

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, or email to:

209 East Second St., Watkins Glen, NY 14891

Email submissions - jtanner@ithacanhs.org

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.

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

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		
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.

Current Landlord Reference	Previous Landlord Reference
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