



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

Tel: 607-687-0707 • Fax: 607-687-2017



NICHOLS SCHOOLHOUSE APARTMENTS PRE-APPLICATION FOR ADMISSION

**** Schoolhouse Apartments are Smoke Free & Pet Friendly ****

PLEASE PRINT ALL INFORMATION

Name: _____ Phone# _____

Address: _____
Street City State Zip

NYS Drivers License #: _____

Name of Present Landlord: _____ Phone# _____

Address: _____
Street City State Zip

How long have you resided at your **present** address? From _____ To _____

Name of your **previous** Landlord: _____ Phone# _____

Your **previous** address: _____
Street City State Zip

How long did you reside there? From _____ To _____

REASON FOR MOVING? _____

List all persons who will live in the apartment. List Head of Household first:

| NAME | RELATIONSHIP | DATE OF BIRTH | SOCIAL SECURITY # |
|-------|--------------|---------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Does anyone live with you who is not listed above? Yes _____ No _____

If you answered Yes to the above question, please explain: _____

Are you applying for a Handicap accessible unit? Yes _____ No _____



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INCOME AND ASSET INFORMATION

| Type of Income | Gross Monthly Amount | | Type of Asset | Total Value | |
|----------------------|----------------------|---------|-----------------------|-------------|---------|
| | Head | Co-Head | | Head | Co-Head |
| Wages..... | \$ _____ | _____ | Savings Account.... | \$ _____ | _____ |
| Unemployment..... | \$ _____ | _____ | Checking Account.. | \$ _____ | _____ |
| Social Security..... | \$ _____ | _____ | Cert of Deposit(s)... | \$ _____ | _____ |
| Public Assistance... | \$ _____ | _____ | Stock & Bonds..... | \$ _____ | _____ |
| Pensions/Annuity.. | \$ _____ | _____ | Real Property..... | \$ _____ | _____ |
| Disability/SSI..... | \$ _____ | _____ | Cash on Hand..... | \$ _____ | _____ |
| Alimony..... | \$ _____ | _____ | Other..... | \$ _____ | _____ |
| Other..... | \$ _____ | _____ | | | |

If accepted, I certify that this apartment will be my permanent residence and I will not maintain a separate rental unit in a different location. This application creates no obligation on the part of the landlord or applicant. To secure an apartment, a personal interview must be held, assets and income verified, references checked and applicant approved; security deposit made and a Lease signed. All information is confidential.

SIGNATURE: _____
Applicant

DATE: _____

SIGNATURE: _____
Co-Applicant

DATE: _____

Please return application to:

**Tioga Opportunities, Inc.
1023 State Route 38
Owego, NY 13827**

Phone: 607-687-0707, Fax: 607-687-2017, TDD: 607-687-5905
Equal Housing Opportunity

OFFICE USE ONLY:

Date Received: _____

Time Received: _____

Identification # _____

Comments: _____

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:) | | | | | | |
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| 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

