

Hello UNHP program user,

As per our conversation, UNHP has included the application for you to get added to the **Serviam Garden waiting list** (this senior complex is located in the Bronx at the corner of Bainbridge Ave and E 198<sup>th</sup> Street). In the future if you qualify and a vacant apartment becomes available Fordham Bedford Housing Corporation (FBHC) will reach out to you.

Please complete and sign this application. Mail the signed application (one double-sided page with the header “Application for Housing”). Mail this as soon as possible. Applications that are incomplete or arrive in the mail after 2/16/21 will not be processed.

Good luck and UNHP looks forward to helping you achieve your goal of securing a safe and affordable rental apartment. For any questions about our other services and your financial health (around Housing lotteries, freezing your rent, and/or budget and credit) you can contact UNHP at 718-933-2539. **Please do not visit our offices as no staff are working onsite at this time.**

Sincerely,

The UNHP team

*UNHP has also been hosting a series of housing and financial webinars! You can join these events by calling from your house phone or cellphone. Visit our website or follow us on social media for the latest information on resources.*

*More content is also published on our YouTube channel*

YouTube: @unhp83

Facebook: @universityneighborhood | Instagram: @unhpbronx | Twitter:  
@UNHP |

January 11, 2021



Dear Applicant:

Thank you for your interest in joining the waiting list for Serviam Gardens Senior Apartments located at 323 E. 198<sup>th</sup> Street in the Bronx. Each apartment is rent subsidized with the tenant's share of the rent being 30% of adjusted gross annual income.

**Please note:**

- Applications must be received through regular mail by February 16, 2021 at the PO Box listed below.
- No applications will be accepted if delivered by registered or certified mail or by hand.
- Applications received after the February 16th, 2021 deadline will not be processed.
- The applicant must be 62 year of age or older.
- Applicants will be selected on the basis of federal regulations.
- All questions on the application must be answered.
- Do not mail in more than one application per family.
- Do not use whiteout on the application.

➤ **Please Note:** Being On The Mailing List To Receive Material Does Not Put You In A Favored Position Regarding Eligibility Or Acceptance At Serviam Gardens Senior Apartments.

**If you need assistance with your application please call 917-645-9537.**

**Please return your completed application by regular mail to the following address:**

Serviam Gardens  
c/o Fordham Bedford Housing Corporation  
PO Box 2007  
Bronx, NY 10458

Thank you for your careful attention to this letter and for your interest in Serviam Gardens Senior Apartments.

Sincerely,

Fordham Bedford Housing Corporation

Serviam Gardens Senior Apartments does not discriminate on the basis of disability status in admission or access to, or treatment or employment in, its federally assisted programs and activities.



# Serviam Gardens

## Senior Apartments

### APPLICATION FOR HOUSING



Please print all information on this form. Do not use whiteout anywhere on this form.  
 No payment or fee is to be given to anyone in connection with the preparation, filing or processing of this form.  
 When complete mail the form by **standard mail to: PO Box 2007, Bronx, NY 10458**

#### 1. Applicant Information

- A.** Name \_\_\_\_\_, Date of Birth \_\_\_\_\_, Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_, State \_\_\_\_\_, Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_, Social Security Number \_\_\_\_\_
- B. Household Member:** Name of person, if any, who will share apartment  
 Name \_\_\_\_\_, Relationship \_\_\_\_\_, Date of Birth \_\_\_\_\_, Age \_\_\_\_\_  
 Social Security Number \_\_\_\_\_
- C. United States Veteran Status:** Are you a US veteran, who served on active duty during a time of war or the surviving spouse of a US veteran who served on active duty during a time of war? YES \_\_\_\_\_ NO \_\_\_\_\_

#### 2. FINANCIAL INFORMATION

- A. INCOME:** Do you receive Income from any of the sources listed below? If yes, Indicate the amount received and the frequency with which you receive it (example: Social Security, \$350 per month)

	Applicant 1	Applicant 2
Social Security	\$ _____ per _____	\$ _____ per _____
S.S.I.	\$ _____ per _____	\$ _____ per _____
Pension/ Retirement	\$ _____ per _____	\$ _____ per _____
Employment	\$ _____ per _____	\$ _____ per _____
Public Assistance	\$ _____ per _____	\$ _____ per _____
Other	\$ _____ per _____	\$ _____ per _____
<b>ASSETS:</b>		
Total of all bank accounts	\$ _____	\$ _____
Yearly interest on accounts	\$ _____	\$ _____
Income from annuities	\$ _____	\$ _____
Dividends from stocks/bonds	\$ _____ per _____	\$ _____ per _____
Income from property rental	\$ _____ per _____	\$ _____ per _____

**D. BANK REFERENCES:**

	Account No.
Savings	_____
Checking	_____
Other	_____

**E. CREDIT REFERENCES:** List two companies where you have a credit history. You may include telephone and utility companies

Name \_\_\_\_\_, Address \_\_\_\_\_, Phone Number \_\_\_\_\_  
 Name \_\_\_\_\_, Address \_\_\_\_\_, Phone Number \_\_\_\_\_

#### 3. CURRENT LIVING ACCOMMODATIONS

**A. CHECK ONE**

Own a House \_\_\_\_\_      Rent and Apartment \_\_\_\_\_      Live with Relatives \_\_\_\_\_  
 Hotel \_\_\_\_\_      Rooming House \_\_\_\_\_      Live with Friends \_\_\_\_\_  
 Other \_\_\_\_\_

**B. LENGTH OF TIME AT PRESENT ADDRESS** \_\_\_\_\_

**C. IF YOU RENT:**

- Do you receive assistance from any government program? \_\_\_\_\_ If yes, name of program \_\_\_\_\_

- Present monthly rent \$ \_\_\_\_\_
- Do you pay for your own gas and electricity? \_\_\_\_\_ If yes, indicate amount \$ \_\_\_\_\_ per \_\_\_\_\_
- Landlord's name \_\_\_\_\_ Telephone \_\_\_\_\_ Address \_\_\_\_\_

**D. Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with certification procedures?** Yes \_\_\_\_\_ No \_\_\_\_\_

**E. Are you or the person who will be sharing the apartment:**

- a. Being involuntarily displaced (i.e., evicted through no fault of one's own) by disaster (i.e., fire, flood), Public Action (i.e., urban renewal or condemned housing), or Private Action (i.e., landlord will not renew lease, renovation, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Living in Substandard Housing (i.e., do you have heat and hot water: are you Living in overcrowded conditions, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Paying more than 50% of your monthly income in rent? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered YES to any of the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**F. Please list all States or Territories where you or a member of your household have resided:**

\_\_\_\_\_

\_\_\_\_\_

**G. If you were 62 years of age or older on January 31, 2010 and you do NOT have a Social Security Number, were you receiving HUD rental assistance at another location on January 31, 2010?** YES \_\_\_\_\_ NO \_\_\_\_\_

**4. CHARACTER REFERENCES**

**A. List at least two people other than relative; such as, clergy, social worker, neighbor, etc.)**

Name \_\_\_\_\_, Address \_\_\_\_\_, Phone Number \_\_\_\_\_

Name \_\_\_\_\_, Address \_\_\_\_\_, Phone Number \_\_\_\_\_

Name \_\_\_\_\_, Address \_\_\_\_\_, Phone Number \_\_\_\_\_

**B. Are you or any member of your household subject to a State Lifetime Sex Offender registration for any State?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**5. MISCELLANEOUS APPLICANT INFORMATION**

- A. Do you require a wheelchair-accessible apartment? Yes \_\_\_\_\_ No \_\_\_\_\_
- Can you make your own meals? Yes \_\_\_\_\_ No \_\_\_\_\_
- Can you houseclean? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have a home-aide? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you manage your own financial affairs? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you own a car? Yes \_\_\_\_\_ No \_\_\_\_\_

**B. Name someone we can contact if we are unable to reach you:**

Name \_\_\_\_\_, Relationship \_\_\_\_\_,

Address \_\_\_\_\_, Phone Number \_\_\_\_\_

**6. MARKETING INFORMATION: These questions are voluntary**

Race: White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Native American \_\_\_\_\_

How did you hear about this project? \_\_\_\_\_

**7. AUTHORIZATION- READ CAREFULLY BEFORE SIGNING**

I, the undersigned, warrant and represent that all statements within this application are true and complete. I am aware that the information herein will be verified, and that willful false statements and/or misrepresentations are criminal offenses under Section 1001 of Title 18 of the U.S. Code. I understand this application gives no lease or rent rights. Additional information may be required at a late date to complete the processing of my application. (Each person applying for an apartment MUST sign this application.)

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

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