

I F C A
P.O. Box 790
138 Spring Street
Ossining, N.Y. 10562
(914) 941-5252
(914) 941-7392 - FAX

APARTMENT APPLICATION

Date _____

Name: _____ Telephone-Home: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Family Composition:

Name: _____	D.O.B.: _____	Sex: _____	Relationship: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Apt. size needed: _____ (bedrooms)

Have you ever applied for IFCA housing before, or been a resident? () Yes () No

If so when and/ or where: _____

How many years at present address? _____

Your reason for moving: _____

Landlord's Name: _____ Landlord's Telephone No: _____

Landlord's Address: _____ Rent at present address: \$ _____

Employer: _____

Address: _____

Telephone No: _____ Supervisor's name: _____

Salary before deductions: _____ (circle one) per week \$ _____ hrly rate
bi-weekly
monthly

Other Source of income(s): _____ (Public Assistance, SSI, SSD, unemployment, other)

Amount of this income: \$ _____

Do you have Section 8 Assistance? _____ Certificate: Voucher:

Section 8 Agency: _____ Amount subsidized: _____

Do you have any pets? _____ (specify)

Do you have a car? _____ Make/model: _____

License #: _____ Plate #: _____

Who referred you to our office? _____

=====
For office use only:

Date apt.shown: _____

Address: _____

Applicant is IFCA eligible _____ yes _____ no

Date: _____ initial: _____

IMPORTANT:

This housing service is provided free of charge. Absolutely no payment, gratuity or favors will be accepted in return for the services rendered. Incomplete applications will not be processed. Applications will be kept on file for one year. It is your responsibility to renew your application if you so choose.