



Ithaca Neighborhood HOUSING SERVICES

Dear Prospective Applicant:

Thank you for your interest in leasing an apartment with INHS / Breckenridge Place / Cedar Creek / Stone Quarry Apartments.

Fill out the application and return the completed forms by mail or submit in person at **Ithaca Neighborhood Housing Services, 115 W. Clinton Street, Ithaca, NY 14850**. Additional information is available on our website at www.ithacanhs.org.

Instructions:

1. Complete and provide:
 - Preliminary Application Form** (signed by all adult occupants 18 years or older)
 - A photocopy of your **photo IDs** such as a **driver license or passport** (one per adult occupant 18 years or older)

2. If your preliminary application is approved, we will contact you and request that you provide the following information:
 - Proof of Income: 6 weeks of most recent paycheck stubs and/or recent award letters** (provide proof of all household income including child support and social security for children)
 - A photocopy of your **social security cards** (for all adult occupants 18 years or older)
 - Birth certificates & Social Security cards:** Copies for every child under the age of 18
 - Landlord History for the past 5 years:** We require your previous unit address, as well as your landlords name and contact information

For further information you are welcome to contact the INHS office Monday through Friday between the hours of 10:00 AM and 4:00 PM at (607) 277-4500 and press 1 for our rental department. You may also visit our website at www.ithacanhs.org. If you require further assistance with filling out the application please call to make an appointment.

We look forward to receiving your application for consideration.

The Management Staff
Ithaca Neighborhood Housing Services





Date & Time Stamp: _____



Ithaca Neighborhood Housing Services Tenant Preliminary Application

Applicant #1

Applicant #2

Name _____
 Address _____
 City _____
 Zip Code _____
 Telephone # () _____
 Age _____ Sex _____
 Date of Birth _____
 Social Security# _____
 Email _____

Name _____
 Address _____
 City _____
 Zip Code _____
 Telephone # () _____
 Age _____ Sex _____
 Date of Birth _____
 Social Security# _____
 Email _____

HOUSEHOLD COMPOSITION (Persons to reside in apartment in addition to above named):

Name	Relationship	Birth date	Social Security #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I am applying for the following properties: (check all that apply)

- Breckenridge Place (1 & 2 bedrooms) Cedar Creek (1 – 3 bedrooms) INHS City Apartments (studio – 4 bedrooms) Stone Quarry (1 – 3 bedrooms)

BEDROOM SIZE REQUESTED: (check all that apply) (0) Studio

- (1) One Bedroom (2) Two Bedroom (3) Three Bedroom (4) Four Bedroom

SUBSIDY INFORMATION: Do you receive Section 8 assistance? IHA TCA NO

Do you receive assistance from: Lakeview Unity House STEHP DSS OTHER

Does anyone in your household identify as a person with a disability? YES NO

Will the disability require any special accommodations to your apartment? YES NO

Current Income per month:

Applicant #1

Applicant #2

(RHAC #01) Gross Employment	_____	_____
(RHAC #05) Public Assistance	_____	_____
(RHAC #07) SSI/Social Security	_____	_____
(RHAC #08) IRA/Pension/month	_____	_____
(RHAC #08) Veterans Benefits	_____	_____
(RHAC #04) Unemployment	_____	_____
(RHAC #06) Alimony/Child Support	_____	_____
(RHAC #19) No Child Support	_____	_____
(RHAC #02) Self-Employment	_____	_____
(RHAC #08) Other Income: specify	_____	_____

Are you or any household member currently involved in any community organizations or activities? YES NO If yes, please list: _____

HOW DID YOU HEAR ABOUT US? (circle all that apply):

CRAIGSLIST SECTION 8 DSS INHS WEBSITE PRINT AD
FRIEND OTHER _____

WHEN WOULD YOU WANT TO MOVE? _____

MAY WE CONTACT YOUR CURRENT LANDLORD: YES NO

CURRENT LANDLORD NAME: _____

CONTACT PHONE NUMBER: _____

INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, MARITAL STATUS, AGE AND HANDICAP ARE COMPLIED WITH. THIS INFORMATION WILL NOT BE USED TO DISCRIMINATE AGAINST YOU. WE ARE AN EQUAL HOUSING OPPORTUNITY ORGANIZATION.

Ethnicity (Circle one): Hispanic or Latino Not Hispanic or Latino
Race (Circle All Which Apply): American Indian/Alaska Native; Asian; Black/African American;
Native Hawaiian/Pacific Islander; White

Authorization for release of information

I/We, _____ & _____ have read this document and understand, and agree to the release of information in consideration for my/our occupancy or continued occupancy of an apartment operation by **Ithaca Neighborhood Housing Services.**

I/We hereby certify that all information contained herein is true and correct. I/We understand that the material falsification of information provided may result in the rejection of this application or termination of a lease agreement.

By execution of this release, I/We hereby authorize **Ithaca Neighborhood Housing Services and affiliated properties** to make such **investigation into my/our credit, employment, schooling, rental, utility, and criminal history per the tenant selection criteria, and release all parties from all liability for any damage that may result from their furnishing information.**

Signature:

Signature:

Print Name

Print Name

_____-_____-_____
Social Security Number Date

_____-_____-_____
Social Security Number Date