

Dear Applicant,

Thank you for your interest in renting with INHS. The first step is complete the attached rental application. Please do not leave any blanks. Indicate "N/A" if the question does not apply to you. Only fully completed applications will be accepted.

Return this application with copies of photo ID for each adult 18 years or older. Examples: Driver's license, sheriff's identification, passport, identification cards.

**Submit completed application in person, mail, fax or online to:** 115 West Clinton St, Ithaca, NY 14850. M-F 9 AM – 5 PM. Fax – 607-277-4536, Online Submissions - <https://www.ithacanhs.org/rentwithINHS>

### **How does the waitlist work?**

Upon acceptance, you will be added to our waitlist based on the date and time received. You will receive an acceptance or denial letter via U.S. Mail. As long as you meet the 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 your 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. You have the option to demonstrate proof of 12 months' on-time and in-full rent payments in the past 12 consecutive months or receipt of subsidy or subsidies that pay the full rent, in lieu of a credit check.

If your application is denied you will receive written notification including the reason for denial. You will be given the option to appeal this decision. Your denial letter will include the notice of your rights under the Violence Against woman Act.

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.



# Ithaca Neighborhood Housing Services

## Founders Way Tenant Application

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

I am applying for **ALL\*** INHS properties:      Yes                      No

\*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**

Name _____	Social Security # _____
Address _____	Email _____
City, State, Zip Code _____	Phone (Primary) _____
Date of Birth _____	Phone (Secondary) _____
(MM/DD/YYYY)	

**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	Social Security #	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:

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

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

If yes, please explain: \_\_\_\_\_

Office Use Only  
Received by:

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