



IFCA Housing Network
 138 Spring Street, PO Box 790, Ossining, NY 10562
 914.941.5252 Fax: 914.941.7392 www.ifcany.org

*Since 1968, sustaining community, diversity & opportunity
 through affordable/workforce housing & vital social services*

Office use only

Apartment Desired: _____

Move in Date: _____

Rental Rate: _____

**VILLAGE HALL MEWS RENTAL APPLICATION
 Tarrytown, NY 10591**

Date _____

Applicant _____ Date of Birth _____ Social Security # _____

Current Address _____ Home phone _____
Street City State Zip

homeowner renter Work phone _____

Other Names you have been known by: _____

Co-Applicant _____ Date of Birth _____ Social Security # _____

Other names Co-Applicant has been known by _____

Apt. Size Desired _____

Do you have a Section 8 Voucher? yes no

LOCAL AFFILIATIONS - Please check all that apply:

- I have lived in Tarrytown for _____ years.
- I am employed in Tarrytown.
- I am an employee of the Village of Tarrytown as a _____ .
- A relative _____ (specify) lives in Tarrytown.
- I volunteer my services in Tarrytown at (specify) _____ .
- My other connections to Tarrytown include:

Do you have any pets? yes no

How did you hear about IFCA? _____

Have you ever been convicted of a criminal offense? Y _____ N _____

Explanation _____

Have you ever been evicted from a rental property ? _____

Residence History (5 Years)

Current Address _____ Length of Residence _____

Landlord _____ Monthly Rent _____

Landlord's Address _____ Phone _____

Average Utility Cost _____ Do you owe any rent? _____ If yes, how much? _____
Street City State Zip

Reason for moving _____

Previous Address _____ Length of Residence _____

Landlord _____ Monthly Rent _____

Landlord's Address _____ Phone _____

Average Utility Cost _____ Do you owe any rent? _____ If yes, how much? _____
Street City State Zip

Reason for moving _____

(if necessary, record additional housing history on separate sheet)

Other occupants in the apartment:

	Name (s)	Relation to Head of household	Date of Birth	Soc. Sec. No.	Sex
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Anticipated Changes in Household _____

Credit References

Company Name	Location	Mo. Payment	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Banking References

Company Name	Location	Mo. Payment	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income Information:

Income figures should be based on your last Federal Income Tax returns. Attach copies of these returns with any W2/1099 forms for the last 2 years. Provide additional documentation for each item reported which does not appear on an income tax return. If you have any questions, contact IFCA at 941-5252.

ALL INCOME taxable and tax-exempt	FIRST EARNER'S NAME		SECOND EARNER'S NAME		THIRD EARNER'S NAME	
Wages and Tips						
Investment Interest (include tax-exempt)						
Dividends						
Social Security/Pension						
SSI Disability						
Unemployment Insurance						
Veterans Benefits						
Trust Funds						
Insurance proceeds						
Alimony/Child support						
All other Income						
EACH EARNER'S TOTAL INCOME	\$		\$			

TOTAL HOUSEHOLD INCOME (add all Earner's Total Incomes) \$ _____

ALL ASSETS	FIRST EARNER'S NAME		SECOND EARNER'S NAME		THIRD EARNER'S NAME	
Bank Accounts'						
Mutual Funds						
Stocks & Bonds						
Real Estate						
All Other Assets						
EACH EARNER'S TOTAL ASSETS	\$		\$		\$	

TOTAL HOUSEHOLD ASSETS (add all Earner's Total Assets) \$ _____

Present Employment and Other Income Received By Family Members

Name	Employer	Position	From/To	Monthly Gross Income
_____	_____	_____	_____	_____
Address _____				Phone _____
Street	City	State	Zip	
_____	_____	_____	_____	_____
Address _____				Phone _____
Street	City	State	Zip	
_____	_____	_____	_____	_____
Address _____				Phone _____
Street	City	State	Zip	

Vehicle Ownership (Including company cars, motorcycles, etc.)

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Make/Model _____ Yr. _____ Color _____ Lic. No. _____
Make/Model _____ Yr. _____ Color _____ Lic. No. _____

Character References (Other than relatives)

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

In Case of Emergency Notify

Name _____ Address _____ Phone _____
Street City State Zip
Name _____ Address _____ Phone _____
Street City State Zip

I/We authorize IFCA to verify the information supplied herein and agree a full disclosure of pertinent facts may be made to IFCA as to my/our character, general reputation, income, credit check and mode of living. This application may be rejected as a result of any misrepresentation or insufficient information. This information will be used to evaluate my/our eligibility for tenancy.

Acceptance of this application and any monies deposited herewith, is not binding upon IFCA until approved by IFCA in writing.

I/We understand that the funding agencies supporting the Village Hall Mews project require that the opportunity to rent be offered to applicants within certain income limitations. I/We also understand that the IFCA, Inc. requires backup documentation of my total household income and assets, and may require further information to verify total household income and assets upon application review.

Applicant

Date

Co-Applicant

Date





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Basic Tenant Rules That Must Be Followed

- Pay your rent on time
- Keep your apartment clean
- Do not disturb your neighbor
- Do not disrespect IFCA staff
- No Pets Allowed

I acknowledge that I have read and agree to follow the above rules if I rent an apartment from IFCA Housing Network.

Signature

Name (please print)

Date