

AFFORDABLE HOUSING APPLICATION

Disclaimer:

Applications are only being accepted for TWO-BEDROOM APARTMENTS. If you choose to select another unit size, you will not be placed on the waiting list. Applications are assigned based on the date and time-stamp it is received and logged and an ID number is assigned. Depending on the volume of applications received and vacancies that management has at the designated building, it may not be possible for all to be processed and you will be placed on the waiting-list. There is no estimated time-frame of when a unit will be available or when you will be processed. **You may be disqualified if more than one application is received per lottery for your household.**

This application must be postmarked no later than 12/01/2025

Mail completed application to:

136 GLEN ST ASSOCIATES LLC
1551 FRANKLIN AVENUE
MINEOLA, NY 11501

DO

- ✓ Submit one application per household (Only choose one option: paper or online application)
- ✓ Complete all sections
- ✓ Send by standard mail only
- ✓ Mail before application deadline date

DO NOT

- ✗ Submit multiple applications per person or household
- ✗ Use whiteout or liquid paper on application at any time
- ✗ Use certified mail, return receipts or any other method requiring a signature confirmation
- ✗ Pay anyone in connection with the preparation of filing this application





TOO for hearing impaired
1800-835-5515
REV 041261108

136 GLEN STREET ASSOCIATES LLC

1551 FRANKLIN AVENUE
MINEOLA, NY 11501
(516) 203-3900

For Management DATE: _____

Office Use Only TIME: _____

APPLICATION# _____

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RENTAL APPLICATION

PROPERTY NAME: **136 GLEN STREET ASSOCIATES LLC**

DATE: _____

APARTMENT SIZE DESIRED: # of Bedrooms: (must check **ONLY** one) ** ☐ 1 / ☐ 2

1. FAMILY DATA:

NAME OF HEAD OF HOUSEHOLD (HEAD): _____

SPOUSE NAME (if living with the household): _____

CURRENT ADDRESS: Street: _____

APT# _____ City _____ State _____ Zip _____

DAY PHONE _____ NIGHT PHONE _____ CELL PHONE _____

EMAIL ADDRESS: _____

Have you ever used another name? ☐ Yes ☐ No If Yes, please indicate name: _____

PLEASE ANSWER ALL QUESTIONS. Do not leave any space blank, write "No or N/A" where appropriate.

WHITE-OUT IS NOT ACCEPTABLE

PLEASE PRINT LEGIBLY

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. (The five months, need not be consecutive). If you need additional space for answers to any paragraph listed below, attach additional sheets and make sure you include a reference to the paragraph number your name and social security number.

2. HOUSEHOLD COMPOSITION

MEMBER NUMBER	NAME(s)	RELATION TO HEAD	DATE OF BIRTH	GENDER (M/F)	SOCIAL SECURITY#	STUDENT (Y/N)	IF YES, PT / FT
1. Head of Household							
2.							
3.							
4.							
5.							

Do all of the above household members reside in the household 100% of the time? ☐ Yes ☐ No

If **No**, please list the household members that do not live in the household 100% of the time: _____

Anticipated changes in the household size within the next 12 months? ☐ Yes ☐ No

If Yes, explain, _____

Anticipated change in number of students within the next 12 months? ☐ Yes ☐ No If Yes, explain, _____

Current Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Are all occupants full time students? ☐ Yes ☐ No If Yes, please answer the following:

a.) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? ☐ Yes ☐ No
(If Yes, attach a copy of the Signed Federal Income Tax Return).

b.) Are any of the student's receiving assistance under Title IV of the Social Security Act which includes but is not limited TANF/AFDC? ☐ Yes ☐ No

c.) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act (WIA)/Job Training Partnership (JTPA) ☐ Yes ☐ No

d.) Are any of the students a single parent with minor child(ren) and neither the student, nor of the minor child(ren) in the household are claimed as dependent of a third party? ☐ Yes ☐ No (if YES, and all household members are full time students, a signed copy of your Tax Return and Divorce Decree must be attached)

Revised 07/15/2025



3. **ANTICIPATED HOUSEHOLD INCOME: PRESENT EMPLOYMENT AND OTHER INCOME RECEIVED BY HOUSEHOLD MEMBERS:**

For the following indicated the amount of anticipated income for all household members (for minors, unearned amounts only), during the 12 months period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Wages or salaries, (include overtime, tips, bonuses, commissions and payment received in cash)	\$ _____
Child Support, (includes child support you are entitled to but may not be receiving)	\$ _____
Alimony (includes alimony you are entitled to but may not be receiving)	\$ _____
Social Security	\$ _____
Supplemental Security Income (SSI)	\$ _____
Public Assistance (General Relief, and/or TANF/AFDC)	\$ _____
Veterans Administration Benefits	\$ _____
Pension Income	\$ _____
Unemployment Compensation	\$ _____
Income from Insurance Policies	\$ _____
Disability, Death Benefits and/or Life Insurance Dividends	\$ _____
Worker's Compensation	\$ _____
Severance Pay	\$ _____
Net Income from a Business (including rental property, land contracts or other forms of real estate)	\$ _____
Interest, Dividend & Other Income from Net Family Assets	\$ _____
Regular Contributions and/or Gifts from Person not residing at unit	\$ _____
Lottery Winnings or Inheritances (Paid as an annuity)	\$ _____
All regular pay paid to members of the Armed Forces	\$ _____
Annuities	\$ _____
Retirement Savings Plans (IRA/401K/Keogh)	\$ _____
Education Grants, Scholarships or other Student Benefits	\$ _____
Self-Employment	\$ _____
OTHER _____	\$ _____



4. **ASSET INCOME:** List all assets currently held by all household members and the cash value of each. The cash value is the market value of the assets minus reasonable costs there was, or would be, incurred in selling or converting the asset to cash.

YES	or	NO		CASH VALUE
_____		_____	Do YOU or ANYONE in your HOUSEHOLD have:	
			A Savings Account?	\$ _____
_____		_____	A Checking Account?	\$ _____
_____		_____	Certificates of Deposit?	\$ _____
_____		_____	Money Market Account?	\$ _____
_____		_____	A Safety Deposit Box?	\$ _____
_____		_____	Money Held in Trust?	\$ _____
_____		_____	Any Stocks, Bonds, or Securities	\$ _____
_____		_____	Any Treasury Bills?	\$ _____
_____		_____	A Retirement Fund? (Includes IRA's Keogh accounts	\$ _____
_____		_____	Annuities?	\$ _____
_____		_____	A Pension Fund?	\$ _____
_____		_____	Have any Personal Property held as an investment (this includes: paintings, artwork, collectors or show cars, jewelry, coin or stamp collections, antiques etc.)	\$ _____
_____		_____	Other equity in real estate, rental property, land contracts/contract for deeds or other real estate holding or other capital investments (this includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property)? MARKET VALUE LESS: (a) any unpaid balance on loans secured by property, and (b) reasonable cost that would be incurred in selling the asset-penalties, broker fees, etc.	\$ _____
_____		_____	Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)?	\$ _____
			WHEN _____	
_____		_____	Other Assets not listed	\$ _____
_____		_____	Have you disposed of any assets (e.g. real estate, cash, stock etc.) in the past two years? If yes, please describe	\$ _____



5. EMPLOYMENT HISTORY:

APPLICANT EMPLOYED BY: _____

HOW LONG _____ SUPERVISOR _____

CURRENT WAGE \$ _____ HOURS PER WEEK _____ OVERTIME WAGES \$ _____ OVERTIME HOURS PER WEEK: _____

EMPLOYER ADDRESS: _____

SPOUSE EMPLOYED BY: _____

HOW LONG* _____ SUPERVISOR: _____

CURRENT WAGE: \$ _____ HOURS PER WEEK: \$ _____ OVERTIME WAGE: \$ _____ OVERTIME HOURS PER WEEK: _____

EMPLOYER ADDRESS: _____

OTHER APPLICANT EMPLOYED BY _____

HOW LONG: _____ SUPERVISOR: _____

CURRENT WAGE: \$ _____ HOURS PER WEEK \$ _____ OVERTIME WAGE: \$ _____ OVERTIME HOURS PER WEEK: _____

EMPLOYER ADDRESS: _____

OTHER APPLICANT EMPLOYED BY: _____

HOW LONG: _____ SUPERVISOR: _____

CURRENT WAGE: \$ _____ HOURS PER WEEK: \$ _____ OVERTIME WAGE: \$ _____ OVERTIME HOURS PER WEEK: _____

EMPLOYER ADDRESS: _____

6. CREDIT HISTORY

Have you ever filed for bankruptcy ☐ Yes ☐ No If yes, please explain _____

Do you currently or have you previously had a judgement filed against you? ☐ Yes ☐ No If yes, please explain _____

Credit References

NAME	ADDRESS/PHONE	MONTHLY PAYMENT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



7. **RESIDENCE HISTORY: CURRENT & PREVIOUS LANDLORDS:** (Past years residence including any owned applicants)

CURRENT ADDRESS: _____

RENT/MONTH: _____ UTILITIES MONTH: _____ MOVE-IN DATE: _____

REASON FOR LEAVING: _____

LANDLORD NAME: _____ LANDLORD PHONE: _____

LANDLORD ADDRESS: _____

PREVIOUS ADDRESS: _____

RENT/MONTH: _____ UTILITIES MONTH: _____ MOVE-IN DATE: _____

REASON FOR LEAVING: _____

LANDLORD NAME: _____ LANDLORD PHONE: _____

LANDLORD ADDRESS: _____

PREVIOUS ADDRESS: _____

RENT/MONTH: _____ UTILITIES MONTH: _____ MOVE-IN DATE: _____

REASON FOR LEAVING: _____

LANDLORD NAME: _____ LANDLORD PHONE: _____

LANDLORD ADDRESS: _____

8. **VEHICLES (including company cars, motorcycles, etc.):**

MEMBER NAME	DRIVER'S LICENSE NUMBER/STATE	MODEL	YEAR	COLOR	LICENSE PLATE NUMBER/STATE

9. OTHER

VOUCHER: ☐ YES ☐ NO

Do you have full custody of your child(ren)? ☐ Yes ☐ No Explain the custody arrangement: _____

Have you ever been evicted? ☐ Yes ☐ No If Yes, explain _____

Have you ever been convicted of a felony? ☐ Yes ☐ No If Yes, explain _____

Do you have rental subsidy or voucher? ☐ Yes ☐ No

Will your household be receiving Section 8 rental assistance or voucher at the time of move-in? ☐ Yes ☐ No

Will your household be eligible or are you applying to receive Section 8 rental assistance or voucher in the next 12 months?

☐ Yes ☐ No If yes, Explain. _____

If you have a voucher, please submit with application.

Have you ever received rental assistance? ☐ Yes ☐ No If Yes, explain _____

Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? ☐ Yes ☐ No
If Yes Explain _____

10. SPECIAL NEEDS:

Does anyone in your household have special needs? ☐ Yes ☐ No _____

Special living accommodations required? ☐ Yes ☐ No _____

Please Explain (Attached additional pages as needed): _____

11. IN CASE OF EMERGENCY. NOTIFY:

NAME: _____ ADDRESS: _____ CONTACT# _____

NAME: _____ ADDRESS: _____ CONTACT# _____

******If you want your mail in reference to, our application sent to another address instead of your present living address INDICATE THE ADDRESS BELOW:**

PLEASE MAIL CORRESPONDENCE TO:



(*Please, use the below to assist with selecting an apartment size.

Occupancy Standards are as follows:

- A **One-Bedroom** must be occupied by one, two or three Persons
A **Two-Bedroom** must be occupied by no fewer than three persons or:
(a) a brother and a sister who are both adults, or
(b) a parent or guardian with at least one child of any age.

A recent amendment to Section 31 of The Private Housing Finance Law requires that housing companies with open waiting lists give preference in admission to disabled veterans as defined in Section 85 of the Civil Service Law, effective November 27, 2007.

ELIGIBILITY • Veterans eligible for the credits are those who:

1. were members of the Armed Forces of the United States
2. served on active duty for other than training purposes in time of war.
3. were discharged honorably, released under honorable circumstances or will be honorably discharged or released under honorable circumstances at the time of appointment and
4. Are residents of New York State at the time of application for appointment, promotion or retention, as the case may be.

A veteran who is disabled is defined as someone who meets the above service criteria and is certified by the United States Department of Veterans Affairs (formerly known as the Veterans Administration) as having a disability rated at ten percent or more which was incurred while serving the United States Armed Forces in time of war. The disability must be in existence and the disabled veteran must be receiving payment from the Department of Veterans Affairs for such disability at the time of application for appointment or retention.

TIME OF WAR • Time of war means: for WW1, from April 6, 1917 to November 11, 1918; for WW II, from December 7, 1941 to December 31, 1946; for the Korean Conflict, from June 27, 1950 to January 31, 1955; for the Vietnam Conflict, from December 22, 1961 to May 7, 1975; and for hostilities in the Persian Gulf, from August 2, 1990 to the end of such hostilities. In addition, those who were awarded the armed forces, navy or marine corps expeditionary medal during the following periods will qualify: for hostilities in Lebanon from June 1, 1983 to December 1, 1987; for hostilities in Grenada, from October 23, 1983 to November 21, 1983; and for hostilities in Panama, from December 20, 1989 to January 31, 1990. In additions, men and women qualify for veterans' credits if they were a member of the United States Public Health Service July 29, 1945 to December 31, 1946, from June 27, 1950 to July 3, 1952, or if disabled while serving as a Merchant Seaman or while on transport service duty, between December 7, 1941 and August 15, 1945.

Further, a person qualifies for veterans' credits provided he/she became disabled while serving Overseas as a United States civilian employed by the American Field Service under United States Armies and United States Army Groups during armed conflict from December 7, 1941 to May 8, 1945, and was honorably discharged or released. A person also qualifies for veterans' credits provided he/she became disabled while serving overseas as a United States Civilian Flight Crew and Aviation Ground Support Employee of Pan American World Airways or one of its subsidiaries or its affiliates as a result of Pan American's contract with Air Transport Command or Naval Air Transport Service during armed conflict from December 14, 1941 to August 14, 1945, and was honorably discharged or released.

NOTE-Applications from disabled veterans who meet the above criteria and submit satisfactory proof will them processed them before other external applications.

____ CHECK IF DECLARING A "DISABLE VETERANS PREFERENCE", based on the above information. **You must provide proof (attached to application)**

MAIL ONLY ONE (1) APPLICATION PER FAMILY BY **REGULAR MAIL. DO NOT SEND REGISTER OR CERTIFIED MAIL.**

THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE RETURNED TO SENDER. PLEASE KEEP A COPY.

Mail To:

136 GLEN ST ASSOCIATES LLC
1551 FRANKLIN AVENUE, 1ST FLOOR
MINEOLA, NY 11501
ATTN: COMPLIANCE DEPT.

Revised 07/15/2025



I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/manager to verify information provided on this application and my signature is our consent to obtain such verification. I/We certify that I/we have revealed a/I assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/We further certify that the statements made in this application are true and complete to the best of my/cur knowledge and belief and are aware that false statements are punishable under Federal Law.

I/We understand that this application and all related inquires will be used only for its relevance to screening and occupancy at this Property.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 years or OLDER:

Applicant Signature (HEAD) Date

Applicant Signature Date

Applicant Signature Date

Applicant Signature Date

Applicant Printed Name (HEAD) Date

Applicant Printed Name Date

Applicant Printed Name Date

Applicant Printed Name Date



DRUG, CRIMINAL AND SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of other residents.

136 GLEN ST ASSOCIATES LLC will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? ☐ Yes ☐ No
2. Do you currently use illegal drugs or abuse alcohol? ☐ Yes ☐ No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No
4. Have you been convicted of any drug-related crime within the past five years? ☐ Yes ☐ No
5. Have you been convicted of any felony within the past five years? ☐ Yes ☐ No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? ☐ Yes ☐ No
7. Have you been convicted of any crime involving violence within the past five years? ☐ Yes ☐ No
8. Are you currently charged with any of the above criminal activities? ☐ Yes ☐ No
9. Please list all states in which you have lived or have held licenses to drive (include driver's license numbers)
10. Have you ever used or been known by any other Name? ☐ Yes ☐ No

If yes please list names used

I understand that the above information is required to determine my eligibility for residency, I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize **136 GLEN ST ASSOCIATES LLC** to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to **136 GLEN ST ASSOCIATES LLC** to a public housing authority, or to an agency contracted by to **136 GLEN ST ASSOCIATES LLC** conduct criminal background checks.

Applicants Signature _____ Date _____

Applicant's Name (Please Print) _____





A-1 Realty Management., Inc. does not discriminate based on race, color, religion, national origin, sex, disability, familial status, age, sexual orientation, marital status, military status, arrest records, lawful source of income, gender identity or expression, veteran status, and domestic violence victim status.

For additional information please contact:

New York State Division of Human Rights
One Fordham Plaza, 4th Floor
Bronx, NY 10458
(718) 741-8400
infor@dhr.ny.gov

United States Department of Housing Preservation and Development ("HUD")
(800) 669-9777

https://www.hud.gov/program_offices/fair_housing_equal_opp/

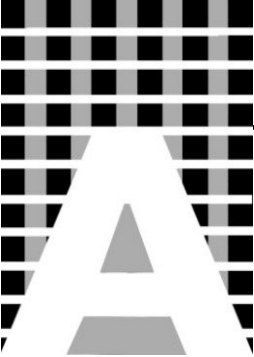


LAST REMINDERS BEFORE MAILING

- ❖ Signed on all pages requesting signature?
- ❖ Answered **ALL** questions on application?
- ❖ Verified entire address is correct on the application, including **apartment number?**
- ❖ Selected apartment size? (***based on the criteria's listed on Rent Rate Chart***)
- ❖ Please note if you have any changes within your application **after** submission, please be sure to update via mail.
- ❖ **PLEASE RETAIN COPY OF APPLICATION FOR YOUR FILES.**

Please mail all documents to the address below.

Mail completed application to:
136 GLEN ST ASSOCIATES LLC
1551 Franklin Avenue, 1st Floor
Mineola, NY 11501
Attn: Compliance Department



Affordable Housing for Rent

136 GLEN ST APARTMENTS

WO-BEDROOM WAITINGLIST AT 136 GLEN STREET HEMPSTEAD, NY 11550

Amenities: on-site resident super, elevator, playground, community-room with kitchen, garden area for all households
*Card-operated laundry room, (*additional fees apply)

Transit: Glen Street Station - LIRR, N27 and LOOP Bus

No application fee • No broker’s fee • Smoke-free building

Who Should Apply?

Individuals or households who meet the income and household size requirements listed in the table below may apply. Qualified applicants will be required to meet additional selection criteria.

AVAILABLE UNITS AND INCOME REQUIREMENTS

Unit Size	30% & 50% AREA MEDIAN INCOME (AMI)	Monthly Rent ¹	Household Size ²	30% AMI Annual Household Income ³ Minimum – Maximum ⁴	50% AMI Annual Household Income ³ Minimum – Maximum ⁴
2 Bedroom		30% of Adjusted Gross Income	2 People	\$0 - \$39,600	\$0 - \$66,000
			3 People	\$0 - \$44,550	\$0 - \$74,250
			4 People	\$0 - \$49,450	\$0 - \$82,450
			5 People	\$0 - \$53,450	\$0 - \$89,050

¹ Rent includes heat/sewer. Tenant pays electric.

² Household size includes everyone who will live with you, including parents and children. Subject to occupancy criteria.

³ Household earnings includes salary, hourly wages, tips, Social Security, child support, and other income. Income guidelines subject to change.

How Do You Apply?

Apply through mail, e-mail or scan the QR code. To request an application **by mail**, send a **self-addressed envelope** to: **136 Glen St Associates LLC c/o A-1 Management Realty, Inc., 1551 Franklin Avenue, Mineola, NY 11501**. To request an application **by e-mail**, send a request to Applications@pjalizio.com. See below, QR code. Only send one application per development. Do not submit duplicate applications. Applicants who submit more than one application may be disqualified.

When Is the Deadline?

Applications must be postmarked or submitted via mail no later than **December 1st, 2025**. Late applications will not be considered.

What Happens After You Submit an Application?

After the deadline, applications are selected for review in numeric order once a unit become available. If you are is selected and you appear to qualify, you will be invited to submit documents to continue the process of determining your eligibility. You will be asked to send documents that verify your household size, identity of members of your household, and your household income.



Scan QR for application!