



**Ithaca Neighborhood
HOUSING SERVICES**

Dear Applicant(s):

Please complete the attached application and return it with copies of **photo ID** and **Social Security cards** for each adult 18 years or older.

Address – INHS 115 West Clinton Street Ithaca, NY 14850

Fax – 607-277-4536

For additional information about the application process and upcoming availabilities, please call our main office on Clinton Street Monday through Friday between the hours of 9:00 AM and 5:00 PM (607) 277-4500 and press 1 for our rental department.

You may also visit our website at www.ithacanhs.org. If you require assistance with filling out the application please call to make an appointment.

We look forward to receiving your application for consideration.

Best regards,

Rental Staff
Ithaca Neighborhood Housing Services

Ithaca Neighborhood Housing Services

PINEVIEW CIRCLE TENANT APPLICATION

Please choose apartment size: 1 Bedroom 2 Bedroom 3 Bedroom

Head of Household

Address _____
 City, Zip Code _____
 Date of Birth _____
 (MM/DD/YYYY)

Social Security # _____
 Telephone _____
 Email _____

Additional Household Members - All adults must sign this application and provide identification

Please list all persons that will reside in the apartment with you

Name	Relationship	SS#	DOB

Do you have rental subsidy or are you on the Section 8 wait list? YES NO ON WAIT LIST

Current Income per month Please report all income

	Name	Amount		Name	Amount
Gross Employment	_____	\$ _____		_____	\$ _____
Public Assistance	_____	\$ _____		_____	\$ _____
SSI/Social Security	_____	\$ _____		_____	\$ _____
IRA/Pension/Annuity	_____	\$ _____		_____	\$ _____
Veterans Benefits	_____	\$ _____		_____	\$ _____
Unemployment	_____	\$ _____		_____	\$ _____
Alimony/Child Support	_____	\$ _____		_____	\$ _____
Self-Employment	_____	\$ _____		_____	\$ _____
Other/Specify	_____	\$ _____		_____	\$ _____

Current Assets Please report all assets, even for minors

	Name	Amount		Name	Amount
Checking Account	_____	\$ _____		_____	\$ _____
Savings Account	_____	\$ _____		_____	\$ _____
Certificate of Deposit	_____	\$ _____		_____	\$ _____
Real Estate	_____	\$ _____		_____	\$ _____
Life Insurance	_____	\$ _____		_____	\$ _____
Stocks/Bonds/Invest	_____	\$ _____		_____	\$ _____
IRA/401k/403b/Keogh	_____	\$ _____		_____	\$ _____
Other/Specify	_____	\$ _____		_____	\$ _____

Are you or any household member currently involved in any community organizations or activities? If so, please list:

Does anyone in your household identify as a person with a disability? Yes No
Will the disability require any special accommodations to your apartment or lease? Yes No
Is anyone in your household a veteran of the United States armed forces? Yes No

Please indicate if you receive support from any of these service providers:
Unity House Catholic Charities Advocacy Center OAR VA Other _____

We are required to seek references from landlords of units you have rented in the past 5 years. Please provide contact information for you current and previous landlords.

Landlord References

Current	Previous
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Email _____	Email _____
Dates _____	Dates _____

How did you hear about us? Craigslist Section 8 DSS INHS Website Print Ad Friend Other
Race White Black/African American Native American/Alaskan Native Hawaiian/Pacific Islander
Ethnicity Hispanic or Latino

Information solicited on this application is requested by the apartment owner in order to insure compliance with Federal laws prohibiting discrimination against tenant applicants because of race, color, national origin, religion, sex, marital status, age, and disability. This information will not be use to discriminate against you. We are an Equal Housing Opportunity Organization.

Authorization to Release Information

As managing agents for this affordable housing project, we must verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. This information will be held in strict confidence for use in determining eligibility status and income for this family.

Release by Applicant

By execution of this release, I hereby authorize Ithaca Neighborhood Housing Services, Better Housing for Tompkins County, affiliated properties, their affiliates and agents to make such investigation into my credit, income, assets, employment, schooling, rental, utility, criminal history, and any other information necessary to determine my eligibility per the tenant selection criteria, and release all parties from all liability for any damage that may result from their furnishing information.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a criminal conviction report may also be requested. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law and will lead to cancellation of this application form or termination of tenancy after occupancy. All adult applicants, 18 years and older, must sign this application.

Head of Household Signature Date ID Provided?

Adult #2 Signature Date ID Provided?

Adult #3 Signature Date ID Provided?

Adult #4 Signature Date ID Provided?