



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

Tel: 607-687-0707 • Fax: 607-687-2017



~ Our Apartments Are Now Smoke Free ~

Please check: Long Meadow ____ Springview ____ Both ____
Owego, NY Waverly, NY

Bedroom Size: One ____ Two ____

- NOTE: Two person household is required for a two bedroom unit.

A. GENERAL INFORMATION

Please complete and return this application to the address listed at the top of the page. Application must be filled out completely. Applications not filled out completely will be returned to applicant and will delay the eligibility process. Applications are placed in order of date and time received.

Applicant Name: _____ Phone: ____/____-_____

Current Address: _____, City _____, State _____ Zip _____

Date of Birth: _____ Social Security #: _____

B. FAMILY HOUSEHOLD COMPOSITION

List all persons who will live in the apartment, listing head of household first:

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY #
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_____	_____	_____	_____
_____	_____	_____	_____

C. INCOME (list all sources of income for all household members)

Social Security (Gross).....Monthly Amount \$ _____

Social Security (Gross).....Monthly Amount \$ _____

Pension.....Monthly Amount \$ _____

Veteran's Benefits.....Monthly Amount \$ _____

S.S.I. Benefits.....Monthly Amount \$ _____

Wages (Gross).....Monthly Amount \$ _____

Interest Income.....Monthly Amount \$ _____

Do you anticipate any changes in income in the next 12 months: Yes ____ No ____

If yes, please explain: _____

D. ASSETS

Checking Account: _____ Bank Balance \$ _____
_____ Bank Balance \$ _____

Savings Account: _____ Bank Balance \$ _____
_____ Bank Balance \$ _____

Certificates _____ Bank Balance \$ _____
_____ Bank Balance \$ _____

Stocks/Bonds: _____ Bank Balance \$ _____
_____ Bank Balance \$ _____

Other: _____ Bank Balance \$ _____

REAL PROPERTY: Do you own any property: Yes _____ No _____

If yes, list type of property: _____

Appraised Market Value: \$ _____

Have you sold or disposed of any property in the last two (2) years? Yes _____ No _____

If yes, list type of property: _____

Market value of property sold/disposed: \$ _____

Amount received for sold/disposed property: \$ _____

Date of Transaction: _____/_____/_____

Have you disposed of any other assets in the last two (2) years (e.g. given away money to relatives, set up irrevocable trust accounts)? Yes _____ No _____

If yes, describe asset(s): _____

E. MEDICAL EXPENSES

Medicare Premiums..... \$ _____

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Medical (Supplemental) Insurance Coverage..... \$ _____

*check if premiums are paid Monthly _____ Quarterly _____ Annually _____

Anticipated medical/drug/prescription costs not covered by insurance nor reimbursed, for the next 12 months.....(monthly amt) \$ _____

Medical bills or outstanding costs you are making payments for.....(monthly amt) \$ _____

F. PROGRAM INFORMATION

Do you or anyone in your household request the Rural Development established \$400 deduction for Elderly (62 years and older) or Disabled (18 years and older) status? Yes_____ No_____

Do you or anyone in your household request the special design features of a Handicapped Accessible unit? Yes_____ No_____

Do you own any pets? Yes_____ No_____ If yes, describe: _____

In case of emergency notify:

Name: _____

Address: _____

Phone: _____/_____-_____

G. REFERENCE INFORMATION (NOTE: In order for name to be placed on Wait List this Section must be filled out completely)

Name of current Landlord: _____

Address: _____

Phone : _____/_____-_____

How long have you lived there? _____

CREDIT REFERENCES (must be completed to process application):

1. Name: _____ Phone _____/_____-_____

2. Name: _____ Phone _____/_____-_____

3. Name: _____ Phone _____/_____-_____

PERSONAL REFERENCES /Non-Relative (must be completed to process application):

1. Name: _____ Phone _____/_____-_____

Address: _____

2. Name: _____ Phone _____/_____-_____

Address: _____

3. Name: _____ Phone _____/_____-_____

Address: _____

H. CERTIFICATION / AUTHORIZATION

I HEREBY CERTIFY THAT I WILL NOT MAINTAIN A SEPARATE, SUBSIDIZED RENTAL UNIT IN ANOTHER LOCATION. I FURTHER CERTIFY THAT THIS WILL BE MY PERMANENT RESIDENCE.

I UNDERSTAND THAT MY ELIGIBILITY FOR HOUSING WILL BE BASED ON RURAL DEVELOPMENT'S INCOME GUIDELINES.

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

I / WE DO HEREBY AUTHORIZE TIOGA OPPORTUNITIES, INC., HOUSING SERVICES, AND ITS STAFF OR AUTHORIZED REPRESENTATIVES TO CONTACT ANY AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY / OUR APPLICATION FOR HOUSING IN THIS PROPERTY MANAGED BY TIOGA OPPORTUNITIES, INC., HOUSING SERVICES.

SIGNATURES:

Applicant

Co-Applicant

Dated: ____/____/____

Dated: ____/____/____

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (Not all prohibited bases apply to all programs)."

"This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found on line at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

"The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Ethnicity: Hispanic or Latino _____

Not Hispanic or Latino _____

Race (mark one or more): White _____ Black or African American _____

American Indian/Alaska Native _____ Asian _____

Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female _____

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

