



## Ithaca Neighborhood HOUSING SERVICES

Dear Applicant,

Thank you for your interest in renting with Ithaca Neighborhood Housing Services

The first thing you need to do is complete this waitlist pre- application form. Only fully completed forms will be accepted, do not leave any blank spaces. Please indicate N/A if the question does not apply to you. Return this application with copies of **photo ID\*** and **social security card** for each adult 18 years or older.

*\*If an applicant does not have photo identification, multiple other forms of identification are acceptable. A primary form of identification such as a social security card, Sheriff's identification, or birth certificate must be combined with secondary forms such as health insurance cards, voter identification cards, utility bills, Native American tribal documents, or credit/debit cards.*

### **Where do I submit my completed form?**

*In Person or by Mail* – INHS, 115 West Clinton Street, Ithaca, NY 14850

*Fax* – 607-277-4536

*Online Submissions* - <https://ithacanhs.org/uploaddocs/>

### **How does the wait list work?**

Your waitlist application will be processed within 7-10 business days. You will receive your acceptance or denial letter via U.S. Mail. Upon acceptance, you will be added to our interest list on a first come first served basis. As long as you meet the income eligibility requirements, your application will remain on file. You will be contacted bi-annually to ensure we still have your current contact information and that you wish to remain on our waitlist. (If your address and/or phone number changes, please contact our office immediately.)

### **How quickly will you be able to rent an apartment?**

It depends on when a unit becomes available and if you meet the eligibility requirements for that specific unit. We will contact you when an apartment becomes available to see if you are still in need of housing.

### **How do I qualify for an available rental unit?**

If you are interested in the available apartment you will be required to submit additional documentation, we will then conduct a credit and criminal background check and obtain landlord references. If these come back positive, we will third party verify your income and assets. Only approved applicants will be considered to move into an apartment. All denied applicants will receive written notification including the reason for denial.

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](http://www.ithacanhs.org), for more information.

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,

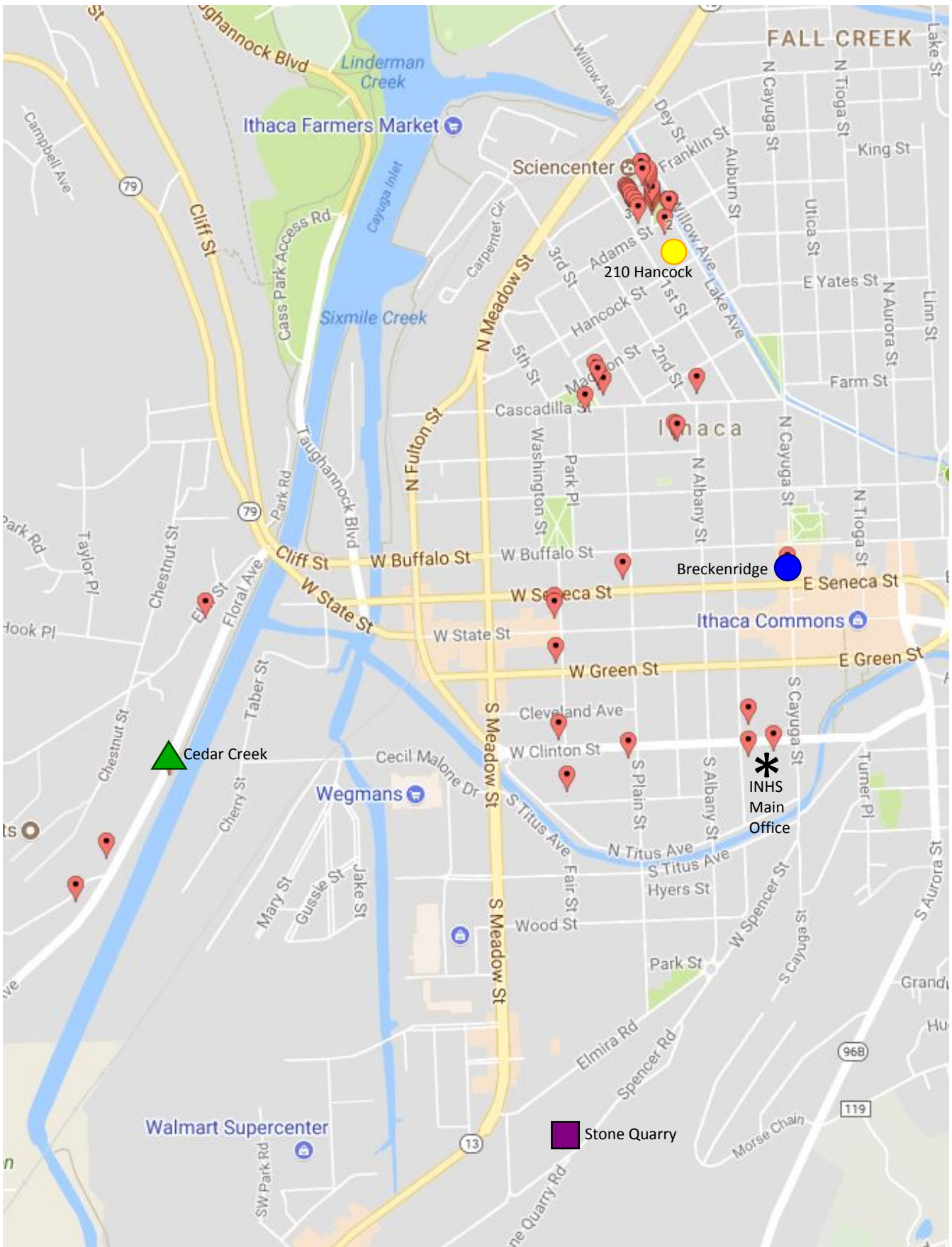
Rental Staff

Ithaca Neighborhood Housing Services



# INHS Property Locations

- ▲ Cedar Creek - 310 Floral Ave. (Beverly J. Martin)
- Breckenridge Place - 100 W. Seneca St. (Beverly J. Martin)
- Stone Quarry Apartments - 400 Spencer Rd. (Fall Creek Elementary)
- 210 Hancock - 210 Hancock St. (Beverly J. Martin)
- 📍 Downtown - Scattered Addresses throughout the City of Ithaca (Varies)



# Ithaca Neighborhood Housing Services

## Tenant Application

- 0 Studio
- 1 Bedroom
- 2 Bedroom
- 3 Bedroom
- 4 Bedroom

I am applying for **ALL\*** INHS properties:

Desired move in date: \_\_\_\_\_

\*If there is a property you are **not** interested in based on location (see map) please list below:

\_\_\_\_\_

\_\_\_\_\_

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**Head of Household**

Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

(MM/DD/YYYY)

Social Security # \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

**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 receive Rental Subsidy or Section 8?**     YES     NO

If yes, with whom?     IHA     TCA     Unity House     Lakeview     STEHP     DSS

**Current Income per month** Please report all income

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

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

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We have units that are modified to accomodate persons with hearing/visual impairments and mobility impairments, Does anyone in your household require this?

Yes     No    If yes, Who? \_\_\_\_\_

Hearing/Visual     Mobility

Will other members of your household require special accommodations?     Yes     No

If yes, please explain:

\_\_\_\_\_

Please indicate if you receive support from any of these service providers:

Unity House Catholic Charities Advocacy Center Lakeview VA Rescue Mission Other \_\_\_\_\_

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

**Landlord References**

\*If you are a first time renter please check here

**Current**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_

**Previous**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_

**Previous**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_

**Previous**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_

**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 Asian Other

**Ethnicity** Hispanic or Latino (Please check all that apply)

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

\_\_\_\_\_  
**Adult #2 Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Adult #3 Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Adult #4 Signature**

\_\_\_\_\_  
Date