



# CEDAR CREEK

## *Tenant Application*

**PLEASE RETURN TO:**

Cedar Creek Apartments  
 115 West Clinton Street  
 Ithaca, NY 14850  
 Phone (607) 277-4500 FAX (607) 277-4536

**FOR OFFICE USE ONLY**

Application # \_\_\_\_\_  
 Project # \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_  
 Application Accepted by: \_\_\_\_\_

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.

Please review your application carefully. **If any questions are not answered, the application may be deemed to be incomplete and could be returned to you.**

Applicant #1

Applicant #2

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

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

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

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

**BEDROOM SIZE REQUESTED:**

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

Name of other person we can contact if you are not available:

Name	Address	Phone Number
_____	_____	_____



How did you hear about this housing? \_\_\_\_\_

When would you be able to take an apartment? \_\_\_\_\_

WHY DO YOU WISH TO MOVE?  
\_\_\_\_\_

RHAC #12 Are you or any household members full time students?

Name (s) \_\_\_\_\_ Name (s) \_\_\_\_\_

Have you ever been convicted of a Felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the offense and year of conviction \_\_\_\_\_

Have you ever possessed, used, sold or manufactured illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, briefly explain, \_\_\_\_\_ When was the last occurrence \_\_\_\_\_

Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

**REFERENCES:**

REFERENCES ARE REQUIRED AS PART OF THE APPLICATION PROCESS. WE ASK YOU TO LIST AS APPROPRIATE, PERSONS WE MAY CONTACT AS REFERENCES.

Have you ever been evicted? \_\_\_\_\_ Are you currently homeless? \_\_\_\_\_

**LANDLORD REFERENCES** - Please list all places of residence **within the last five years**  
(Use back of page for additional space).

(RHAC #22) Present Landlord:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_

Property Name \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Landlords:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Property Name \_\_\_\_\_

Previous Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Property Name \_\_\_\_\_

Previous Address \_\_\_\_\_

**PLEASE SIGN THE ATTACHED LANDLORD REFERENCE AUTHORIZATION. APPLICATION WILL NOT BE PROCESSED OR ACCEPTED WITHOUT SIGNED AUTHORIZATION FORM.**

**EMPLOYMENT:**

Applicant #1

Applicant #2

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_

Type of Work \_\_\_\_\_

Type of Work \_\_\_\_\_

**PERSONAL REFERENCES (Not a relative):**

Applicant #1

Applicant #2

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

**PLEASE SIGN THE ATTACHED CREDIT CHECK AND CRIMINAL AUTHORIZATION. APPLICATION WILL NOT BE PROCESSED OR ACCEPTED WITHOUT SIGNED AUTHORIZATION FORM.**

WE ARE AN EQUAL OPPORTUNITY HOUSING ORGANIZATION. WE WOULD APPRECIATE YOUR VOLUNTARY ANSWER TO THE FOLLOWING QUESTIONS:

Ethnicity (Select one)

Hispanic or Latino

Not Hispanic or Latino

Race (Select All Which Apply)

American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, or White

**vvvvvvv PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING vvvvvvvv**

**WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLFULLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.** Any willful misrepresentation or concealment of any material fact that would affect eligibility for admission will be considered grounds for termination of lease and eviction. I, therefore declare the information provided to be true to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant #1

\_\_\_\_\_  
Signature of person assisting with application

\_\_\_\_\_  
Signature of Applicant #2

\_\_\_\_\_  
Name of person assisting with application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address and Phone number

**PLEASE ATTACH VERIFICATION OF AGE: BIRTH CERTIFICATE/DRIVERS LICENSE, ETC.**