



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

Tel: 607-687-0707 • TDD: 607-687-5905 • Fax: 607-687-2017



THE APARTMENTS AT COUNTY FARM PRE-APPLICATION FOR ADMISSION

Thank you for your interest in The Apartments at County Farm. Tioga Opportunities, Inc. provides safe, affordable apartment rentals that are smoke-free and pet-friendly. When completing this application, please print all the information and be sure all sections are fully complete.

Please contact us if you have any questions or need assistance filling out this application.

CONTACT INFORMATION:

Name: _____
First Middle/Initial Last

Address: _____
Street City State Zip

Phone: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Are you Handicapped? Yes _____ No _____

Are you Disabled? Yes _____ No _____

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

Do you have a pet? Yes _____ No _____ Is your pet a service animal? Yes _____ No _____

Type of pet: _____

RENTAL HISTORY:

Present rent: \$ _____ Are utilities included in the rent? Yes _____ No _____

Number of bedrooms: _____

Name of present Landlord: _____ Phone: _____

Address: _____
Street City State Zip

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

Reason for moving? _____

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

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

How long did you live there? From _____ To _____

Reason for moving? _____

HOUSEHOLD INFORMATION:

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

***For Race, please choose from:** (W) White/Caucasian, (B) Black/African American, (N) Native American/Alaska Native, (A) Asian, (P) Native Hawaiian/Other Pacific Islander, (M) Multi-race, (O) Other

Head of Household			
Name:		Date of Birth:	Sex (M/F):
Disability: (Circle) Y / N	Race*:	Hispanic/Latino: (Circle) Y / N	Social Security #:

Household Member			
Name:		Date of Birth:	Sex (M/F):
Disability (Circle): Y / N	Race*:	Hispanic/Latino (Circle): Y / N	Relation to Head:
		Social Security #:	

Household Member			
Name:		Date of Birth:	Sex (M/F):
Disability (Circle): Y / N	Race*:	Hispanic/Latino (Circle): Y / N	Relation to Head:
		Social Security #:	

Household Member			
Name:		Date of Birth:	Sex (M/F):
Disability (Circle): Y / N	Race*:	Hispanic/Latino (Circle): Y / N	Relation to Head:
		Social Security #:	

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

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

FAMILY'S ANNUAL INCOME:

List the types of income such as: Social Security, Pension, Veteran's Benefits, S.S.I., S.S.D., Wages, etc., for all household members.

Household Member Name:	Type of Income:	Amount of Income per Year:
		\$
		\$
		\$
		\$
		\$
		\$
Total Family Income:		\$

FAMILY'S ASSETS

List the types of assets such as: Checking/Savings Accounts, Bonds, IRAs, 401(k)s, etc., for all household members.

Household Member Name:	Type of Asset:	Cash Value:	Annual Income:

Additional Comments:

ADDITIONAL CONTACT INFORMATION:

I authorize Tioga Opportunities, Inc. to communicate with and send correspondence to the person listed below (such as a Care Manager or family member). This may include notifications related to the receipt of applications or the availability of apartments.

Please initial here: _____

Name: _____

Address: _____

Agency (if applicable): _____

Phone: _____ Email: _____

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.

I hereby authorize the 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: _____
Applicant

DATE: _____

SIGNATURE: _____
Co-Applicant

DATE: _____

Please return this application to:



Tioga Opportunities, Inc.
1023 State Route 38, Owego, NY 13827
www.tiogaopp.org
Phone: 607-687-0707 TDD: 607-687-5905
Fax: 607-687-2017 Email: housing@tiogaopp.org



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, Inc. 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	Yes, No, Bike Public, Friends, Family	Single Married Separated Divorced Widowed	Medicaid, Medicare Employee-based Military, Child Health Insurance, State Insurance for Adults None,	Yes No	Grade, HS graduate 2-yr degree 4-yr degree Postgraduate

NYS Relay Telephone Number for TTY/VCO users:

711 or 800-662-1220