

Ithaca NOS Limited Partnership
Ithaca Housing Authority, Managing Agent



NOTE TO APPLICANT: PLEASE PRINT CLEARLY. This application must be filled out completely. You must answer all questions and DO NOT leave any blanks. If anything does not apply, please write N/A.

Date and Time Stamp
(for Office Use Only)

Initials _____ Date Entered _____

A full application must be submitted in order to determine eligibility. The full application will be reviewed for a determination of eligibility, and the applicant will be notified in writing of the determination. Government issued photo ID for all applicants required at time of submission. Applications are processed in the order of date and time received.

Application for Housing

PROVIDING FALSE INFORMATION MAY RESULT IN LOSS OF YOUR HOUSING

This is an application for housing at: (Check all that apply)	<input type="checkbox"/> Northside Apartments <input type="checkbox"/> Overlook Terrace <input type="checkbox"/> Southview Gardens
Please complete this application and return to:	Ithaca Housing Authority 800 S. Plain St. Ithaca, NY 14850 Fax: (607) 273-5738 Email: receptionist@ithacaha.com

Applicant Name:	Email Address:
Address:	Apartment #:
City, State, Zip:	
Home Phone Number: ()	Cell Phone Number: ()

Household Composition

List yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of Household on line 1, then in order of oldest to youngest. If you have more than six total household members, please add a separate sheet of paper with the same information as below.

	Name: Last Name, First Name	Relationship to Head of Household:	Birth Date: (M/D/Y)	Age:	Social Security Number: (or other e.g., ITIN)	Student Status: Check all that apply (Includes Elementary through Higher Ed)		
						Full Time	Part Time	N/A
1		Head						
2								
3								
4								
5								
6								

- 1) Do you anticipate any changes in the size of your household **within the next 12 months**?
(Ex.: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)
 Yes No
 If yes, please explain: _____

- 2) Will anyone under age 18 listed above live in the unit **less than** 50% over the next 12 months?
 Yes No N/A
 If yes, please explain: _____

- 3) Does any member in your household require a live-in-care attendant because of a disability?
 Yes No

- 4) Are you currently receiving housing assistance from HUD or a Public Housing Agency?
 Yes No
 If yes, please state where: _____

- 5) Are you or is a member of your household currently using marijuana or any other illegal drug?
 Yes No

- 6) Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy?
 Yes No

This means that smoking is prohibited in the unit, on unit porches, and in all indoor common areas and outdoor common areas that are within twenty-five (25) feet of the building or any outdoor common areas. This includes sidewalks, hallways, elevators, etc.

Preferences:

Please indicate if you qualify for any of the preferences indicated below by checking the box next to the appropriate preference.

Preference:	
<input type="checkbox"/>	I previously lived at Northside Apartments and received a General Information Notice dated November 4, 2019.
<input type="checkbox"/>	I currently am on a waiting list for housing at Northside Apartments, Overlook Terrace, or Southview Gardens or other waiting list with the Ithaca Housing Authority.
<input type="checkbox"/>	I currently live at Northside Apartments, Overlook Terrace, or Southview Gardens and am requesting a transfer to another property.

Unit Size/ Features:

The owner/ agent will take your unit preferences/ requirements into consideration. The owner/ agent’s occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate unit size preference below. Please indicate any necessary special feature below.

Unit Size:		Development:		Special Feature Request:	
<input type="checkbox"/>	1 Bedroom	Northside Apartments Only		<input type="checkbox"/>	Mobility Accessible Unit
<input type="checkbox"/>	2 Bedroom	Northside Apartments, Overlook Terrace, & Southview Gardens		<input type="checkbox"/>	Hearing Accessible Unit
<input type="checkbox"/>	3 Bedroom	Northside Apartments, Overlook Terrace, & Southview Gardens		<input type="checkbox"/>	Visual Accessible Unit
<input type="checkbox"/>	4 Bedroom	Northside Apartments Only		<input type="checkbox"/>	Reasonable Accommodation, please explain:
<input type="checkbox"/>	5 Bedroom	Southview Gardens Only			

- 1) Are there any special needs or accommodations the household will require, such as grab bars or a unit for mobility impaired or hearing/vision impaired? Yes No

Please explain: _____

Service Animals:

- 1) Do you have a service animal? Yes No

If yes, what kind of service animal? How many? : _____

*** Please be advised that Northside Apartments, Overlook Terrace, and Southview Gardens have a NO PETS policy. Service Animals are not considered pets.**

Please read each question carefully. You must answer each question completely and be prepared to verify items checked yes.

Household History

The questions below apply to all members of your household, including minors and those temporarily absent from the home.

1) Have you or anyone else named in this application filed for bankruptcy?

Yes No

Please explain: _____

*** HCR's Justice-Involvement and Credit policies will be adhered to, an individualized assessment will be conducted prior to any rejections, and applicants have the right to appeal a rejection based on a history of justice-involvement on credit history.**

2) Have you or anyone else named on the application been convicted of a drug related **or other** crime?

Yes No

Please explain: _____

*** HCR's Justice-Involvement and Credit policies will be adhered to, an individualized assessment will be conducted prior to any rejections, and applicants have the right to appeal a rejection based on a history of justice-involvement on credit history.**

3) Have you or anyone else named on the application been subject to the lifetime registration requirement under a state sex offender registration program in any state?

Yes No

Please explain: _____

*** HCR's Justice-Involvement and Credit policies will be adhered to, an individualized assessment will be conducted prior to any rejections, and applicants have the right to appeal a rejection based on a history of justice-involvement on credit history.**

4) Have you or anyone else named on the application ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing?

Yes No

Please explain: _____

*** HCR's Justice-Involvement and Credit policies will be adhered to, an individualized assessment will be conducted prior to any rejections, and applicants have the right to appeal a rejection based on a history of justice-involvement on credit history.**

Student Eligibility Questions

1) Are **ALL** members of your household full time students?

Yes No

2) Will **ALL** members of your household be full-time students during any 5 months of **this** year?

(Example: a student who goes to school full-time in any parts of January, February, April, October and November)

Yes No

3) Will **ALL** members of your household be full-time students during any 5 months of **next** year?

Yes No

4) Is **ANY ADULT** member of your household a part- or full-time student in an institute of higher education?

Yes No

If yes, who is enrolled? _____ Name of school? _____

How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____

5) Does **ANY ADULT** member of your household intend to become a student **within the next 12 months**?

Yes No

If yes, who will be enrolling? _____ Name of school? _____

Will they be enrolling as full-time or part-time students? _____

Alimony/ Child Support Questions

1) Does any member of your household have a COURT ORDER to receive Child Support or Alimony payment, even if no child support of alimony is being received?

Yes (Case ID # or #'s: _____) No **IF NO, SKIP TO QUESTION 2**

a. Name of person with court order: _____ Payment Amount: \$ _____ per _____

b. Name of person(s) paying support/ alimony: _____

Are the **FULL** court-ordered amount(s) being received? Yes No

If **NO**, are you making an effort to collect the amounts due? Yes No

If **YES**, please explain the effort that you are making here: _____

2) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?

(This includes help from the children's father or mother for clothes, groceries, etc.)

Yes No **IF NO, SKIP TO NEXT SECTION**

a. Payment Amount: \$ _____ per _____

b. Name of person(s) paying support/ alimony:

Name: _____ Phone: _____ For child: _____

Name: _____ Phone: _____ For child: _____

Please read each question carefully. You must answer each question completely and be prepared to verify items checked yes.

Income Information

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

Yes No **1) Is any member of the household employed?**

Household member	Company name/ Phone	Amount
_____	_____	\$_____per_____
_____	_____	\$_____per_____

Check if there are any additional jobs in the household (attached a separate sheet of paper with the same information)

Yes No **2) Are any household members self-employed?**

Household member	Type of work	Amount
_____	_____	\$_____per_____

Yes No **3) Are any adult members of your household unemployed?**

Household member _____

Yes No **4) Does any household member receive pay from the military?**

Household member	Branch of the military	Amount
_____	_____	\$_____per_____

Contact person _____ Phone _____

Yes No **5) Does any household member receive any payments from the Social Security Administration?**

Which type: SS SSI SSDI Other

Household member _____ Amount \$_____per_____

Yes No **6) Does any household member receive severance pay or worker's compensation?**

Household member	What company pays them?	Amount
_____	_____	\$_____per_____

Contact person _____ Phone _____

Yes No **7) Is any household member unemployed and receiving unemployment benefits?**

Household member	What state	Amount
_____	_____	\$_____per_____

Contact person _____ Phone _____

Income Information Continued

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

Yes No **8) Does any household member receive Public Assistance payments such as TANF or AFDC? (Do not include SNAP/ Food Stamp benefits.)**

Household member	Caseworker/ Phone	Amount
_____	_____	\$_____ per _____

Yes No **9) Does any household member receive periodic payments from a pension, annuity, or retirement benefit account?**

Which type: Pension Annuity Other retirement

Household member	What company	Amount
_____	_____	\$_____ per _____

Contact person _____ Phone _____

Yes No **10) Does anyone outside of your household provide you with cash contributions to help pay expenses that a household would normally pay, such as rent, utility payments, or groceries?**

Name of person	Address	Amount
_____	_____	\$_____ per _____

Phone _____

Yes No **11) Is there any other source of income that we have not already asked about that you receive? (Ex.: SSP, payments via Cash App, Zelle, Venmo, PayPal, etc.)**

Please describe _____

Yes No **12) Does your household expect any changes in their income within the next 12 months?**

Please describe _____

Yes No **13) Does your household receive long-term care insurance payments, in excess of \$180 per day, for a family member residing in a long-term care facility?**

Household member in facility	Household member receiving payments	Company
_____	_____	_____

Contact person _____ Phone _____

Yes No **14) Do any adult members of your household have zero income?**

Household member _____

Please read each question carefully. You must answer each question completely and be prepared to verify items checked yes.

Accounts/ Asset Information

The questions regarding household accounts/ assets apply to all members of your household, including minors and those temporarily absent from the home.

Yes No **1) Does any household member have a checking, savings, CD, or money market account?**

Bank Name: _____ Name (s) on Account: _____

Account Type: Checking Savings CD Money Market

Bank Name: _____ Name (s) on Account: _____

Account Type: Checking Savings CD Money Market

Check if there are additional accounts of the above types belonging to the household (attached a separate sheet of paper with the same information)

Yes No **2) Does any household member have stocks, bonds, mutual funds, capital investments, or a whole life insurance policy?** (Life insurance is that you can make withdrawals from even if there isn't a death. We do not count TERM insurance.)

Institution Name/Phone: _____ Name (s) on Account: _____

Account Type: Stocks Bond Mutual Funds Whole Life Insurance Other: _____

Yes No **3) Does any household member have an IRA, Keogh, 401K, annuity, or similar retirement account?**

Institution Name/Phone: _____ Name (s) on Account: _____

Account Type: IRA Keogh 401K Other: _____

Yes No **4) Does any household member have a pension account that will pay upon retirement or termination of employment?** (Not including IRA, Keogh, 401K or annuity accounts.)

Institution Name: _____ Name (s) on Account: _____

Contact/ Phone: _____ Account Type: _____

Yes No **5) Does any household member own real estate?** (Include rental property, primary residence, vacation property, time-shares, commercial property and property being sold by deed of trust or contracts for deed.)

Property Owner(s): _____ Type of Property: _____

Name of bank/ financial institution with interest in the property: _____

Contact/ Phone: _____

Yes No **6) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit?** (Ex.: coin/ stamp collection, antique cars, jewelry, etc.)

Property type: _____ Estimated Case Value: \$ _____

Accounts/ Assets Information Continued

Yes No **7) Does any household member have a trust account?**

Institution Name: _____ Name (s) on Account: _____

Contact/ Phone: _____ Revocable/ Non-revocable: _____

Yes No **8) Does any household member have any treasury bills or government savings bonds?**

Household member: _____ Series: _____

Face Value: \$ _____ Serial Number: _____ Issue Date: _____

Yes No **9) Does any household member have cash on hand or safe deposit boxes?**

Household member: _____ Amount: \$ _____

Yes No **10) Does any household member have any accounts or assets that were not described above?** (Please DO NOT include personal use vehicles, furniture, clothing, etc.)

Type of Asset: _____ Estimated Value (if sold today): \$ _____

Yes No **11) In the past two years, has any household member given away any asset(s) for less than they were worth?** (Ex.: property, transferring an asset account into someone else's name, charitable contributions, etc.)

Estimated Value of this Asset: \$ _____

Yes No **12) Does any household member receive money that is direct-deposited and accessed by a debit card?** (Ex.: Social Security Direct Express, payroll Emerald card, card issued by DSS to access benefits/child support etc.)

Which household member(s): _____

Criminal Background Checks

Ithaca Housing Authority, as Management Agent for Ithaca NOS Limited Partnership, conducts criminal background checks on all applicants when they are contacted for an apartment. Information obtained in the background check will be considered during the processing of the application for tenancy and may result in denial of tenancy.

If tenancy is denied on the basis of a criminal background check, the applicant has the right to review, contest, and/or explain the information contained in the background check. The applicant may also present evidence of rehabilitation for consideration by management.

Please indicate each state or U.S. territory where you or any adult member of your household have lived. This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state or territory listed and via national criminal/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Iowa | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New York | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> California | <input type="checkbox"/> Maine | <input type="checkbox"/> North Carolina | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Ohio | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Michigan | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Washington (State) |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oregon | <input type="checkbox"/> Washington, D.C. |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Puerto Rico |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Missouri | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> US Virgin Islands |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Montana | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Mariana Islands |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Dakota | <input type="checkbox"/> Samoa |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> Nevada | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Guam |

I certify that I have indicated above every U. S. state or territory where I, or any other adult member of my household, have lived at any time.

Applicant Signature _____ Date _____

Demographic Questions (Optional)

Race of head of household (check all that apply):

- I prefer not to answer White Black or African American American Indian/ Alaskan Native
 Asian/ Pacific Islander

Ethnicity of head of household:

- Hispanic or Latino Non-Hispanic or Latino I prefer not to answer

Household Certification

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Household Certification

I understand that the information provided on this questionnaire will be used to determine my eligibility for housing at Northside Apartments, Overlook Terrace, and/or Southview Gardens. Under penalties of perjury, I certify that the information provided is true and accurate to the best of my knowledge. I also understand that false or omitted information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

By signing this application, I also grant the owner the right to obtain all information needed to determine my eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection Criteria may include but is not limited to criminal history checks, credit screening, landlord references, ability to pay rent, etc. All background checks are conducted in accordance with New York State Law and New York State Homes and Community Renewal policies.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility for housing at the above-mentioned properties.

CERTIFICATION: All household members who are 18 years of age or will be 18 years of age within the upcoming 12-month period must sign below.

_____ Head of Household	_____ Date
_____ Other Adult Member	_____ Date
_____ Other Adult Member	_____ Date
_____ Other Adult Member	_____ Date

IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON FAMILIAL STATUS, RACE, SEX, DISABILITY, COLOR, RELIGION OR NATIONAL ORIGIN.

Northside Apartments, Overlook Terrace, and Southview Gardens are Smoke-Free Properties

Address:

Phone: (607) 273-8629

Ithaca NOS, Limited Partnership, Owner
c/o Ithaca Housing Authority, Managing Agent
800 S. Plain St.
Ithaca, NY 14850

Fax: (607) 273-5738

NYS TTY/TDD: (800) 662-1220

Ithaca NOS Limited Partnership does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing

Section 504 (24 CFR, part 8 dated June 2, 1988).

Ithaca Housing Authority
Occupancy Administrator
800 South Plain Street
Ithaca, NY 14850
Telephone -Voice: (607) 273-8629
NYS TTY/TDD : (800) 662-1220



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.