

Dear Future Tenant,

Thank you for applying to live «community». 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.

**Please note this property as ELIGIBILITY REQUIRMENTS OF 62 OR OLDER/DISABLED.**

**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 1<sup>st</sup> 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:** 2276 County Road 139, Ovid, NY 14521. M-Th 530 AM – 130 PM. and Fri 6-11 AM 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.



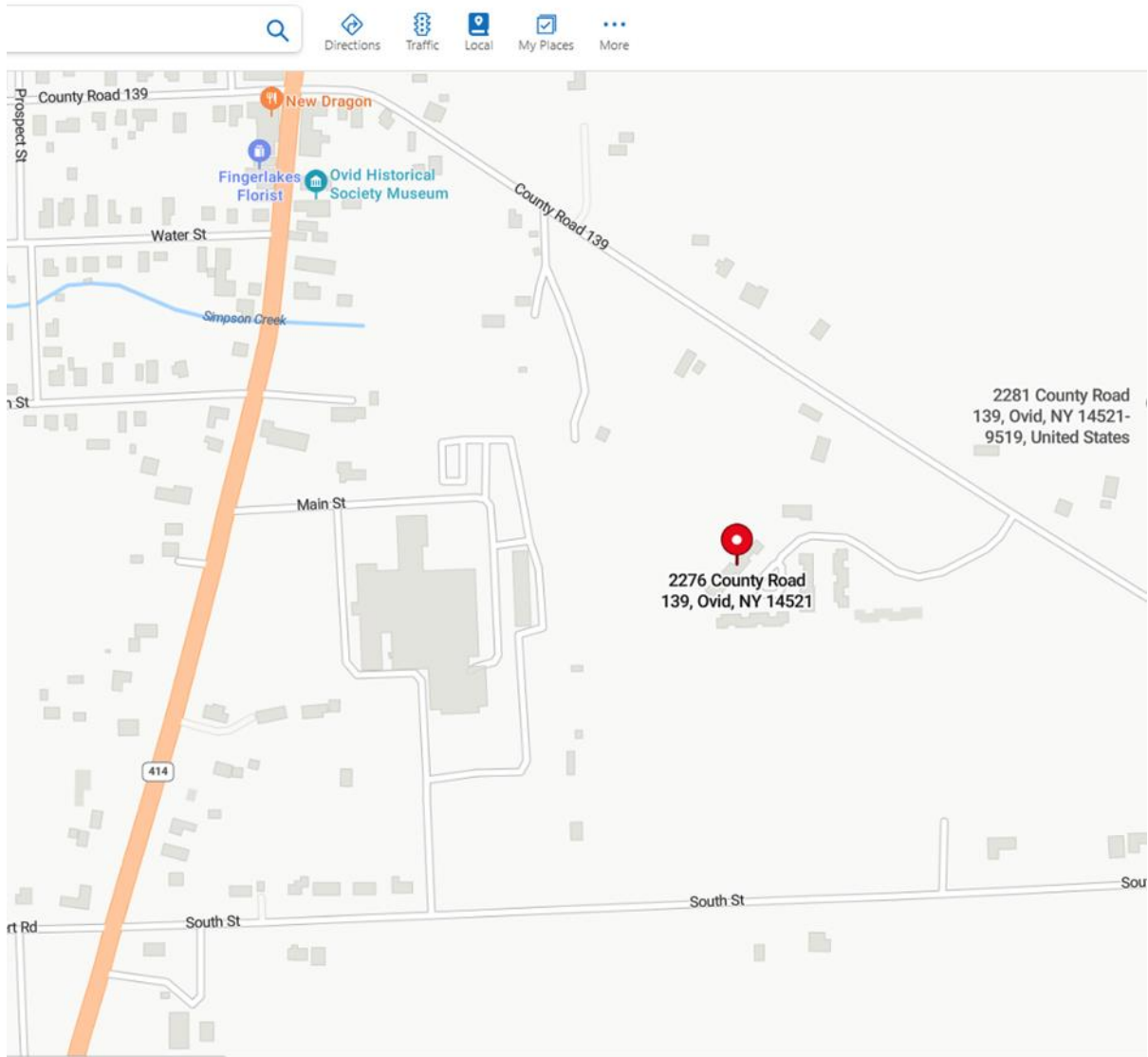
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[www.ithacanhs.org](http://www.ithacanhs.org)



# Verona Village Apartments

Children attend the South Seneca School District



Office Use Only  
Initials, Time and Date  
of received

1 Bedroom

# Tenant Application

## Verona Village Apartments

**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 \_\_\_\_\_ SSN or ITIN \_\_\_\_\_  
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: \_\_\_\_\_

*This information is not used as a basis for eligibility. New York State Human Rights Law prohibits discrimination in housing based on lawful source of income like whether you have a Section 8 voucher.*



**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**

<b>Income Source</b>	<b>Applicant #1 Amount</b>	<b>Applicant #2 Amount</b>
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		
<b>TOTAL MONTHLY INCOME:</b>		

**Assets**

<b>Asset</b>	<b>Applicant #1 Amount</b>	<b>Applicant #2 Amount</b>
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		



**MEDICAL/HANDICAP ASSISTANCE EXPENSES**

An elderly/disabled household may be eligible to receive a deduction from their rent based on the amount of ongoing medical expenses they incur. Please list all medical expenses you expect to incur in the next 12 months that will NOT BE PAID OR REIMBURSED by Medicare or any kind of health insurance which you expect to be continuous.

Complete this part only if Head of household, Co-Head or Spouse is 62 or older, Disabled or Handicapped

Do you pay for any medical expenses out of your pocket not reimbursed by another source? (Example: Medicare Premiums, health Insurance Premiums, Prescription Costs, Medical Bills, etc.)

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, who is the expense paid to:  
(List type and amount) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**HANDICAP ASSISTANCE EXPENSES**

Complete ONLY if handicap expenses allow the handicapped or another handicapped household member to work?

If yes, list type of expenses, weekly amount and paid to whom:

\_\_\_\_\_

**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, State, and local laws prohibiting discrimination against tenant applicants because of race, color, religion, sex, familial status, disability, age, sexual orientation, gender identity or expression, military status, national origin, marital status, lawful source of income, citizenship or immigration status, status as a victim of domestic violence, and creed. 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.



