Umbrella House Application — 21-23 Avenue C Applicant Information First Name: Middle Name: Last Name: Date of birth: SSN: Phone: Current address: City: State: ZIP Code: Own Rent (Please circle) Monthly payment or rent: How long? Current Landlord: Address: Phone #: Previous address: ZIP Code: City: State: Owned Rented (Please indicate) How long? Monthly payment or rent: **Employment Information** Current employer: Employer address: How long? Phone: E-mail: Fax: ZIP Code: City: State: Position: Hourly Salary (Please circle) Annual income: Do you have any other income? Yes No Source: Amount: Household Composition (List all persons who will live in apartment) **Full Name** Relationship to Applicant Date of Birth Pronouns (optional) 1. **SELF** 2. 3. 4. 5. 6. 7.

| Name: | | | | | |
|------------------------------|------------|-------------------------------|--------------------|-------------------|--|
| Date of birth: | | SSN: | | Phone: | |
| Current address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Own Rent (Please circle) | | Monthly payment or rent: | | How long? | |
| Previous address: | | 1 | | 1 | |
| City: | | State: | | ZIP Code: | |
| Owned Rented (Please circle) | | Monthly payment or rent: | | How long? | |
| Co-applicant Employment I | nformation | | | | |
| Current employer: | | | | Haw land? | |
| Employer address: | | E maile | | How long? Fax: | |
| Phone: | | E-mail: State: | | ZIP Code: | |
| City: Position: | | Hourly Salary (Please circle) | | Annual income: | |
| Monthly Income | | Trourry Salar | ry (Flease ellele) | 7 militari meemer | |
| Gross Monthly Income | Applica | nt | Co-Applic | cant | **Others in Household |
| Base Employment Income* | \$ | | \$ | | \$ |
| AFDC/TANF | | | | | |
| Food Stamps | | | | | |
| Social Security | | | | | |
| SSI | | | | | |
| Disability | | | | | |
| Alimony | | | | | |
| Child Support | | | | | |
| Other | | | | | |
| TOTAL | \$ | | \$ | | \$ |
| | | | income: Name | Age M \$ | nbers over 18 who receive Monthly Wages |

| Assets (List Checking and Savings Accounts Below) | | | | | | | | |
|--|----------------------------|----------------------------|---|--|--|--|--|--|
| Name and Address of Bank, Savings, & Loan, or Credit Union: | | | Name and Address of Bank, Savings, & Loan, or Credit Union: | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Account Number: Balance \$ | | Account Number: Balance \$ | | | | | | |
| Name and Address of Bank, Savings, & Loan, or Credit Union: | | | Name and Address of Bank, Savings, & Loan, or Credit Union: | | | | | |
| | | | | | | | | |
| Account Number: | Balance \$ | | Account Number: | : Balance \$ | | | | |
| Property Information | | | | | | | | |
| Troperty Information | | | | | | | | |
| If you own your own residence, wh | nat is your monthly mortga | ige payment? \$ | /month | Unpaid Balance \$ | | | | |
| Do you own land?NoYes (if yes, please describe, including location) | | | | | | | | |
| To the one of manufacture and the lens of 2. N | Yes The yes | Manthali Daimant | . c | acid Delagae & | | | | |
| Is there a mortgage on the land?NoYes If yes: Monthly Payment \$ Unpaid Balance \$ | | | | | | | | |
| References (Please provide four (4) business or character reference letters and list contact info below) | | | | | | | | |
| Name: | | Address: | | Phone: | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Why do you want to live in | a cooperative? Wha | t contributio | ons will you brin | ng to our community? (if additional chace is | | | | |
| Why do you want to live in a cooperative? What contributions will you bring to our community? (if additional space is needed attach to application) | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| I hereby authorize Umbrella House HDFC, its successors and/or assigns to conduct an inquiry concerning my credit history, housing report, criminal report or whatever it deems necessary to process my application | | | | | | | | |
| for residency. I agree to hold Umbrella House HDFC harmless for any claims that may arise as a result of | | | | | | | | |
| this investigation. Willful false, misleading, or incomplete information in this application will be grounds for | | | | | | | | |
| rejection of this application. | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Signature of applicant: | | | | Date: | | | | |
| Signature of co-applicant: | | | | Date: | | | | |

Mail applications to: Steven Englander Umbrella House HDFC 21 Avenue C New York, NY 10009 The application and required documents can also be submitted on-line at umbrellahouse.nyc/apt-available