



1023 State Route 38 • Owego, NY 13827 • TiogaOpp.org

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# THE APARTMENTS AT COUNTY FARM



**Smoke Free Property**

**\*\*\* Now pet friendly\*\*\***

## PRELIMINARY APPLICATION

### HEAD OF HOUSEHOLD:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
\_\_\_\_\_

Are you 62 or older? \_\_\_\_\_ Handicapped? \_\_\_\_\_ Disabled? \_\_\_\_\_

### FAMILY COMPOSITION: (list each family member beginning with yourself)

<u>Name</u>	<u>Relationship To Head Of Household</u>	<u>Date of Birth</u>	<u>M/F</u>	<u>Social Security #</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

### Race of Head of Household: (check one / for statistical purposes only) Ethnicity of Head of Household:

White  Black  American Indian/Alaskan Native  
 Asian/Pacific Islander

Non-Hispanic  Hispanic

**Family Income (fill in the GROSS amounts to all that apply & the family member receiving it)**

Wages-gross weekly	\$ _____	Alimony, monthly	\$ _____
Social Security	\$ _____	Unemployment, monthly	\$ _____
SSI, monthly	\$ _____	Dividends, yearly	\$ _____
Public Assistance, monthly	\$ _____	Interest, monthly	\$ _____
Child Support, monthly	\$ _____	Other Income, monthly	\$ _____

**Assets**

Savings Account(s)	\$ _____	Bank & Account	_____
Checking Account(s)	\$ _____	Bank & Account	_____
Certificates	\$ _____	Bank & Account	_____
Stocks & Bonds	\$ _____	Name & # of Shares	_____
Real Property Market Value	\$ _____	Rent Received	_____
Other	_____		

**Present Housing**

Present Rent \$ \_\_\_\_\_ Are utilities included in the rent? \_\_\_\_\_  
# of bedrooms \_\_\_\_\_  
Landlord's Name & Address: \_\_\_\_\_  
Landlord's Telephone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

**I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS PRELIMINARY APPLICATION, AND ALL ASSOCIATED DOCUMENTS. FURTHER, I DECLARE SUBJECT TO PENALTIES OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION AND ANY ACCOMPANYING DOCUMENTS, PAPERS, OR INTERVIEWS HAVE BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE AND ACCURATE.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

PLEASE NOTIFY US AS SOON AS POSSIBLE IF YOU HAVE A CHANGE OF ADDRESS

# ADDITIONAL QUESTIONS FOR PRELIMINARY APPLICATION

*FOR STATISTICAL PURPOSES ONLY*

The purpose of this data is for Tioga Opportunities to better serve you. Please provide us with the following data to better assess the needs of the community. Providing us with this information will not influence your eligibility.

Type of Dwelling :  Own Mobile Home     Own Single-family home     Own Multi-family home  
 Rent     Homeless

Do you receive other services?     Food Stamps?     WIC?     HEAP?     Other? \_\_\_\_\_

## HOUSEHOLD INFORMATION

Household Member's Name	Pregnant ?	Reliable Transportation?	Marital Status	Health Insurance	Veteran	Highest Level of Education
(head:)						
Choose from these Responses:	Yes No	Bike, Public, No, Yes, Friends, Family	Single Married Separated Divorced	Medicaid, Medicare Employee-based Military, Child Health Ins None, State Ins for Adults	Yes No	Grade, HS graduate 2-yr degree 4-yr degree Post graduate

**NYS Relay Telephone Number for TTY/VCO users:**

**711 or 800-662-1220**

