

Saludos usuario de UNHP,

Según nuestra conversación, UNHP le ha enviado la solicitud para que lo agreguen a la **lista de espera** de Serviam Garden (este complejo para personas mayores está ubicado en el Bronx en la esquina de Bainbridge Ave y E 198th Street). En un futuro y cuando haya un apartamento vacante disponible y si usted cualifica, Fordham Bedford Housing Corporation (FBHC) se comunicará con usted.

Por favor complete y firme esta solicitud. Envíe por correo la solicitud firmada (es solo una página titulada “Application for Housing”)

Envíelo lo antes posible. Las solicitudes que estén incompletas o que lleguen por correo después del 2/16/21 no serán procesadas.

Buena suerte y UNHP espera poder ayudarlo a lograr su objetivo de asegurar un apartamento seguro y asequible. Si tiene alguna pregunta sobre nuestros otros servicios y su salud financiera (sobre loterías de vivienda, congelación de su renta y/o presupuesto y crédito), puede comunicarse con UNHP al número 718-933-2539. **Por favor no visite nuestras oficinas, no hay personal trabajando en el sitio en este momento.**

Sinceramente,

El Equipo de UNHP

¡UNHP también ha organizado una serie web sobre vivienda y finanzas!

Puede unirse a estos eventos llamando desde su teléfono de casa o celular. Visite nuestro sitio web o siganos en las redes sociales para obtener la información más reciente sobre recursos – canal de YouTube.

YouTube: @unhp83 | Facebook: @universityneighborhood |

Instagram: @unhpbronx | Twitter: @UNHP |

11 enero 2021



Querido solicitante:

Gracias por su interés en unirse a la lista de espera de los apartamentos de personas mayores Serviam Gardens ubicado en el 323 E. 198th Street en el Bronx. Cada apartamento tiene un subsidio de alquiler y la porción de renta del inquilino en el alquiler es el 30% del ingreso anual bruto ajustado.

Tenga en cuenta:

- Las solicitudes deben recibirse por correo regular antes del 16 de febrero de 2021 en el apartado de correos que se indica a continuación.
- No se aceptarán solicitudes si se envían por correo registrado o certificado o en persona.
- Las solicitudes recibidas después de la fecha límite del 16 de febrero de 2021 no serán procesadas.
- El solicitante debe tener 62 años de edad o más.
- Los solicitantes serán seleccionados sobre la base de las regulaciones federales.
- Se deben responder todas las preguntas de la solicitud.
- No envíe por correo más de una solicitud por familia.
- No use blanqueador en la aplicación.
 - **Tenga en cuenta:** estar en la lista de correo para recibir material no lo coloca en una posición privilegiada con respecto a la elegibilidad o aceptación en los apartamentos de personas mayores Serviam Gardens

Si necesita ayuda con su solicitud, llame al 917-645-9537.

Envíe su solicitud completa por correo postal a la siguiente dirección:

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

Gracias por su cuidadosa atención a esta carta y por su interés en los apartamentos de personas mayores Serviam Gardens.

Sinceramente,

Fordham Bedford Housing Corporation

Serviam Gardens Senior Apartments no discrimina por motivos de discapacidad en la admisión o acceso, tratamiento o empleo en sus programas y actividades con asistencia federal.



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 _____
ASSETS:		
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 _____

Serviam Gardens Senior Housing 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.