

Rental Application

Return completed form to:

**Property Management
Lakeview Health Services, Inc.
600 West Washington St.
Geneva, NY 14456**

**Fax: 315-789-5515
Email: scampbell@lakeviewhs.org
Phone: 315-787-0425**

→ Instructions: Answer ALL questions or check N/A. Incomplete applications will be returned. Print Clearly.

This application must be completed by the applicant. In the event assistance is required, please contact Property Management as the applicant will need to complete an affidavit stating why assistance was required (i.e. language barrier, physical disability, etc.), and who provided the assistance.

List each person who will reside in the unit. Do not include minors who will be present less than 50% of the time.

→ CHECK DESIRED APARTMENT PROGRAM AND BEDROOM SIZE

Ithaca SRO 320 Third St. Ithaca, NY 14850	Lakeview Heights 2022 Balsley Rd. Seneca Falls, NY 13148	Woodland Commons 1950 State Route 31 Macedon, NY 14502
<input type="checkbox"/> Residential Apartment Program - Studio	<input type="checkbox"/> Residential Apartment Program – 1 Bdrm <input type="checkbox"/> Community Apartment <input type="checkbox"/> Studio <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> Residential Apartment Program – 1 Bdrm <input type="checkbox"/> Community Apartment – 1 Bdrm <input type="checkbox"/> SP-SRO Apartment – 1 Bdrm

→ REQUESTED ACCOMMODATION

Do you require a handicap accessible apartment: Yes No

Type of accessible apartment required: Mobility Accessible Audio/Visual Accessible N/A

→ PREFERENCE

Check the box for any of the following that apply to you:

Veteran
 Homeless
 Current Sub-Standard Housing
 On Public Housing Wait List
 N/A
for Sub-Standard Housing

→ HOUSEHOLD INFORMATION:

APPLICANT 1:			
Name (First, MI, Last):		Date of Birth:	
Social Security #:		Have you ever used a different SS#:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address:			
Home Phone:	Cell Phone:	Email:	
Have you ever been married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Are you currently a Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Status:	<input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/> N/A
Have you been a student at any time during this calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates:	
Do you have plans to attend school in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates:	

→ ALL OTHER PROPOSED OCCUPANTS:

	Name	Relationship to Applicant	DOB	Age	Social Security Number	Student
1						<input type="checkbox"/> Yes <input type="checkbox"/> No
2						
3						



→ STUDENT INFORMATION

Will the household contain at least one occupant who is not a student and has not been/will not be a student for 5 months or more out of the current calendar year (months need not be consecutive).	<input type="checkbox"/> Yes <input type="checkbox"/> No
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→ REFERENCES

	Personal Reference # 1	Personal Reference # 2
Name:		
Street Address:		
City, State, Zip:		
Phone Number:		
Relationship:		
Length of time known:		

→ RENTAL/RESIDENCE HISTORY

	Current Residence	Immediate Past Residence	Prior Residence
	From/To	From/To	From/To
Did you Rent or Own?	<input type="checkbox"/> Rented <input type="checkbox"/> Owned	<input type="checkbox"/> Rented <input type="checkbox"/> Owned	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Dates of Residency:	-	-	-
Street Address:			
City:			
State & Zip:			
Landlord Name:			
Landlord Street Address:			
Landlord City:			
Landlord State & Zip:			
Landlord Phone Number:			
Rent Amount:			
Reason for Leaving:			
Is/was Rent Paid in Full?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you Give Notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you Asked to Move?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

→ INCOME

Type of Income	Applicant # 1			Applicant # 2		
	Check One	Amount	Frequency	Check One	Amount	Frequency
Monthly Gross Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Monthly SSD, SSI, SSP	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Monthly Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Income:	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

→ EMPLOYMENT

APPLICANT 1:					
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, complete the following:</i>			
Employer's Name:		Date Hired:			
Employer's Address:		Monthly Gross Income:			
Phone number:					

→ SECTION 8 & RENT STIPENDS

Rent Subside/Stipend	Applicant # 1		Applicant # 2	
	Check One	If YES – List Agency and County	Check One	If YES – List Agency and County
Are you receiving a Section 8 subsidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you on a Section 8 Wait List?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving a Rent Stipend? (Any Source)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	



➔ ASSETS

Type of Asset	Applicant # 1			Applicant # 2		
	Check One	Name of Bank/Institution	Value	Check One	Name of Bank/Institution	Value
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cash on hand	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

➔ ADDITIONAL INFORMATION

Do you or anyone else in the household have a Representative Payee?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rep Payee contact information – Name:			
Street Address:			
City, State, Zip:			
Telephone:		Email:	
Has anyone listed on the application been convicted of producing methamphetamine in their home?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone listed on the application legally required to be a lifetime registrant on the sex offender registry?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone listed on the application been convicted of using, dealing or manufacturing illegal drugs?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone listed on the application been convicted of causing harm to another person or property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
A criminal background check will be obtained. Please provide comments on potential negative findings:			
How did you hear about this apartment?			

➔ Agreement & Authorization Signature - All adult applicants, 18 or older, must sign this application

I certify that all information I have provided above is true and accurate to the best of my knowledge. I have revealed all assets currently held or previously disposed of in the last two years and I have no assets other than those listed on this form (except personal property). I understand that providing false statements or information is punishable by law and will lead to cancellation of my application or termination of tenancy after occupancy.

I understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. All applicants must meet screening criteria, including income and asset verification, landlord and reference checks and credit and criminal checks.

I understand that acceptance of my application does not guarantee rental of an apartment.

I hereby give permission for Lakeview Health Services, Inc. to verify all of the information provided in this application including references and to obtain my consumer credit report and criminal background report. Property Management staff will do an individualized assessment of the applicant if the criminal background check shows criminal convictions and/or pending arrests of crimes that relate to the behavior expected of a tenant which is to live peaceably alongside other tenants, and to respect their property. This assessment will examine multiple factors when considering the application. The applicant has a right to review, contest and explain the information contained in the criminal background check and present evidence of rehabilitation. My signature is my consent to obtain all such verifications.

_____	_____	_____
Print Applicant # 1 Name	Applicant # 1 Signature	Date
_____	_____	_____
Print Applicant # 2 Name	Applicant # 2 Signature	Date

FOR OFFICE USE ONLY

This application was reviewed with me at my screening interview on: _____.

- No update to the information on this application was required
- Updates to the information on this application were made on my Certification Interview Form

_____	_____	_____
Print Applicant # 1 Name	Applicant # 1 Signature	Date
_____	_____	_____
Print Applicant # 2 Name	Applicant # 2 Signature	Date

