

Dear Future Tenant,

Thank you for applying to live Pineview Apartments. Please take a few minutes to read over the instructions regarding filling out and returning our waiting list applications. We hope that you will soon be calling our apartments your new home. Should you have any questions or concerns please give us a call at «mgmt_local_office_phone» and we will be happy to assist. All interested individuals have the right to complete and submit an application.

FILLING OUT THE APPLICATION:

Each household must complete a Waiting List Application to be on our waitlist. Included in this cover letter is information regarding the policies of our apartment community regarding eligibility and our procedures for selecting residents. More information is contained in our office, which is available from management upon request. When completing the Waiting List Application packet be sure to fill it out in its entirety to the best of your knowledge. Please do not leave any blank spaces if a question does not apply to you, please write “NO” or “None” in those spaces. **If you make a mistake, do not use white out, please cross it out with ONE LINE and initial next to the item, this is to show you corrected it.**

All adult household members must sign and date the Application and any other form applicable.

If you need assistance in completing the application, we are happy to help you.

We provide reasonable accommodation for persons with disabilities in completing our application documents or returning our application to us.

We support the federal protections in Violence Against Women Act (VAWA) during application and tenancy. Please let us know if you would like more information regarding VAWA.

You can deliver your completed, signed and dated application personally, via mail, email or fax to the property.

Once our office has received your application the Manager will review it and determine eligibility.

Please be advised if any incomplete information will make your application un-eligible for our waitlist and you will receive a letter explaining any items still needed to complete the application.

If your application is complete, you will be placed on our waitlist and you will receive a letter stating what day and time it was received as well as how long your anticipated wait may be.

Once you have been contacted by the manager and have accepted a unit, we will perform the background screening. At that time If you pass our screening, you will be contacted to schedule an appointment to come to the office to finalize your application within 48 hrs.

During this appointment we will start the certification process to verify all income/assets and expenses to be sure you qualify financially to reside at «community». All household members are expected to provide all required documentation.

All adult household members (anyone over 18) must come for all interviews as you will each be required to sign documents. Please bring with you, current picture ID and original social security card for everyone living in the home. You will be asked to provide proof of income, assets and/or expenses for ALL household members.

A final decision regarding eligibility cannot be made until we have all the above information, and it has been verified. Once you have passed all the screening requirements and an apartment is available that meets your needs you will be notified to start the move in process.



THE MOVE-IN:

Once we have all the required documents and there is a unit that meets your needs, you will be provided with a move in date for your new home.

Payment of the full security deposit will be requested at this time. The security deposit must be paid in full at time of move in.

We will pro-rate your rent if your move in date is after the 1st of the month.

You will be required to sign a lease for 1 year among other documents.

On your move in day, you will accompany the manager to conduct a walk-thru of your new home and receive your keys. If you have any questions regarding completing the application, the property or a copy of the Tenant Selection Plan please do not hesitate to call us.

Submit completed application in person, mail, fax or online to: 500 Pine View Circle, Seneca Falls, NY 13148, M-F 9 AM – 5 PM. Fax – 607-277-4536

Online submissions - <https://www.ithacanhs.org/rentwithINHS>

If you have a disability and need a reasonable accommodation in order to participate in this application process or to make effective use of the housing program, you have the right to request a reasonable accommodation.

We look forward to receiving your application for consideration.



115 West Clinton Street • Ithaca, New York 14850 • (607) 277-4500 • (607) 277-4536 : fax
www.ithacanhs.org



Pine View Circle

Children attend the Waterloo School District



Office Use Only Initial,
Date and Time received

Tenant Application

Pine View Circle Apartments

- 1 Bedroom
- 2 Bedroom
- 3 Bedroom

You have applied to live in an apartment governed by an Affordable Housing Program. This program requires management to certify all income, assets, and household composition as part of determining you household eligibility and if such eligibility is granted, each year you remain in the unit. This form gives Management/third party authorization to assist you in completing the form(s) necessary for your initial certification or annual certification.

I _____ (your name) give authorization for _____ (helpers name) to assist me and/or my household in completing the forms necessary for review of my income., assets and family composition.

I hereby state that the information given above is true and complete to the best of my knowledge. I understand that provide false or misleading information is a breach of my lease and may be subject to criminal penalties.

Signature: _____ Date: _____

Household Information

Head of Household Name _____ Social Security # _____
 Address _____ Email _____
 City, State, Zip Code _____ Phone (primary) _____
 Date of Birth _____ Phone (secondary) _____

Additional Household Members - All adults must sign this application and provide identification.
List everyone that will reside in the apartment with you.

Name	Relationship to You	Social Security #	Date of Birth

Do you receive Rental Subsidy or Section 8? Yes No
If yes, with which agency: _____

Are you or another member of your household legally required to be a lifetime registrant on the state sex offender registry?
 Yes No



Have you or another member of your household ever been convicted of producing methamphetamine in your home?

- Yes No

Do you receive services from any service providers such as Unity House, Catholic Charities, Advocacy Center, Lakeview, Learning Web, VA, ARC/MOZIAC, or OPWDD agency?

- Yes No If yes, what agency: _____

Will ALL of the people in your household be or have been full-time students during five (5) calendar months of this calendar year or plan to be during the next 12 months?

- Yes No

If you answered YES to the question above, is anyone in your household:

- Yes No A full time student married and filing a joint tax return?

- Yes No A full time student enrolled in a job-training program?

- Yes No A full time student and Title IV/TANF recipient?

- Yes No A full time student formerly in foster care?

- Yes No A full time student living with his/her minor child who is not a Dependent on another individual's tax return (other than a parent of the child)?

Income

Income Source	Applicant #1 Amount	Applicant #2 Amount
Gross Employment		
Public Assistance (DSS)		
Social Security / SSI / SSP		
IRA / Pension / Annuity Payments		
Veterans Benefits		
Unemployment		
Alimony / Child Support		
Self-Employment		
Cash or Gift Contributions		
Other Income		
TOTAL MONTHLY INCOME:		

Assets

Asset	Applicant #1 Amount	Applicant #2 Amount
Checking Account		
Savings Account		
Certificates of Deposit		
Stocks, Bonds, or Mutual Funds		
Trust Account		
Real Estate		
Life Insurance		
Direct Express/Debit Card/Payment Apps		
Any Other Assets		



Other Information

Will you or anyone in your household benefit from a unit that is modified to accommodate persons with hearing/visual impairments or mobility impairments? Yes No

If Yes, what type of impairment Hearing/Visual Mobility

If someone would benefit, which household member? _____

Do members of your household require a reasonable accommodation including a service or companion animal? Yes No

If yes, explain: _____

Our buildings are non-smoking buildings. If you are accepted for residency, do you agree to adhere to our nonsmoking policy? Yes No

How did you hear about us? _____

Applicant Statement

Information solicited on this application is requested by the apartment owner to ensure 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 used to discriminate against you. We are an Equal Housing Opportunity Organization.

By submitting a rental application, I am giving explicit consent to receive communications regarding my application and future tenancy via SMS texting.

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, utility, criminal history, and any other information necessary to determine my eligibility per the tenant selection criteria, and I release all parties from all liability for any damage that may result from their furnishing information. This Consent expires upon acceptance or denial to Ithaca Neighborhood Housing Service properties.

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

