

Ithaca Neighborhood Housing Services

# PINEVIEW CIRCLE TENANT APPLICATION

Please choose apartment size: 1 Bedroom  2 Bedroom  3 Bedroom

<b>Head of Household</b>	Social Security #
Address _____	Telephone _____
City, Zip Code _____	Email _____
Date of Birth _____	
(MM/DD/YYYY)	

**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**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Dates \_\_\_\_\_

**Previous**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
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?