



Application For Occupancy

The Ithacan Apartments

210 E Green Street
Ithaca, NY 14850
Phone: (607) 241-9000
TTY:

Date Received: _____
Application #: _____

The Ithacan Apartments is a Smoke-Free Community

This application is to be completed by the head of household. All questions must be answered. If any questions are left blank, the application will be returned. If a question does not apply, please write "N/A." Head of household and all adult family members must sign the last page.

Head of Household Full Name:		
Street Address/Apartment Number:	City, State:	Zip Code:
Home Phone: () -	Secondary Phone: () -	Email Address:
Check which size units you would like to be considered for: <input type="checkbox"/> Studio <input type="checkbox"/> One Bedrooms <input type="checkbox"/> Other (specify):	Are you requesting a unit with special accommodations for any member of your household due to the following disabilities? <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Hearing	
Check "Yes" if you have been displaced by one of the following state declared disasters: a) Urban Renewal Area; b) Disaster such as fire or flood; c) Government or state action; or d) Presidential-declared disaster: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Housing Status

Complete each category as applicable, or write "N/A."

Current Landlord Name/Address:		Landlord Phone: () -
Current Managing Agent Name/Address:		Managing Agent Phone: () -
Check the size of your current residence: <input type="checkbox"/> Studio <input type="checkbox"/> Three Bedrooms <input type="checkbox"/> One Bedroom <input type="checkbox"/> Four Bedrooms <input type="checkbox"/> Two Bedrooms <input type="checkbox"/> Other (specify):	How long have you lived at this address? ____ Years ____ Months	Is the lease in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you sharing your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total monthly rent for your apartment: \$	Your portion of monthly rent: \$
Does your current rent include utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average monthly utility expenses: \$	Is your landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay your own rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who does?	Reason for wanting to move:
Do you currently have a portable Section 8 voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your current rent subsidized through Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently without a regular nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you relocating due to violent or unsafe conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord Name/Address:		Previous Landlord Phone: () -
Previous Managing Agent Name/Address:		Previous Managing Agent Phone: () -
Previous monthly rent: \$	Reason for moving:	
Please list all states in which you have previously resided:		

Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, live-in aides, etc.).

Household Member Full Name:	Relationship to Head of Household:	Sex: (Male, Female, or Decline to Answer)	Date of Birth:	Last 4 digits of SSN:
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				

Please list all household members who have served in the U.S. military:

Income from Employment

List all **current** full-time and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) If you do not currently receive income from employment, please write "N/A." See next page for non-employment sources of income.

Household Member Full Name:	Occupation:	Employer Name/Address/Phone:	Start Date:	Gross Earnings (Before Deductions and Taxes):
1.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
6.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
7.		_____ _____ () -		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Income from Other Sources

List any and all other income sources not previously reported, including but not limited to: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, etc. If you do not have any sources of additional income, please write "N/A."

Household Member Full Name:	Type of Income:	Income Amount:
1.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
5.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
6.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
7.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Assets

Complete each category as applicable, or write "N/A."

Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank _____		
Additional Checking Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank _____		
Savings Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank _____		
Money Market Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank _____		
Certificate of Deposit Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank _____		
401K/Other Retirement Account	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Name/Address of Bank _____		
Do you receive income in the form of a pre-paid debt card (e.g. Direct Express, EBT, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Balance as of Last Statement Date: \$ _____ as of ____ / ____ / ____
Do you own any stocks/bonds ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$ _____	
Do you own any savings bonds ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$ _____	
Do you own any real estate ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the current value? \$ _____	
Have you ever owned any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____ When was it sold? _____ For how much? \$ _____	
Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years?	If yes, list each asset and the amount received for each asset: Type of Asset _____ Amount \$ _____ Type of Asset _____ Amount \$ _____	

Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Asset _____	Amount \$ _____
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Student Status

List all household members that are currently enrolled in an educational program, or write "N/A."

Full Name of Student:	School Name/Address/Phone:	Enrollment Status:
1.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
2.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
4.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
5.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
6.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
7.	_____ _____ () -	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

Child Care and Medical Expenses

Complete each question as applicable, or write "N/A."

Do you pay for child care expenses for any household member under the age of 13? <input type="checkbox"/> Yes <input type="checkbox"/> No Names of children requiring child care:	If yes, name/address/phone of child care provider: _____ _____ () -	Estimate of monthly child care costs: \$
If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not reimbursed by any medical plan/insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If yes, please indicate the estimated yearly expense amount: \$	Amount of monthly Medicare premium: \$
		Amount of other medical insurance monthly costs: \$

Program Information

Complete each category as applicable, or write "N/A."

Do you presently reside in a development where your rent is based upon your income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
How did you hear about our development?	Why are you applying to our development?
Were you or any member of your household ever convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Explain circumstances briefly:	
Have you or any member of your household ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
If yes, was the eviction from federally assisted housing for drug-related criminal activity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	
Has anyone in your household been convicted of violating any drug-related laws? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Explain circumstances briefly:	
Is anyone in your household currently engaged in the use of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	
Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	
Is any member of your household subject to a state sex offender lifetime registration requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consumer reporting agency listed below may provide us with information.

Credit Bureaus:

- Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742
- TransUnion, Consumer disclosure center, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 (800) 888-4213
- Equifax (CBI), PO Box 740241, Atlanta, GA 30374 (800) 685-1111

Civil Records:

- First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200, Rockville, MD 20852 (888) 333-2413

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from www.annualcreditreport.com; and (3) dispute any inaccurate information in the report with the consumer reporting agency.

By signing, you authorize us to contact any references listed and to obtain consumer reports, which may include credit rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information.

Signature of Head of Household

Date

WARNING: MISLEADING WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Signature of Head of Household

Date

Signature of Applicant Over Age 18

Date

Signature of Applicant Over Age 18

Date

Demographic Data

The following information is required only to determine program utilization for statistical purposes. This information will not affect the processing of this application.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Answer	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

Attention

Please do not submit more than one application per household or copies of an application.

The filing of this application in no way guarantees you an apartment.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

The Ithacan Apartments does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).



Application Revised 04/25/2023

Please complete entire form.

Below Market Rate Rental Housing Agreement

BMR HOUSING MONITORING CHECKLIST & CERTIFICATION

This form serves to document and certify that: (1) the designated Affordable Rental Unit will be occupied by a low- or moderate-income (LMI) Household (i.e., earning 80% or less of Area Median Income); and (2) the Household's total Housing Expenses do not exceed 30% of the monthly income of a Household earning 80% of Area Median Income (AMI). Owner and Household members must complete, sign, and date this form, where indicated. Income for all adult Household members (i.e., 18 years old or older) must be reported. Agency will notify Owner within 10 business days from receipt of this form of any additional information necessary to review the application. If the application is approved, Agency will provide written notice (in electronic or paper format) to Owner. If rental application is incomplete or does not conform to the requirements, then Agency will issue a written Denial Notice (in electronic or paper format), itemizing how the application is incomplete and/or does not conform to the requirements.

PROPERTY ADDRESS: _____

#	Prospective Tenant Name <small>(include temporarily absent family members)</small>	Age
1.		
2.		
3.		
4.		
5.		

With this form, please submit a check payable to "Ithaca Urban Renewal Agency" for either: ❶ \$100.00; or ❷ \$50.00, if prospective tenant Household has applied for HUD Section 8 Housing Choice Voucher (HCV) Program, HUD Veterans Affairs Supportive Housing (VASH) Program, Tompkins County Department of Social Services rental assistance, or similar program, and you have attached a fully completed/executed application/enrollment form.

Release & Disclosure Form

Complete Copy of Lease (should document which utilities, if any, are included in rent)

Monthly Rent: \$ _____ No. of Bedrooms: _____

Included Utilities:

- Gas
- Hot Water
- Electricity
- Water & Sewer
- Trash
- Other: _____

Pls. contact us with any questions:
Charles Pyott, Contracts Monitor
 607-274-6565, cpyott@cityofithaca.org

For any utilities *not* included in the rent payment, please attach 12 months of documentation for those utility costs (e.g., for gas/electricity: provide NYSEG monthly statements, proofs-of-payment, or NYSEG online billing images/print-outs). If employing Ithaca Housing Authority (IHA) "Summary Allowance for Tenant-Furnished Utilities & Other Services" chart, attach the chart and circle the relevant utility costs being paid by Household.

— **ANNUAL HOUSEHOLD INCOME** —

Check this box if Household has applied for HUD Section 8 Housing Choice Voucher (HCV) Program, HUD Veterans Affairs Supportive Housing (VASH) Program, Tompkins County Department of Social Services rental assistance, or similar program. If so, please attach a fully completed/executed application/enrollment form.

INCOME SOURCE DOCUMENTATION (submitted and on file)

Tenant/Applicant #1:

<u>Wages & Salaries</u>	<u>Self-Employment</u>	<u>Pension, Benefits, & Public Assistance</u>	<u>Assets</u>	<u>Other</u>
<input type="checkbox"/> Pay Stubs/Statements <input type="checkbox"/> Employer Verification <input type="checkbox"/> IRS Tax Return <input type="checkbox"/> Employer W-2 Form	<input type="checkbox"/> Tax Return <input type="checkbox"/> Accountant Report <input type="checkbox"/> IRS Form 4506-T	<input type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment <input type="checkbox"/> Check Stubs <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Bank Statement <input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Award Letter <input type="checkbox"/> Check Stubs <input type="checkbox"/> Bank Statement	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Military Pay

Tenant/Applicant #2:

<u>Wages & Salaries</u>	<u>Self-Employment</u>	<u>Pension, Benefits, & Public Assistance</u>	<u>Assets</u>	<u>Other</u>
<input type="checkbox"/> Pay Stubs/Statements <input type="checkbox"/> Employer Verification <input type="checkbox"/> IRS Tax Return <input type="checkbox"/> Employer W-2 Form	<input type="checkbox"/> Tax Return <input type="checkbox"/> Accountant Report <input type="checkbox"/> IRS Form 4506-T	<input type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment <input type="checkbox"/> Check Stubs <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Bank Statement <input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Award Letter <input type="checkbox"/> Check Stubs <input type="checkbox"/> Bank Statement	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Military Pay

Tenant/Applicant #3:

<u>Wages & Salaries</u>	<u>Self-Employment</u>	<u>Pension, Benefits, & Public Assistance</u>	<u>Assets</u>	<u>Other</u>
<input type="checkbox"/> Pay Stubs/Statements <input type="checkbox"/> Employer Verification <input type="checkbox"/> IRS Tax Return <input type="checkbox"/> Employer W-2 Form	<input type="checkbox"/> Tax Return <input type="checkbox"/> Accountant Report <input type="checkbox"/> IRS Form 4506-T	<input type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment <input type="checkbox"/> Check Stubs <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Bank Statement <input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Award Letter <input type="checkbox"/> Check Stubs <input type="checkbox"/> Bank Statement	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Military Pay

Tenant/Applicant #4:

<u>Wages & Salaries</u>	<u>Self-Employment</u>	<u>Pension, Benefits, & Public Assistance</u>	<u>Assets</u>	<u>Other</u>
<input type="checkbox"/> Pay Stubs/Statements <input type="checkbox"/> Employer Verification <input type="checkbox"/> IRS Tax Return <input type="checkbox"/> Employer W-2 Form	<input type="checkbox"/> Tax Return <input type="checkbox"/> Accountant Report <input type="checkbox"/> IRS Form 4506-T	<input type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment <input type="checkbox"/> Check Stubs <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Bank Statement <input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Award Letter <input type="checkbox"/> Check Stubs <input type="checkbox"/> Bank Statement	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Military Pay

Tenant/Applicant #5:

<u>Wages & Salaries</u>	<u>Self-Employment</u>	<u>Pension, Benefits, & Public Assistance</u>	<u>Assets</u>	<u>Other</u>
<input type="checkbox"/> Pay Stubs/Statements <input type="checkbox"/> Employer Verification <input type="checkbox"/> IRS Tax Return <input type="checkbox"/> Employer W-2 Form	<input type="checkbox"/> Tax Return <input type="checkbox"/> Accountant Report <input type="checkbox"/> IRS Form 4506-T	<input type="checkbox"/> Award Letter <input type="checkbox"/> Unemployment <input type="checkbox"/> Check Stubs <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Bank Statement <input type="checkbox"/> SS, SSI, SSDI	<input type="checkbox"/> Award Letter <input type="checkbox"/> Check Stubs <input type="checkbox"/> Bank Statement	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Child Support/Alimony <input type="checkbox"/> Military Pay

APPLICANT(S)/TENANT(S) & OWNER ACKNOWLEDGEMENTS

APPLICANT(S)/TENANT(S)

Under penalty of perjury, I/we certify the information I/we provided about my/our household income is true and accurate to the best of my/our knowledge. I/we further agree to provide any income source document item that is required to establish my/our eligibility.

_____ Signature	_____ Full Name (PLEASE PRINT)	_____ Date
_____ Signature	_____ Full Name (PLEASE PRINT)	_____ Date
_____ Signature	_____ Full Name (PLEASE PRINT)	_____ Date
_____ Signature	_____ Full Name (PLEASE PRINT)	_____ Date
_____ Signature	_____ Full Name (PLEASE PRINT)	_____ Date

OWNER

I certify all the information provided on this form is true and accurate to the best of my knowledge.

_____ Signature	_____ Full Name (PLEASE PRINT)	_____ Date
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Below Market Rate Rental Housing Agreement
BMR HOUSING MONITORING VERIFICATION CHECKLIST

PROPERTY ADDRESS: _____

DATE: _____

#	Prospective Tenant Name <small>(include temporarily absent household members)</small>	Age
1.		
2.		
3.		
4.		
5.		

This form is completed by the Agency and provided to the Owner within 10 business days of receiving the Rental Application (and required attachments).

Pls. contact us with any questions:
Charles Pyott, Contracts Monitor
 607-274-6565, cpyott@cityofithaca.org

Following Documents/Information Missing:

- Prospective Tenant Rental Application (completed and signed)
- Affordable Housing Monitoring Checklist & Certification Form
- Release & Disclosure Form
- Proposed Lease
- Source of Income Documentation
- Household applied for HUD Section 8 Housing Choice Voucher (HCV) Program, HUD Veterans Affairs Supportive Housing (VASH) Program, Tompkins County Department of Social Services rental assistance, or similar program, but we never received a fully completed/executed application/enrollment form.
- Other: _____

Income & Rent Limit Verification

Rent Charged per Lease: \$ _____

Rent Limit (by unit size): \$ _____

Tenant/Applicant #1 Annual Income: \$ _____

Tenant/Applicant #2 Annual Income: \$ _____

Tenant/Applicant #3 Annual Income: \$ _____

Tenant/Applicant #4 Annual Income: \$ _____

Tenant/Applicant #5 Annual Income: \$ _____

TOTAL HOUSEHOLD ANNUAL INCOME: \$ _____

No more than 80% of Area Median Income for Tompkins County.

Monthly Household-Paid Utility Costs:

Gas: \$ _____

Hot Water: \$ _____

Electricity: \$ _____

Water & Sewer: \$ _____

Trash: \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Total: \$ _____

TOTAL HOUSING EXPENSES: \$ _____

No more than 30% of monthly income of Household earning 80% of Area Median Income.

Below Market Rate Rental Housing Agreement

RELEASE & DISCLOSURE FORM

PROPERTY ADDRESS: _____

I/We, the undersigned, do hereby authorize and consent to the release of information associated with my/our employment, income, and/or assets between and among the following organizations, for purposes of reviewing and verifying information provided as part of my/our apartment rental application:

- Ithaca Urban Renewal Agency (IURA)

I/We understand that I/we am/are consenting to the release of information otherwise specifically excluded from release under the law. Verifications and inquiries that may be requested include but are not limited to: personal identity; employment, income, and assets; and medical or childcare allowances. I/We understand this authorization *cannot* be used to obtain any information about me/us that is not pertinent to my eligibility for my/our apartment rental.

The groups, organizations, and/or individuals who may be asked to release and/or verify the above information include but are not limited to:

- Past/Present Employers
- Welfare Agencies
- U.S. Veterans Administration
- Previous Landlords (including Public Housing Agencies)
- State Unemployment Agencies
- Retirement Systems
- U.S. Social Security Administration
- Banks & Other Financial Institutions
- Support & Alimony Providers
- Medical & Childcare Providers

I/We understand this authorization and consent will remain in effect until the termination of my/our lease.

(Signatures appear on following page.)

I/We understand that no party may disclose any of this information beyond the above-listed organizations, unless I/we give prior written consent.

Signature	Full Name (PLEASE PRINT)	Date
Signature	Full Name (PLEASE PRINT)	Date
Signature	Full Name (PLEASE PRINT)	Date
Signature	Full Name (PLEASE PRINT)	Date
Signature	Full Name (PLEASE PRINT)	Date

**Below Market Rate Rental Housing Agreement
EMPLOYMENT VERIFICATION FORM**

THIS SECTION TO BE COMPLETED BY RENTAL APPLICANT/TENANT & OWNER

Applicant/Tenant Name (PLEASE PRINT)

I hereby authorize release of my employment information:

Signature of Applicant/Resident

Date

The individual named above is an applicant/tenant in the Community Housing Development Fund affordable housing program, which requires verification of income. *The information provided will remain absolutely confidential.* Your prompt response is very much appreciated.

Owner Name (PLEASE PRINT)

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please use gross amounts. Do not leave any sections blank. Enter "0" or "n/a," if hours/amounts are not applicable.

Employee Name: _____ Job Title/Role: _____

Currently Employed: Yes No

Start-Date: _____

Current Wage/Salary: \$ _____ hourly weekly bi-weekly semi-monthly monthly yearly other: _____

Average Number of Hours per Week: _____

Overtime Rate: \$ _____ per hour

Number of Overtime Hours per Week: _____

Shift Differential Rate: \$ _____ per hour

Number of Shift Differential Hours per Week: _____

Commissions/Bonuses/Tips: \$ _____ hourly weekly bi-weekly semi-monthly monthly yearly other: _____

Is employee enrolled in a 401(k) retirement account? Yes No

Can employee access the account? Yes No

What is the total amount in the 401(k) accessible to employee without termination or retiring? \$ _____

List any anticipated change in employee's pay rate over the next 12 months: _____

Effective Date: _____

If the employee's work is seasonal or sporadic, please indicate lay-off period(s): _____

Employer's Signature

Employer's Name (PLEASE PRINT)

Date

Organization/Company Name & Address

Phone No.

E-Mail Address