



**Ithaca Neighborhood  
HOUSING SERVICES**

**RENTAL APPLICATION**

**A. Please list all people who will be living with you in your household, starting with yourself.**  
Include Social Security number for all adults in the household. (You need to provide verification of SS#'s)  
*A non-refundable five dollar (\$5.00) application fee is required for each adult applicant.*  
*Please note: if any portions of this application are left incomplete, we may not be able to process your application.*

	LAST NAME	FIRST	M.I.	RELATIONSHIP TO YOU	BIRTH DATE	SEX	SOCIAL SECURITY
1.				SELF			
2.							
3.							
4.							

Has anyone above ever used a different name? If so, who, and what name was used: \_\_\_\_\_

\* (Occupancy is limited by the City of Ithaca Housing Code)

**B.** Are you, or is any member of your household, pregnant? If yes, name \_\_\_\_\_ Due date \_\_\_\_\_

**C. Telephone:** Home \_\_\_\_\_ Work \_\_\_\_\_ Message \_\_\_\_\_

**D. LANDLORD REFERENCES:** INHS requires 2 landlord references of at least one year in length to approve this application.

**1. Present Address:** \_\_\_\_\_  
Street Apt. # City State Zip

Dates that you lived at this address? \_\_\_\_\_  
Present landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

**2. Previous Address:** \_\_\_\_\_  
Street Apt. # City State Zip

Dates that you lived at this address? \_\_\_\_\_  
Previous landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

**3. Previous Address:** \_\_\_\_\_  
Street Apt. # City State Zip

Dates that you lived at this address? \_\_\_\_\_  
Previous landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_

**E. Please list all sources of income to your household, this includes DSS, SSD, & SSI; proof of income must be provided to process this application. (PA Budget, Soc. Sec. Letter, and/or 4 current paystubs)**

1. Member of household: \_\_\_\_\_ Source of income: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_ Pay rate: \_\_\_\_\_/mo.  
Length of Employment \_\_\_\_\_ Occupation: \_\_\_\_\_

2. Member of household: \_\_\_\_\_ Source of income: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_ Pay rate: \_\_\_\_\_/mo.  
Length of Employment \_\_\_\_\_ Occupation: \_\_\_\_\_

**F. For Statistical Purposes Only\*** (Check ALL that apply for your household.)  
\_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Native American \_\_\_\_\_ Other

**G. What unit(s) are you applying for?**  
\_\_\_\_\_ Studio \_\_\_\_\_ One Bedroom \_\_\_\_\_ Two Bedroom \_\_\_\_\_ Three Bedroom \_\_\_\_\_ Four Bedroom

\_\_\_\_\_ Henry St. John \_\_\_\_\_ Towerview \_\_\_\_\_ Wheelchair adaptable (special needs) \_\_\_\_\_ Other

Month you need to move in by? \_\_\_\_\_

**H. General Information:**

1. How did you learn about the INHS Rental Program? \_\_\_\_\_
2. Have you ever applied to the INHS Rental Program before? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you presently have a lease? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when does it expire? \_\_\_\_\_
4. Why are you interested in moving at this time? \_\_\_\_\_
5. What is your total monthly rent at present? \$ \_\_\_\_\_ Does it include utilities Yes \_\_\_\_\_ No \_\_\_\_\_
6. Check here if you currently possess a Section 8 Voucher for Rental Assistance from: TCA \_\_\_\_\_ IHA \_\_\_\_\_
7. Do you have a current application filed for Section 8 Rental Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Do you receive assistance from DSS? Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_
9. Are you, or is anyone in your household disabled? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_
10. Do you, or any member of your household, need a change in the rules or improvement to the unit or house to make it easier for you to live there? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please request a Reasonable Accommodation Form from the rental staff. This will help us access how INHS can reasonably meet your individual needs.
11. Are you living in housing that is in deteriorated condition? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, briefly explain:  
\_\_\_\_\_
12. Are you homeless or will you be forced to move for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, briefly describe your situation: \_\_\_\_\_
13. Have you ever been evicted ? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, briefly explain: \_\_\_\_\_
14. Have you ever been convicted of a Misdemeanor or Felony? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes answer #15)
15. Misdemeanor or Felony (Circle one)  
List the offense \_\_\_\_\_ Year of conviction \_\_\_\_\_
16. Have you ever possessed, used, sold, or manufactured illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, briefly explain, \_\_\_\_\_ When was the last occurrence \_\_\_\_\_
17. Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what kind ? \_\_\_\_\_
18. Do you or anyone in your household smoke? Yes \_\_\_\_\_ No \_\_\_\_\_
19. Have you ever owned your own home? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for how long? \_\_\_\_\_
20. Are you related in any way to someone from INHS staff, Board or committees? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who and how are you related? \_\_\_\_\_
21. Is there anything else we should consider about your household as a potential INHS tenant?  
\_\_\_\_\_

**I.\*Ithaca Neighborhood Housing Services does not discriminate on the basis of race, color, creed, sex, religion, national origin, disability, age, people with children, sexual preference, or marital status.**

(This project is funded in part through the City of Ithaca’s Community Development Small Cities Block Grant Program.)

**J. AFFIRMATION**

I affirm that all the answers given in this application are true and correct and are made for the purpose of renting an apartment. I understand that part of the Ithaca Neighborhood Housing Services (INHS) screening process involves **income verification, a credit check and a landlord reference**, and may involve an employer reference, or a criminal background investigation, and I authorize INHS to conduct these checks and to communicate with any person, firm or corporation necessary, including the Social Security Administration, to obtain such information as may be required concerning the statements made in this application. I understand I must pay a non-refundable fee in order for my application to be processed. I agree that this application shall remain the property of INHS.

1. Signature of applicant (self): \_\_\_\_\_ Date: \_\_\_\_\_

2. Signature of applicant (additional adult): \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Date fee received:	Soc. Sec. #'s Verified: Yes _____ No _____ Initials: _____
	Application # _____

