



1. Fill in all areas of application in full.
2. Include all adult Social Security Numbers.
3. Include all previous addresses, including city, zip codes and landlords name and complete address.
4. **FAILURE TO FILL OUT APPLICATION PROPERLY WILL AUTOMATICALLY DISQUALIFY APPLICANT.**

www.tonha.org



Dear Applicant,

So as not to cause you to submit an application that will be rejected, we are listing the main reasons for rejection of an application.

- Unable to have a utility turned on in the Lessee's name
- Prior eviction from public or private housing
- Non-payment of rent or judgment for non-payment from a previous landlord
- Must show sufficient income to pay rent and sustain the family unit.
- Failure to return a signed REQUEST FOR INSPECTION OF RECORDS FORM, which is enclosed in the packet, with a copy of a valid photo I.D. with your application
- Fraudulently answering any question on your application

*****IMPORTANT: WE UPDATE OUR APPLICATION LISTS EACH YEAR BY MAILING RENTAL APPLICATION UPDATE FORMS. FAILURE TO RETURN THE UPDATE BY THE DUE DATE WILL RESULT IN CANCELLATION OF YOUR APPLICATION. IT IS EXTREMELY IMPORTANT THAT YOU KEEP US APRISED OF YOUR CURRENT MAILING ADDRESS AT ALL TIMES, AS THIS IS OUR ONLY METHOD OF CONTACT. FAILURE TO DO SO WILL RESULT IN RETURNED MAIL, LEADING TO CANCELLATION OF YOUR APPLICATION.**

THANK-YOU FOR YOUR COOPERATION,

TONAWANDA HOUSING AUTHORITY

**TONAWANDA HOUSING AUTHORITY
200 GIBSON STREET
TONAWANDA, NY 14150
(716)692-3555**

**PRELIMINARY APPLICATION FOR HOUSING
ANSWER ALL QUESTIONS IN FULL**

Date _____ Have you lived here before _____ If so, when _____ Under what name _____
 Last Name of Applicant(s) _____ First Name _____
 Last Name of Applicant(s) _____ First Name _____
 Is applicant U.S. Veteran _____ Name of Veteran _____ Date Inducted _____ Discharged _____

List below names of ALL Persons, including self, who are to occupy the unit.

	NAME	SOCIAL SECURITY NUMBER
1.		
2.		
3.		
4.		
5.		
6.		

Occupancy Standards - Under normal circumstances, each bedroom is expected to accommodate 2 persons. If you feel you require a variance in these standards, please state your reasons below.

Amount of present rent? _____ If utilities are not included, Electricity \$ _____ Gas \$ _____
 Are you living with friends or relatives? _____ If yes, explain briefly _____

How far is present residence from place of work? _____ Do you own a car? _____ Have you been asked to move? _____ By landlord? _____ By Court Order? _____ Date you must vacate _____
 Reason for eviction: _____

Is your present rent subsidized? _____
 List below your last three addresses - starting with present address.

	ADDRESS (INCLUDE ZIP CODES)	DATE FROM - TO	NAME, ADDRESS, PHONE# OF LANDLORD
Present			
1st Previous			
2nd Previous			

List below ALL places of employment and gross income received by each person who will live with you.

NAME OF PERSON	PLACE OF EMPLOYMENT	FROM - TO	GROSS INCOME

Do you or any person who will live with you receive income from any source other than the employment listed above? ___ Check source and amount.

- | | | | |
|-----------------------|--------------------|--------------------|--------------------|
| A. Military Allotment | \$ _____ per _____ | F. Social Security | \$ _____ per _____ |
| B. Support Payments | \$ _____ per _____ | G. SSI | \$ _____ per _____ |
| C. Unemployment | \$ _____ per _____ | H. Dividends | \$ _____ per _____ |
| D. Dept. of Welfare | \$ _____ per _____ | I. Interest | \$ _____ per _____ |
| E. Pension or annuity | \$ _____ per _____ | J. Other | \$ _____ per _____ |

Total amount of indebtedness? _____ Monthly Payments _____

List below reasons you feel make it necessary to have housing at the Tonawanda Housing Authority.

The Tonawanda Housing Authority maintains a Senior Citizen's Complex (Jacob J. Guzzetta Apartments) for adults 55 years or older. Would you be interested in such accommodations?

List below two credit references and two personal references:

	NAME	ADDRESS
CREDIT		
CREDIT		
PERSONAL		
PERSONAL		

I understand that this is not a contract and does not bind either party. This application must be signed by the applicant before it can be considered by the Landlord. Any deliberate misstatement of pertinent facts is considered by the Landlord as grounds to reject the applicant. This application must be signed by all adults over the age of 18. By signing, the applicant recognizes that the Landlord or his agent may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Landlord. The Landlord may also require a credit report and information relative to the applicants background to include criminal records for the purpose of determining tenant viability and by signing below, the applicant authorizes this. **THE APPLICANT MUST BE 18 YEARS OF AGE TO SIGN THIS APPLICATION.**

DATE _____ TELEPHONE NUMBER _____

SIGNED _____

SIGNED _____

THE OFFICE TO WHICH YOU APPLIED SHOULD BE INFORMED, IN WRITING, OF ANY CHANGES

MANUAL VERIFICATION EMPLOYMENT FORM

Applicants Information

Last Name	First Name	Middle	Social Security	Birthday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	State	Zip	How Long
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone Number	Cell Phone Number	Email address (leave blank if none)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicants Current Employment Information

Employer's Name	Phone	Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	State	Zip	How Long
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Income	Start Date	End Date	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicants Previous Employment Information

Employer's Name	Phone	Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	State	Zip	How Long
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Income	Start Date	End Date	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MANUAL VERIFICATION EMPLOYMENT FORM

Applicants Information

Last Name	First Name	Middle	Social Security	BirthDay
Address	City	State	Zip	How Long
Home Phone Number	Cell Phone Number	Email address (leave blank if none)		

Applicants Current Employment Information

Employer's Name	Phone	Contact		
Address	City	State	Zip	How Long
Income	Start Date	End Date	Position	

Applicants Previous Employment Information

Employer's Name	Phone	Contact		
Address	City	State	Zip	How Long
Income	Start Date	End Date	Position	



200 Gibson Street / Tonawanda, New York 14150 / 716-692-3555

TONAWANDA HOUSING AUTHORITY
200 GIBSON STREET
TONAWANDA, NY 14150
(716) 692-3555

I hereby give authorization to my present/previous landlord to release to the Tonawanda Housing Authority all information pertinent to my past/present tenancy.

Date: _____

Signed by Applicant: _____

Signed by Applicant: _____

SUPPLEMENT TO APPLICATION FOR HOUSING

TO PROSPECTIVE TENANTS:

Please note that the Tonawanda Housing Authority reserves the right to deny your application if it receives information that you or any adult member of your household has been convicted of a crime or is engaging in criminal activity.

To assist the Housing Authority in making this determination you are required to truthfully answer the following questions.

YOU FAILURE TO ANSWER ALL QUESTIONS WILL AUTOMATICALLY RESULT IN A DENIAL OF YOUR APPLICATION

YOU WILL BE SUBJECT TO IMMEDIATE EVICTION IF THE HOUSING AUTHORITY LATER LEARNS THAT YOU HAVE NOT TRUTHFULLY ANSWERED ALL QUESTIONS.

Please add an additional page if your application will not fit in the space provided.

1. Have you or any adult member of your household been evicted from any apartment for drug related criminal activity in the past three years? Yes No Explain _____

2. Do you or any member of your household use illegal drugs or abuse alcohol? Yes No Explain _____

3. Are you or any member of your household subject to a lifetime registration under a state sex offender registration program? Yes No Explain _____

NOTE: A "YES" TO QUESTIONS 4,5,6 OR 7 WILL NOT AUTOMATICALLY RESULT IN A DENIAL OF YOUR APPLICATION.

4. Have you or any member of your household ever been convicted of a felony or misdemeanor? Yes No Explain _____

5. Have you or any member of your household ever been convicted of any crime (felony or misdemeanor) involving fraud, theft or any other dishonest conduct? Yes No Explain _____

6. Have you or any member of your household ever been convicted of any crime involving violence? (assault, rape, robbery, etc.) Yes No Explain _____

7. Are there any criminal charges pending against you or any member of your household? Yes No? Explain _____

8. Please list the names of all persons in your household who possess a driver's license.

Name	License Number	State
_____	_____	_____
_____	_____	_____

9. List all names which you or any other members of your household have used in the past 10 years. (maiden name, alias, etc)

Name	Names Used
_____	_____
_____	_____

The Tonawanda Housing Authority reserves the right to order criminal background checks of you and any member of your household. For that purpose you and the adult members of your household are requested to sign the following consent.

THE FAILURE OR REFUSAL OF ANY PROSPECTIVE TENANT OR ANY ADULT MEMBER OF THE TENANT'S HOUSEHOLD TO SIGN THE CONSENT WILL RESULT IN AN AUTOMATIC DENIAL OF THE APPLICATION.

I (We) hereby authorize the appropriate law enforcement agency to release criminal records and or sex offender registration information to the Tonawanda Housing Authority. I understand that such information is to be used solely to determine my eligibility as a prospective tenant of the Tonawanda Housing Authority and for no other purpose.

Applicant Signature

Applicant Signature

Applicant Signature

Application Declarations and Authorization

(To accompany the rental application)

Accurate Information. You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any question or give false information, we may reject the application, retain all application fees as liquidated damages for our time and expense. Giving false information is a serious criminal offense.

Authorization. You authorize us to verify all information relating to this application through any means, including but not limited to Straight Arrow Screening and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

(Each applicant must be named, sign, and date/time this "Declarations and Authorization")

<hr/> Applicant Name	<hr/> Applicant Signature	<hr/> Date/Time
<hr/> Applicant Name	<hr/> Applicant Signature	<hr/> Date/Time
<hr/> Applicant Name	<hr/> Applicant Signature	<hr/> Date/Time
<hr/> Applicant Name	<hr/> Applicant Signature	<hr/> Date/Time

TO BE SIGNED BY EACH APPLICANT OVER THE AGE OF 18 AND RETURNED WITH A COPY OF THEIR SOCIAL SECURITY CARD AND DRIVERS LICENSE. YOUR APPLICATION WILL BE REJECTED IF THIS INFORMATION IS NOT RETURNED.

Authorization and Consent

I _____, DOB _____ on this date, _____ authorize the City of Tonawanda Police Dept., to conduct what ever interviews and/or background investigation deemed necessary in their attempt to ascertain suitability and fitness of my character for a position of renter/tenant with the City of Tonawanda Housing Authority. I give this authorization and consent voluntarily. (Form must be signed in front of a Notary Public or Commissioner of Deeds.)

Date: _____

Signature of applicant: _____

Parent signature: _____

(Required if under 18 years of age.)

Sworn to me before this _____ day of _____, 20_____.

Signature of Notary Public or Commissioner of Deeds.

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE.

Authorization and Consent

(Must be completed to be considered for employment, renter/tenant, peddler/food truck permits or other applications deemed necessary)

I, _____, DOB _____, on this
Please print name
date _____ authorize the City of Tonawanda Police Department, to conduct whatever interviews and/or background investigations deemed necessary in their attempt to ascertain suitability and fitness of my character for:

(Please insert reason for requesting background. Ex. Peddler permit, employment, tenant.)

I give this authorization and consent voluntarily.

(Form must be signed in front of a Notary Public or Commissioner of Deeds.)

Date: _____

Signature of applicant: _____

Parent Signature: _____
(Required if applicant is under 18 years of age)

Sworn to me before this _____ day of _____, 20____.

Signature of Notary Public or Commissioner of Deeds

Any false statement, material error or significant omission may be sufficient grounds for removal of the candidate from further consideration for employment, rental, or city permit.

Please provide a copy of your driver's license.

See back for additional required form

Authorization and Consent

I _____, DOB _____ on this date, _____ authorize the City of Tonawanda Police Dept., to conduct what ever interviews and/or background investigation deemed necessary in their attempt to ascertain suitability and fitness of my character for a position of renter tenant with the City of Tonawanda Housing Authority. I give this authorization and consent voluntarily. (Form must be signed in front of a Notary Public or Commissioner of Deeds.)

Date: _____

Signature of applicant: _____

Parent signature: _____
(Required if under 18 years of age.)

Sworn to me before this _____ day of _____ 20_____

Signature of Notary Public or Commissioner of Deeds.

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE.