

Date Received _____ Time Received _____
 Identification # _____

Ithaca Arthaus
Rental Application
 Unit Type desired Studio 1 Bedroom 2 Bedroom

NAME _____ PHONE _____ EMAIL _____

ADDRESS _____
 Street _____ City _____ State _____ Zip _____

How long have you lived here? _____ Reason for Moving? _____
 Name of Present Landlord: _____ Phone Number: _____
 Address of Present Landlord: _____

List ALL Persons who will live in the apartment including "unborn child" if applicable. List Head of Household first:

NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	DATE OF BIRTH MM/DD/YR	AGE	SOCIAL SECURITY #
	Head of Household				

INCOME & ASSET INFORMATION

TYPE OF INCOME	GROSS MONTHLY AMOUNTS Fill in each section with an amount or N/A		TYPE OF ASSET	TOTAL VALUE Fill in each section with an amount or N/A	
	HEAD	CO-HEAD		HEAD	CO-HEAD
Wages	\$	\$	Savings Account (s)	\$	\$
Pensions/Annuity	\$	\$	Checking Account (s)	\$	\$
Unemployment	\$	\$	Cert of Deposit (CD's)	\$	\$
Social Security	\$	\$	Stocks & Bonds	\$	\$
Public Assistance	\$	\$	Real Property	\$	\$
Disability/SSI	\$	\$	Cash (incl.safe dep.)	\$	\$
Child Support	\$	\$	Any other	\$	\$
Alimony	\$	\$			
Other	\$	\$			

Identification # _____

Rental Application, continued.

Are there any household members enrolled in an institute of higher education? Y or N If Yes, list members below:

Are you or any member of your household a U.S. Military Veteran? Y or N

Agency Referral? Y or N Name of Agency _____

Are you currently receiving Rental Assistance or Section 8? Y or N Name of Agency _____

Are you on a public/subsidized housing waitlist? Y or N Name of Agency _____

Is there a need for an accessible unit? Y or N

Does someone in your household require a reasonable accommodation? Y or N If yes, a separate form will be completed.

Is any member of the applicant household subject to a lifetime sex offender registration in any state? Y or N

If yes, list member and state (s) _____

Has anyone listed on this application been convicted of the production of methamphetamines in the home? Y or N

The following information is requested by the apartment owner in order to assure the Federal government that Federal laws prohibiting discrimination against tenant applicants on the basis of race, national origin, familial status, handicap/ disability and sex are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

KEY FOR CHART

Race 1-White 2-Black/African American 3-Native American/Alaskan 4-Native Hawaiian/Pacific Islander 5-Asian 6-Other 7-

Decline to provide.

Ethnicity 1-Hispanic 2-Latino 3-Neither Hispanic or Latino 4-Decline to provide.

Citizenship 1-Citizen of US 2-Non-Citizen of US

List all Persons who will be living in the apartment. List Head of Household first.

NAME	RACE, circle one	ETHNICITY, circle one	CITIZENSHIP, circle one
	1 2 3 4 5 6 7	1 2 3 4	1 2
	1 2 3 4 5 6 7	1 2 3 4	1 2
	1 2 3 4 5 6 7	1 2 3 4	1 2
	1 2 3 4 5 6 7	1 2 3 4	1 2
	1 2 3 4 5 6 7	1 2 3 4	1 2
	1 2 3 4 5 6 7	1 2 3 4	1 2
	1 2 3 4 5 6 7	1 2 3 4	1 2
	1 2 3 4 5 6 7	1 2 3 4	1 2
	1 2 3 4 5 6 7	1 2 3 4	1 2

Identification # _____
 Rental Application, continued.

My/Our signature(s) below serves as written permission for **Ithaca Arthaus** to obtain a Consumer Report (credit history), previous landlord references and other references deemed necessary. We may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) also affirm that all information in this application is true and complete. The applicants also understand that a personal interview must be held, assets and income verified before approval. All information received is confidential. After the application process is approved, a security deposit must be made and a lease agreement signed by all applicants. If accepted, I/We certify this apartment will be my/our sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, **Ithaca Arthaus** may cancel and annul any lease given in reliance upon such information.

Your Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Ithaca Arthaus
130 Cherry Street
Ithaca, NY 14850
Phone: 607-339-0507 TTY-711
Email: ithacaarthaus@vecinogroup.com