



Email this application to: applications@catchnyc.org
OR

Mail to: Community Assisted Tenant Controlled Housing, Inc
121 Sixth Avenue, Suite 501
New York, NY 10013

NOTE: There is no fee to process this application.

DO NOT SEND ANY MONEY WITH THIS APPLICATION.
You will be placed on our waiting list.

Name of Head of Household: _____
Last First Middle

Name of Co-Tenant: _____
Last First Middle

Current Address: _____
Address Apt# City State Zip Code

Telephone Number _____ Co-tenant Phone Number _____

Email _____ Co-tenant Email _____

Current Monthly Rent _____ How long have you lived at this address? _____

Are you currently receiving a Section 8 housing certificate or voucher? Yes No

Are you seeking a unit with special accommodations (i.e. ADA-compliant unit)? Yes No

How many bedrooms are you seeking? _____

OCCUPANCY: Please list all persons, including yourself who will live in the unit for which you are applying.

NAME (LAST, FIRST)	RELATIONSHIP	AGE	SEX (M/F)	Is this person a student? (Y/N)

Is a baby expected? _____ If yes, when? _____

Have you or any member of your household used or been known by any other name? _____

If yes, please explain and state name. _____

What is your reason for moving? Check all that apply.

- Living with parents, relatives, or friend(s)
- Not enough space
- Living in shelter or homeless
- Bad housing conditions
- Current apartment not suitable for disabilities

- Do not like neighborhood
- Health reasons
- Rent too high
- Increase in family size
- Other: _____

INCOME FROM EMPLOYMENT

List all jobs for the last two calendar years held by you and every person who will live in the apartment (exclude students with part-time employment). Report gross annual income (before taxes). Start with your current or most recent jobs.

NAME OF PERSON EMPLOYED	GROSS ANNUAL INCOME	DATES EMPLOYED FROM - TO	POSITION HELD	EMPLOYER'S NAME
HEAD:				
Co-Tenant:				

OTHER SOURCES OF INCOME

Social Security, SSI, Pension, Unemployment Compensation, Interest, Baby-sitting, Care-taking, Alimony, Child Support, Annuities, Dividends, Income from Rental Properties, Armed Forces Reserves and any other income.

Household Member	Income Source	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL ANNUAL FAMILY INCOME _____

CERTIFICATION

I certify that the statements made in this form have been examined by me and to the best of my knowledge and belief are true, correct and complete. I have no objection to inquiries made for purpose of verifying these facts. I understand that the filing of the form does not in any way bind the housing company to reserve or assign an apartment to me.

Signature of Head of Household Date

Signature of Co-Tenant Date