

Cayuga View Luxury Living Housing Application

Please complete the following application and return to to:

cayugaview@rcgltd.net

Fax: 607-339-0936

Mail:
Cayuga View Luxury Living
16 Cinema Drive
Ithaca, NY 14850



All items must be completed in order to determine your eligibility. If an item does not apply to you, please mark "N/A" on that line. Every applicant will be required to go through a formal interview before eligibility is determined. Incomplete applications may disqualify you from consideration

A. General Information - Please circle one: MR. MRS. MS. MISS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ E-Mail Address: _____

Please select your preferred bedroom size and floor plan:

- The Ithaca** (725 square-feet; 1 Bedroom, 1 Bath) Available on floor number 2, 3, and 4
- The Cascadilla** (900 square-feet; 2 Bedroom, 2 Bath)
- The Cayuga** (1,050 square-feet; 2 Bedroom, 2 Bath)
- The Trihammer** (1,110 square-feet; 2 Bedroom, 2 Bath)

Please select your preferred floor: **1st floor** **2nd floor** **3rd floor** **4th floor**
 (See cover page for pricing information and floor plans)

B. Household Composition – List all persons, including yourself, who will be living in the apartment.

Name (List Head of Household first)	Relationship	Birth Date	Social Security Number
1.	HEAD		- -
2.			- -
3.			- -
4.			- -

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C. Income – All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Employment Wages – Gross Monthly Amount	\$
	Employment Wages – Gross Monthly Amount	\$
	Social Security – Gross Monthly Amount	\$
	Social Security – Gross Monthly Amount	\$
	Pension/Annuity – Gross Monthly Amount	\$
	Pension/Annuity – Gross Monthly Amount	\$
	Interest Income – (Bank and Investment Accounts, etc.)	\$
	Other Income – (Please Describe)	\$

D. References – Current Landlord

Name _____ Address _____ State _____ Zip Code _____ () _____ Phone Number _____

Rental Began: _____ Current Rent: \$ _____ per _____

E. Previous Landlords

Name of Landlord	Address	Phone Number	Apartment Address	Period Rented
1.				From: To:
2.				From: To:
3.				From: To:

F. Other Information

Have you ever been evicted or served with a Notice to Quit? Yes No

If yes, describe reason(s):

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List any vehicles that you own: Yr./Make: _____ License Plate _____

Yr./Make: _____ License Plate _____

Do you wish to reserve garage parking? **1 Vehicle** **2 Vehicles** **No, thanks**
 (Garage parking is billed at an additional \$110 per month, per vehicle.)

Do you own a pet? **Yes** **No** If yes, describe _____
 (All pets are subject to the property's Pet Policy and must be approved in advance of occupancy. Additional pet fee of \$30 per month.)

Would you benefit from a Reasonable Accommodation due to a disability? **Yes** **No**
 (Accommodation requests will require completion and approval of a Reasonable Accommodation Request Packet.)

- Wheelchair Accessible Unit
- Hearing/Visually Impaired Accommodation
- Other, please describe _____

G. Signatures

Signed: _____ Date _____
Head of Household

_____ Date _____
Spouse/Co-Tenant

_____ Date _____
Adult Household Member

_____ Date _____
Adult Household Member

Office Use Only:

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Application Received Date:	
Application Number:	
Received By:	
Application Fee Receipt #:	

Applicant Authorization and Consent to Obtain Information

Authorization

I/We _____ the undersigned, hereby authorize all persons or companies in the categories listed below to release information regarding income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager/agent of Cayuga View Senior Living Apartments.

Information Covered

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, date of birth, employment income, additional income sources, and assets. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

Groups or Individuals that May be Asked:

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Support and Alimony Providers	Veterans Administration
State Unemployment Agencies	Retirement Systems	Life Insurance/Annuity
Social Security Administration	Banks/Financial Institutions	Previous Landlords

Conditions:

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

Signatures

(.)	Applicant Signature (Head of House)	Date
(.)	Spouse/Co-Applicant Signature	Date
(.)	Household Member Signature	Date
(.)	Household Member Signature	Date