



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

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



LONG MEADOW AND SPRINGVIEW APARTMENTS PRE-APPLICATION FOR ADMISSION

Thank you for your interest in Long Meadow and/or Springview Apartments. 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.

I am applying for: Long Meadow Apartments located in Owego, New York _____
 Springview Apartments located in Waverly, New York _____
 Both locations _____
 One Bedroom _____ *Two Bedroom _____

**Please note that a two-person household is required for a two-bedroom unit.*

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 Handicapped 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 _____

Name of your 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):	Relation to Head:
Disability (Circle): Y / N	Race*:	Hispanic/Latino (Circle): Y / N	Social Security #:	

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

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

REAL PROPERTY:

Do you own any property: Yes _____ No _____

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

If yes, list type of property: _____

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): _____

MEDICAL EXPENSES

Medicare Premiums (Monthly) \$ _____

Medical (Supplemental) Insurance Premiums (Monthly) \$ _____

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

Medical bills or outstanding costs you are making payments for (Monthly) \$ _____

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: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____

Address: _____

Relation to you: _____

Phone: _____ Email: _____

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 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. 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.

SIGNATURE: _____
Applicant

DATE: _____

SIGNATURE: _____
Co-Applicant

DATE: _____

“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 online 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.”

METHOD OF OUTREACH

How did you hear of these apartments? Please check all that apply. Thank you.

Friend _____ Family _____ Social Media _____ Newspaper Advertisement _____

Radio _____ Tioga Opportunities, Inc. Website _____ Agency (DSS, RSS, Shelter, etc.) _____

Other (please list) _____

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