



**Matinecock Court**

**137 Units at: 1-147 Matinecock Ct.  
East Northport, NY 11731**

**Application Due: May 19<sup>th</sup>, 2025**



**Amenities:** Retail Shops and transportation nearby. The project amenities in each unit include Energy Star appliances, microwave and dishwasher, on-site resident super, in-unit laundry, property club house, and accessible parking for residents.









**Income Restrictions Apply – No Application Fee – No Broker’s Fee**

**Applicants will *not* be automatically rejected based on credit or most background check info**

Priority admissions: Mobility disability: 15 units; Hearing/Vision disability: 6 units; Veterans: 4 Units

More Information: [www.rentalapp.us](http://www.rentalapp.us)

Your household must meet these income restrictions:

AMI	Unit Size	# Units	Monthly Maintenance*	Household Size	Household Income**
50%	1 BR	1	\$1206		\$38,000-\$54,700 \$38,000-\$62,500 \$38,000-\$70,300
	2 BR	10	\$1449		\$45,700-\$62,500 \$45,700-\$70,300 \$45,700-\$78,100 \$45,700-\$84,350
60%	1 BR	8	\$1478		\$46,600-\$65,640 \$46,600-\$75,000 \$46,600-\$84,360
	2 BR	76	\$1776		\$56,000-\$75,000 \$56,000-\$84,360 \$56,000-\$93,720 \$56,000-\$101,220
	3 BR	38	\$2021		\$63,800-\$84,360 \$63,800-\$93,720 \$63,800-\$101,220 \$63,800-\$108,720 \$63,800-\$116,220
70%	2 BR	1	\$2103		\$66,400-\$87,500 \$66,400-\$98,420 \$66,400-\$109,340 \$66,400-\$118,090
80%	1BR	1	\$2024		\$64,300-\$87,250 \$64,300-\$100,000 \$64,300-\$112,480
	2BR	2	\$2430		\$76,700-\$100,000 \$76,700-\$112,480 \$76,700-\$124,960 \$76,700-\$134,960

\* Occupancy Preferences May Apply

\* Resident’s are responsible for electricity, electric stove, electric heat, and electric hot water. Income guidelines & permitted household size are subject to change.

\*\*Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies. Asset limits also apply.

**Application Due Date: May 19<sup>th</sup>, 2025**

**Must be postmarked May 19<sup>th</sup>, 2025 by this date. Sending more than one (1) application may disqualify you.**

**How to Apply:**

**Online:** www.rentalapp.us

**Request Application By Phone or Email:** 516-437-0900 ext 26, mgmtinfo@thedfdgroup.com

**By Mail or In-Person:** 100 Schoolhouse Road Levittown NY 11756

Include your address & the name and address of the building where you want to apply.

**Lottery Date & Location: June 2<sup>nd</sup>, 2025 at 1pm at 100 Veterans Memorial Hwy, Hauppauge, NY 11788/ Recording available via**

**YouTube: D&F Development@dfdevelopment6768**

The lottery will determine which applications will be reviewed for tenancy.

**YOU HAVE RIGHTS!**

**If you have experienced housing discrimination:**  
<https://dhr.ny.gov/journey-fair-housing>  
or call **844-862-8703**

Learn about how your credit and background check will be individually reviewed: <https://on.ny.gov/3uLNLw4>

**ACCESSIBILITY INFORMATION**

- 15 units are adapted for mobility impairment
- 6 units are adapted for hearing/vision impairment
- [All] units are adaptable to be wheelchair accessible
- Reasonable accommodation and modifications may be requested

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**Español (Spanish)**

**Vivienda asequible disponible**  
Fecha límite de entrega de la solicitud: [ 19 DE MAYO DE 2025 ]  
Debe entregarse por internet o por correo postal a más tardar en esta fecha. Si envía más de 1 solicitud podría quedar descalificado.  
**Para Obtener La Solicitud:**  
**Para obtener la solicitud por internet:** [www.rentalapp.us]  
**Por teléfono o email:** [516-437-0900 ext 26] [mgmtinfo@thedfdgroup.com]  
**Por correo postal o en persona:** [100 Veterans Memorial Hwy, Hauppauge, NY 11788]  
Incluya su dirección y la dirección del edificio en el que quiere presentar la solicitud.  
**Fecha y lugar de la lotería:** [ 2 de junio de 2025, 1pm, 100 Veterans Memorial Hwy, Hauppauge, NY 11788 ]  
La lotería determinará cuáles aplicaciones se analizarán para el alquiler

**中文 (Simplified Chinese)**

**可提供經濟適用房**  
申請截止日期: [ 2025 年 5 月 19 日 ]  
請務必在此日期前線上提交申請或透過郵寄提交申請。提交超過 1 份申請將使您失去資格。  
申請  
欲獲得申請線上: [www.rentalapp.us]  
透過電話或電子郵件: [516-437-0900 ext 26] [mgmtinfo@thedfdgroup.com]  
透過郵寄或當面索取: [100 Schoolhouse Road, Levittown NY 11756]  
請提供您的地址和您想要申請的建築物地址  
抽籤日期和地點: 2025 年 6 月 2 日, 1pm, 100 Veterans Memorial Hwy, Hauppauge, NY 11788- 將透過抽籤決定對哪些租賃申請進行審核

**KREYÒL AYISYEN (Haitian Creole)**

**Lojman Pri Abòdab Disponib**  
Dat Delè Aplikasyon an: [19 me 2025]  
Dwe soumèt sou entènèt oswa nan lapòs nan dat sa a. Voye plis pase 1 aplikasyon ka diskalifye ou.  
**To Get Application:**  
**Sou entènèt:** [www.rentalapp.us]  
**Nan Telefòn oswa Imel:** [516-437-0900 ext 26] [mgmtinfo@thedfdgroup.com]  
**Pa Lapòs oswa An-pèsòn:** [100 Schoolhouse Road Levittown NY 11756]  
Metè adrès ou & adrès bilding kote ou vle aplike a  
**Dat lotri & Andwa:** 2 jen 2025, 1pm, 100 Veterans Memorial Hwy, Hauppauge, NY 11788]  
Lotri a ap detèmine ki aplikasyon yo pral revize pou lokasyon

**한국어 (Korean)**

**임대 주택 이용 가능**  
신청서 제출 기한: [ 2025 년 5 월 19 일 ]  
이 날짜까지 온라인 또는 우편으로 제출해야 합니다. 1 건 이상의 신청서 제출 시 실격 처리 됩니다  
신청서 접수온라인: [www.rentalapp.us]  
전화 또는 이메일: [516-437-0900 ext 26] [mgmtinfo@thedfdgroup.com]  
우편 또는 내방: [100 Schoolhouse Road Levittown NY 11756]  
신청자 주소 및 신청하려는 건물 주소를 포함시키십시오  
추첨일 및 추첨 장소: [ 2025 년 6 월 2 일 , 100 Veterans Memorial Hwy, Hauppauge, NY 11788  
추첨을 통해 입주 심사 대상이 될 신청서를 결정하게 됩니다

**[বাংলা] Bengali**

**সাম্প্রদায়িক মূল্যের বাড়ি:**  
আবেদন জমা দেওয়ার শেষ তারিখ: [ ১৯ মে ২০২৫ ]  
এই তারিখের মধ্যে অবশ্যই অনলাইনে অথবা মেল-এর মাধ্যমে জমা দিতে হবে।  
1 এর অধিক আবেদন জমা করলে আপনাকে অযোগ্য হিসেবে ধরে নেওয়া হবে।  
আরও তথ্য পাওয়ার জন্য  
অনলাইন: [www.rentalapp.us]  
ফোন অথবা ইমেলের মাধ্যমে: [516-437-0900 ext 26]  
[mgmtinfo@thedfdgroup.com]  
একজন ব্যক্তির অথবা মেল-এর মাধ্যমে: [100 Schoolhouse Road Levittown NY 11756]

**Русский язык (Russian)**

**Доступное жилье в наличии**  
Срок подачи заявления: [ 19 мая 2025 г. ]  
Заявление должна быть подана онлайн или по почте к этой дате. Отправка более 1 заявления может дисквалифицировать вас.  
Где получить бланк заявления Онлайн: [www.rentalapp.us]  
По телефону или электронной почте: [516-437-0900 ext 26]  
[mgmtinfo@thedfdgroup.com]  
По почте или лично: [100 Schoolhouse Road Levittown NY 11756]  
Включите ваш адрес и адрес здания, на которое вы хотите подать заявку.  
Дата и место проведения лотереи: [2 июня 2025 г.]

<p>আপনি যেখানে আবেদন করতে চান সেখানকার ঠিকানা এবং আপনার বিন্টিংয়ের ঠিকানা অন্তর্ভুক্ত করুন। লটারির তারিখ এবং অবস্থান: [ ২ জুন ২০২৫, 1pm, 100 Veterans Memorial Hwy, Hauppauge, NY 11788 লটারির মাধ্যমে নির্ধারণ করা হবে যে কোন অ্যাপ্লিকেশনগুলো ভাড়াটের জন্য পর্যালোচনা করা হবে।</p>	<p>, 1pm, 100 Veterans Memorial Hwy, Hauppauge, NY 11788] Лотерея определит, какие заявки будут рассмотрены на предмет аренды.</p>
<p><b>POLSKI (Polish)</b> <b>DOSTĘPNE MIESZKANIA W PRZYSTĘPNEJ CENIE</b> <b>Termin składania wniosków: [ 19 maja 2025]</b> Wniosek należy złożyć online. W przypadku wysyłki pocztą, z datą stempla pocztowego do tego dnia. Wystanie więcej niż 1 wniosku może spowodować dyskwalifikację. <b>Wniosek otrzymasz:</b> <b>Online:</b> [www.rentalapp.us] <b>Przez telefon lub e-mail:</b> [516-437-0900 ext 26] [mgmtinfo@thefdfgroup.com] <b>Droga pocztowa lub osobiście:</b> [100 Schoolhouse Road Levittown NY 11756] Podaj swój adres oraz adres budynku, którego dotyczy wniosek <b>Data i miejsce loterii:</b> [ 2 czerwca 2025 r., 1pm, 100 Veterans Memorial Hwy, Hauppauge, NY 11788] Loteria określa, które wnioski zostaną rozpatrzone pod kątem najmu.</p>	<p><b>زبان اردو (URDU)</b> سستی رہائش دستیاب ہے درخواست کی آخری تاریخ: 2025 ی می 19 [ آن لائن جمع کرانا ضروری ہے، یا، اگر میل کیا جائے تو اس تاریخ تک پوسٹ مارک کیا جائے۔ 1 سے زیادہ درخواست بھیجنا آپ کو نااہل قرار دے سکتا ہے۔ درخواست حاصل کرنے کے لیے: آن لائن: [www.rentalapp.us] فون یا ای میل سے: [mgmtinfo@thefdfgroup.com][516-437-0900]ext 26 ڈاک سے یا خود آفس جا کر: [100 Schoolhouse Road Levittown NY 11756] اپنا پتہ اور عمارت کا پتہ شامل کریں جہاں آپ درخواست دینا چاہتے ہیں [ 2 جون 2025, 1pm, 100 Veterans Memorial Hwy, Hauppauge, NY 11788] لٹری کی تاریخ اور مقام [ 2 جون 2025, 1pm, 100 Veterans Memorial Hwy, Hauppauge, NY 11788] لٹری اس بات کا تعین کرتی ہے کہ کرایہ داری کے لیے کن درخواستوں کا جائزہ لیا جائے گا۔</p>
<p><b>שְׁבוּעוֹת (Hebrew)</b> צוגענגליכע האוינג אין אוועילעבל אפליקאציע דיי דאטום: [ 2025 במאי 19 ] מזו ווערן אריינגעגעבן אנליין, אדער אויב עס ווערט געשיקט דורך די פאסט, געפאסטמארקד ביז דעם דאטום. אויב איר שיקט מער פון 1 אפליקאציע קען עס איך דיסקוואליפצירן. <b>צו באקומען די אפליקאציע:</b> <b>אנליין:</b> [www.rentalapp.us] <b>דורך די טעלעפאן אדער אימעיל:</b> [mgmtinfo@thefdfgroup.com][516-437-0900 ext 26] <b>דורך די פאסט אדער פערזענליך:</b> [100 Schoolhouse Road Levittown NY 11756] רעכנט אריין אייער אדרעס און די אדרעס פון די געביידע ווא איר ווילט זיך איינגעבן <b>דאטום און לאקאציע:</b> 2025, 1pm, 100 Veterans Memorial Hwy, Hauppauge, NY 11788 די לאטערי באשטימט וועלכע אפליקאציעס וועלן ווערן איבערגעקוקט פאר טענענס.</p>	<p><b>العربي (Arabic)</b> يتوفر السكن ميسور التكلفة التاريخ المحدد لطلب التقديم: [ 2025 مايو 19 ] يجب أن يتم تقديمه عبر الإنترنت، وفي حالة إرساله بالبريد العادي، يتم ختم البريد بحلول هذا التاريخ. قد يؤدي إرساله لأكثر من طلب تقديم واحد إلى إلغاء أهليتك. <b>للحصول على طلب التقديم:</b> <b>عبر الإنترنت:</b> [www.rentalapp.us] <b>عبر الهاتف أو البريد الإلكتروني:</b> [mgmtinfo@thefdfgroup.com][516-437-0900 ext 26] <b>عبر البريد العادي أو بشكل شخصي:</b> 100 Schoolhouse Road Levittown NY 11756 عليك تضمين عنوانك وعنوان المبنى الذي تريد التقديم للسكن فيه <b>تاريخ انعقاد القرعة ومكانها:</b> 2025, 1pm, 100 Veterans Memorial Hwy, Hauppauge, NY 11788 تُحدد القرعة طلبات التقديم التي ستتم مراجعتها من أجل الإيجار.</p>
<p><b>ITALIANO (Italian)</b> <b>ALLOGGIO CONVENIENTE DISPONIBILE</b> <b>Data di scadenza della domanda: [ 19 maggio 2025]</b> Deve essere inviato online o, se spedito, con timbro postale entro tale data. L'invio di più di 1 domanda potrebbe portarti alla squalifica. <b>Per ottenere l'applicazione:</b> <b>Online:</b> [www.rentalapp.us] <b>Per telefono o e-mail:</b> [516-437-0900 ext 26] [mgmtinfo@thefdfgroup.com] <b>Per posta o di persona:</b> [100 Schoolhouse Road Levittown NY 11756] Includi il tuo indirizzo e l'indirizzo dell'edificio per cui desideri candidarti <b>Data e luogo della lotteria:</b> [ 2 giugno 2025 1pm, 100 Veterans Memorial Hwy, Hauppauge, NY 11788] La lotteria determina quali domande verranno esaminate per l'affitto.</p>	<p><b>Français (French)</b> <b>LOGEMENT ABORDABLE DISPONIBLE</b> <b>Date limite de dépôt des demandes: [ 19 mai 2025]</b> À soumettre en ligne ou, si envoyée par courrier, doit porter un cachet de la poste ne dépassant pas la date limite. Vous pourriez être disqualifié si vous envoyez plus d'une demande. <b>Pour postuler :</b> <b>En ligne:</b> [www.rentalapp.us] <b>Par téléphone ou e-mail:</b> [516-437-0900 ext 26] [mgmtinfo@thefdfgroup.com] <b>Par courrier ou en personne:</b> [100 Schoolhouse Road Levittown NY 11756] Indiquez votre adresse et celle de l'immeuble pour lequel vous déposez une demande <b>Date et lieu de la loterie [ 2 juin 2025, 1pm, 100 Veterans Memorial Hwy, Hauppauge, NY 11788]</b> C'est la loterie qui détermine les demandes qui seront étudiées en vue de la location.</p>

# **MATINECOCK COURT**

## **Required Documentation**

### **Photo Copies:**

*\* For all persons requesting to live in the apartment*

- Birth Certificates
- Photo Identification
- Social Security Cards. Applicants may provide ITIN as an alternative to Social Security Number. Social Security Number in writing is acceptable if card is not available.
- Marriage Certificate (if married)
- Legal copy of divorce or separation agreement
- Current Tax Return
- Name and address of Current Landlord
- Copy of current lease or current mortgage information and deed to home
- If any member is a student, please provide current enrollment information (copy of tuition payment receipt or course schedule)

### **Verification of all Income:**

- Employment Verification/ Four (4) Consecutive Most Recent Pay Stubs
- Banking Verification (attached)/ Most Recent Bank Statement
- Current copy of Social Security/ SSI Benefit Award Letter
- Current copy of Pension / Annuity Benefit Award Letter
- Workmen's Compensation Documents
- Alimony papers
- Child Support Order
- Etc.

The above listed documents are required by the Federal Government for approval in Section 42 LIHTC housing.

*WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentations of any material facts involving the use or obtaining federal funds.*

**MAIL COMPLETED APPLICATION TO: 100 SCHOOLHOUSE ROAD, LEVITTOWN, NY 11756**



**Homes and  
Community Renewal**

**Please Print Clearly**

This is an application for housing at:	<b>Project:</b> MATINECOCK COURT
	<b>Address:</b> 1-147 Matinecock Court
	East Northport, NY 11731
Please complete this application and return to:	<b>Name:</b> MATINECOCK COURT
	<b>Address:</b> 100 Schoolhouse Road
	Levittown, NY 11756

After the initial lottery, applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

**A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State ZIP

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  YES  NO (check one)

Bedroom size requested (Check all that apply):  Studio  One BR  Two BR  Three BR  
 Handicap BR

(Applicants can go on more than one bedroom size waitlist if eligible, or are in need of a reasonable accommodation for another bedroom size.)

Check all that apply:  Veteran  Mobility Impaired  Hearing Impaired  Visually Impaired

Does any member of the household hold a housing voucher?  YES  NO (check one)

This information is not used as a basis for eligibility. NEW YORK STATE Human Rights Law prohibits the discrimination in housing based on lawful source of income like whether you have a Section 8 background.



**B. HOUSEHOLD COMPOSITION**

	Name	Relationship to head	Birth Date	Age (optional)	SS# or ITIN# (last 4 digits)	Student (Y/N)
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						

**C. Optional Information**

	Ethnicity (Hispanic, Non Hispanic, Decline)	Race (White, Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other or Decline)	Disabled (Y/N)
Head			
Co-T			
3.			
4.			
5.			
6.			
7.			

Have there been any changes in household composition in the last twelve months?  Yes  No  
*If yes, explain:*

Do you anticipate any changes in household composition in the next twelve months?  Yes  No  
*If yes, explain:*

Is there someone not listed above who would normally be living with the household?  Yes  No  
*If yes, explain:*

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

***IF YES, ANSWER THE FOLLOWING QUESTIONS:***

Are any full time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a Title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



### D. INCOME

List ALL source of income as requested below. If a section doesn't apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$



**Homes and  
Community Renewal**

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <b>entitled</b> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <b>monetary or not</b> ) from someone who is not a member of the household as listed on Page 2 etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No



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**E. ASSETS**

If your assets are too numerous to list here, please request an additional form.  
If a section doesn't apply, cross out or write N/A.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Whole Life Insurance Policy	#	Cash Value \$		
Whole Life Insurance Policy	#	Cash Value \$		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$



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Real Estate Property: <b>Do you own any property?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/ disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> , Type of property:	
Market value when sold/ disposed	\$
Amount sold/ disposed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> , describe the asset:	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	\$
<b>If yes</b> , please list:	

Have you ever filed for bankruptcy in the previous 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> , describe: please refer to the HCR website <a href="https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement-assessment-policies">https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement-assessment-policies</a> for the right to an individualized assessment.	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Briefly describe your reasons for applying:</b>	

**F. ADDITIONAL INFORMATION**

Has anybody over the age of 18 been convicted of a felony within the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes</b> , please refer to the HCR website <a href="https://hcr.ny.gov/marketing-plans-policies">https://hcr.ny.gov/marketing-plans-policies</a> for the right to an individualized assessment.	

### G. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:
Personal Reference #3:		
Address:		
Relationship:		Phone #:
In case of emergency notify:		
Address:		
Relationship:		Phone #:

<b>H. VEHICLE AND PET INFORMATION</b> (if applicable)	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/ Make:	Color:
Type of Vehicle:	License Plate #:
Year/ Make:	Color:
Do you own any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	



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# PET POLICY

Pursuant to your lease agreement, pets are prohibited on the property with the exception of the following:

## **Assistance Animals as a Reasonable Accommodation**

Definition: Assistance animals are not pets. They are animals that work, provide assistance, or perform tasks for the benefit of a person with a disability, or animals that work, provide assistance, or perform tasks for the benefit of a person with a disability, or animals that's provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance Animals- often referred to as "service animals," "assistance animals," "support animals," or "therapy animals"- perform many disability- relation functions, including but not limited to guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing minimal protection or rescue assistance, pulling a wheelchair, fetching items, alerting persons to impending seizures, or providing emotional support to persons with disabilities who have a disability- related need for such support.

The fact that a person has a disability does not automatically entitle him or her to an assistance animal. There must be a relationship between the person's disability and their need for the animal. A housing provider may refuse to modify or provide an exception to a "no pets" rule or policy as a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973, the Fair Housing Act and/ or the New York State Human Rights Law if:

1. The animal poses a direct threat to the health and safety of others that cannot be reduced or eliminated by a reasonable accommodation,
2. The animal would cause substantial physical damage to the property and others,
3. The presence of the assistance animal would pose a undue financial and administrative burden to the provider, or
4. The presence of the assistance animal would fundamentally alter the nature of the provider's services.

A housing provider may not require an applicant or tenant to pay a fee or a security deposit as a condition of allowing the applicant or tenant to keep the assistance animal. However, if the individual's assistance animal causes damage to the applicant's unit or the common areas of the dwelling beyond normal wear and tear, the housing provider may charge the individual for the cost of repairing the damage.

All requests for an assistance animal as a reasonable accommodation must be in writing along with documentation from any qualified third party or medical professional. We will let you know if we need more information or verification from you.

Acknowledgment Tenant Initial: \_\_\_\_\_ Date: \_\_\_\_\_



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**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location.

I/We further certify that this will be by/our permanent residence. I/We understand I/We must pay a security deposit, not to exceed one month's maintenance, for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

(I/WE) hereby acknowledge that (I/WE) have received the Vawa.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

**TENANT DATA VERIFICATION**

**AUTHORIZATION TO OBTAIN A CREDIT REPORT/CRIMINAL**

APARTMENT # \_\_\_\_\_

BUILDING ADDRESS: \_\_\_\_\_

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR INSTITUTION TO RELEASE TO **MATINECOCK COURT LLC.** AND OR ITS REPRESENTATIVE ANY AND ALL INFORMATION THAT THEY HAVE CONCERNING CREDIT REPORT AND ANY CRIMINAL ACTIVITY. I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS, CONNECTED THEREWITH FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION....

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

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_



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## Tenant Screening Report Disclosure Statement

By signing below, I confirm that I have been made aware of, and understand all of the following information related to my application, and the consumer reports, tenant screening reports, investigative reports, criminal background search, OFAC watch list search, sex offender registry searches, employment, banking and tenancy verifications and any other searches that may be conducted in connection with my application.

1. **The information provided by me on my application will be used to obtain a tenant screening report, also known as a consumer report, and other such searches as listed above.**
2. **The tenant screening report will be obtained from one or more of the following sources:**
  - a. **Experian, P.O. Box 954, Allen, Texas 75013 [www.experian.com](http://www.experian.com) 888-397-3742.**
  - b. **Equifax P.O. Box 740256, Atlanta, Georgia 30374 [www.equifax.com](http://www.equifax.com) 877-576-5734**
  - c. **Trans Union P.O. Box 6790, Fullerton CA 92834 [www.transunion.com](http://www.transunion.com) 800-680-7289**
  - d. **First Advantage Saferent/Core Logic Safe Rent 7300 Westmore Road Suite 3 Rockville, MD 20850-5223. 888-333-2413**
  - e. **Fidelity Information Corporation, P.O. Box 49938, Los Angeles, CA 90049-0978 800-50-8085.**

I also understand that I have the right to inspect and receive one free copy of the report by contacting the Consumer Reporting Agency that was used to furnish the report. I further understand that I may obtain a free report from each of the 3 nation consumer reporting agencies (Experian, Equifax, and Trans Union) once annually either directly from them, or through [www.annualcreditreport.com](http://www.annualcreditreport.com) and that I have the right to dispute any inaccurate information with them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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**TENANT DATA VERIFICATION**

**AUTHORIZATION TO OBTAIN A CREDIT REPORT/CRIMINAL**

APARTMENT # \_\_\_\_\_

BUILDING ADDRESS: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_



## Tenant Screening Report Disclosure Statement

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  - c. Trans Union P.O. Box 6790, Fullerton CA 92834 [www.transunion.com](http://www.transunion.com) 800-680-7289
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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