



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

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



NICHOLS SCHOOLHOUSE APARTMENTS PRE-APPLICATION FOR ADMISSION

Thank you for your interest in Nichols Schoolhouse 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 that all sections are fully complete.

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

CONTACT INFORMATION:

Name: _____ Phone: _____
First Middle/Initial Last

Address: _____
Street City State Zip

Email: _____ NYS Driver's License Number: _____

RENTAL HISTORY:

Name of **present** landlord: _____ Phone: _____

Address: _____
Street City State Zip

How long have you resided 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 reside there? From _____ To _____

Reason for moving? _____

HOUSEHOLD INFORMATION:

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

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #
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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 _____

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

Type of pet: _____

INCOME AND ASSET INFORMATION:**Gross Monthly Amount**

<u>Type of Income</u>	<u>Head</u>	<u>Co-Head</u>
Wages	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____
Pensions/Annuity	\$ _____	\$ _____
Disability/SSI	\$ _____	\$ _____
Alimony.	\$ _____	\$ _____
Other	\$ _____	\$ _____

Total Value

<u>Type of Asset</u>	<u>Head</u>	<u>Co-Head</u>
Savings Account	\$ _____	\$ _____
Checking Account	\$ _____	\$ _____
Cert. of Deposit(s)	\$ _____	\$ _____
Stock & Bonds	\$ _____	\$ _____
Real Property	\$ _____	\$ _____
Cash on Hand	\$ _____	\$ _____
Other	\$ _____	\$ _____

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.

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: _____