

Dear Applicant,

Thank you for your interest in renting with INHS. The first step is to 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:**

209 East Second St., Watkins Glen, NY 14891, M-F 9 AM – 5 PM.

Fax – 607-277-4536

Online submissions - <https://www.ithacanhhs.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 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.

**How quickly will you be able to rent an apartment?**

It varies based on when a unit becomes available and if you meet the eligibility requirements for that specific unit. We will contact you 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 Women Act (VAWA).

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.

# Glen Lake Apartments

Children attend the Watkins Glen School District



Office Use Only

- 1 Bedroom
- 2 Bedroom

# Tenant Application

Glen Lake Apartments

## 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

<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		
IRAs, 401Ks, or Other Retirement Funds		
Trust Account		
Real Estate		
Life Insurance		
Direct Express/Debit Card/Payment Apps		
Any Other Assets		

## Rental History

Are you a first-time renter?  Yes  No

If you are not a first-time renter, we are required to seek references from landlords of units you have rented in the past 3 years. Provide contact information for your current and previous landlords.

<b>Current Landlord Reference</b>	<b>Previous Landlord Reference</b>
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Email _____	Email _____
Dates Rented _____ to _____	Dates Rented _____ to _____

**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: \_\_\_\_\_

**Race** (Check all that apply)

- White  Black/African American  American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander  Asian  Other  Prefer Not to Answer

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino  Prefer Not to Answer

**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, rental, 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.

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