/O RMA
215 East 164th Street
Bronx, NY 10456**

THIS INFORMATION IS TO BE FILLED OUT BY THE APPLICANT:

A. Name and Address

Name: _____

Current Address: _____ (Number, Street, Apt#)

_____ (City, State, Zip)

Home Phone No. _____ - _____ - _____ Work Phone No. _____ - _____ - _____

How long have you been living in this address? _____ years _____ months

B. Income Source

House Members	Name, Address, & Phone of Employer	How long Employed	Gross Earnings	Type of Income (Per Year)	Amount (per year)
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____

Total Household Annual Income \$ _____

Any other income, for example, welfare (including housing allowance), AFDC, Social Security, S.S.I. (pension, disability, compensation, unemployment compensation, interest income, babysitting, care-taking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships, and/grants should be included.

C. Current Landlord

Landlord's Name and Address _____
(If you are living in a public housing project, write "NYCHA". If you are living in a city owned building, write HPD")

Landlord's Phone No: _____ - _____ - _____

D. Current Rent

What is the total monthly rent for the apartment where you currently live or are staying temporarily? \$_____ .00 per month

How much do you contribute to the total rent on the apartment? (if you do not contribute anything, write ("0")) \$_____ .00 per month

E. Household Information

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

F. List all of these people, starting with you, and provide the following information. (write "in school" if attending school.)

Full Name	Relationship	Birth Date	Age	Sex	Social Security

ASSETS**BANK/BRANCH ADDRESS****ACCOUNT NUMBER**

Checking Account

Passbook Savings

Savings Certificate

Other Assets

G. Source of Information

How did you hear of this development?

 Newspaper Ad Sign Posted on building Legal Organization or Church Friend A city "apartment seeker" brochure listing new ads for the month Other**H. Ethnic Identification (used for statistical purpose only)**

This information is optional and will not affect the processing of the application. Please check one group which best identifies the applicant.

 White (Non-Hispanic origin) Black Hispanic origin Asian or Pacific Islander American Indian or Alaskan Native Other _____**I. Signature**

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: _____

Date: _____

(OFFICE USE ONLY)

Family Composition*****

Adult males _____

Adult females _____

Male children _____

Female children _____

Verified Earned Income:

1. \$ _____ . 00 per year

2. \$ _____ . 00 per year

3. \$ _____ . 00 per year

4. \$ _____ . 00 per year

Verified Other Income:

1. \$ _____ . 00 per year

2. \$ _____ . 00 per year

3. \$ _____ . 00 per year

4. \$ _____ . 00 per year

**TOTAL HOUSEHOLD
ANNUAL INCOME:** _____