



# IFCA Housing Network

## GENERAL APPLICATION



### Info

IFCA Housing Network owns several properties in the Village of Ossining and one in Tarrytown, New York. Our portfolio includes apartment buildings to quaint Victorian multifamily homes. Each property is unique, as the majority are an average of 90 years old. Much care is taken to preserve as much of the original charm of these gracious old structures while ensuring they conform to current health and safety codes.

IFCA provides studios, one-bedroom, two-bedroom, three-bedroom apartments, and four-bedroom.

### Properties

Our properties are located in  
Ossining, NY

8 Broad Ave. (2,3 BDRM)

14-16 Broad Ave. (2,3,4 BDRM)

19 Hamilton Ave. (1,2 BDRM)

40 James St. (2 BDRM)

24-26 Ann St. (1,2 BDRM)

53-55 Hunter St. (1,2 BDRM)

65 Hunter St. (1,2 BDRM)

2 James St. (1,2 BDRM)

235 Spring Street (0,2,3 BDRM)

144 Spring St. (2,3 BDRM)

49 - 51 State Street (1,3 BDRM)

### To Apply

Applications are accepted on a  
rolling basis

IFCA Housing Network

138 Spring Street

Ossining, NY 10562,

Office: 914-941-5252

Completed applications may be  
hand-delivered or dropped in our  
drop box to the IFCA office,  
emailed, mailed or faxed

Fax: 914-941-7392

Online at [www.ifcany.org](http://www.ifcany.org)

Digital applications can be emailed  
[info@ifcany.org](mailto:info@ifcany.org)

### What You'll Need

- > Last 3 months' paystubs for all in household
- If self-employment provide your full tax return profit/loss statement
- > Most recent tax return & W2 for ALL household members
- > 3 months' most recent bank and investment statements for ALL household members
  - > Award letters for any other form of income such as SSI Disability, Social Security, Alimony/ Child Support, unemployment, Workers Comp, Welfare
- > If you receive a rent subsidy, bring a copy of your voucher

**\*Please contact us annually to ensure your application is up to date**

**IFCA General:**

8 Broad Ave.  
235 Spring St.  
19 Hamilton Ave.  
40 James St.  
24-26 Ann St.  
53-55 Hunter St.  
65 Hunter St.  
2 James St.  
144 Spring St./14-16 Broad Ave.  
49 - 51 State St.

**APPLICATION FOR TENANCY**  
**IFCA Housing Network**



**Application Deadline:**

**FIRST COME  
FIRST SERVED**

Date: \_\_\_\_\_

**Personal Information:**

**Primary Applicant**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Last Name Suffix (Jr., Sr., etc.) \_\_\_\_\_ Former Last Name (maiden, married) \_\_\_\_\_

Social Security Number (SSN) \_\_\_\_\_ Date of Birth \_\_\_\_\_

No SSN, are you in the U.S. on a Visa? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Driver's License/Visa Exp. Date \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

- Household Status (circle one):
- Single
  - Married/Partner
  - Married/Partner w/Children
  - Single w/Children
  - Roommates

**Co-Applicant (Any adult household member (18 years +))**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Last Name Suffix (Jr., Sr., etc.) \_\_\_\_\_ Former Last Name (maiden, married) \_\_\_\_\_

Social Security Number (SSN) \_\_\_\_\_ Date of Birth \_\_\_\_\_

No SSN, are you in the U.S. on a Visa? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Driver's License/Visa Exp. Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**Household Information:**

[ ] Only Primary Applicant

*Please list additional household members*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

**Current Residence Information:**

[ ] Same for all members of household

Street Address \_\_\_\_\_ Suite or Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

**Current Landlord Info**

Name of Apartment Community or Mortgage Co. \_\_\_\_\_

Type (circle one) Rent Own Other \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_

Management Office Contact Name: \_\_\_\_\_

Management Office Contact Phone: \_\_\_\_\_

Monthly Payment \_\_\_\_\_

Do you have a rent subsidy? ( ) Yes ( ) No

If yes, please indicate type: ( ) Section 8 Voucher ( ) CVR ( ) Other: \_\_\_\_\_

Reason For Moving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Information:**

First Name (not an occupant) \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Current Street Address \_\_\_\_\_ Suite or Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Type (circle one) Cell Home Work

**Vehicle Information:**

Your Vehicle Make/Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate No. \_\_\_\_\_ State \_\_\_\_\_

Second Vehicle Make/Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate No. \_\_\_\_\_ State \_\_\_\_\_

Other Vehicles: \_\_\_\_\_

**Pet Information:**

Do You Own Any Pets? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do You Have Any Service Animals? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, How Many? \_\_\_\_\_ Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_

Name \_\_\_\_\_

**Eviction/Conviction Information:**

Have you ever been evicted or asked to move out? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have You Ever Been Convicted of, or Pleaded Guilty or "No Contest" to, a Misdemeanor or Felony?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, When \_\_\_\_\_ What State \_\_\_\_\_ Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bankruptcy:**

Have you ever filed for bankruptcy?

Applicant \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

Co- Applicant \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_

**Additional Income:**

<b>INCOME taxable and tax-exempt-monthly</b>	<b>Primary Applicant</b>	<b>Co-Applicant</b>
Secondary source of 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		
<b>TOTAL INCOME</b>	<b>\$</b>	<b>\$</b>

**Total Household Assets:**

<b>ALL ASSETS</b>	<b>Primary Applicant</b>	<b>Co-Applicant</b>
Savings Accounts		
Checking Accounts		
Mutual Funds, IRA, 401(k)s, trusts, and/or Annuities, Life Insurance		
Stocks & Bonds		
Real Estate		
All Other Assets		
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>\$</b>

*Note: After the application is processed, this entire page will be securely shredded except when prohibited by law. Additional Documentation will be requested to confirm household income.*

**CERTIFICATION:**

I/We certify that all information contained herein is true. Material Falsification of information provided may result in the rejection of this application or in the termination of the lease agreement.

By submission of this application, I/We hereby authorize IFCA Housing Network or its agents to make such investigations into my credit, employment, rental and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing of this information.

**CONSUMER CREDIT INFORMATION:**

I/We hereby authorize IFCA Housing Network to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate references, or statements or other data obtained from me or from any person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the organizations listed above, to the owner, and to the agencies that made or will make funding available in connection with this property listed above in support of this application. I have been advised that I have the right under 606B of the Fair Credit Reporting Act, to make a written request, with a reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

\_\_\_\_\_  
Signature of Primary Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Please note: 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 6 months. It is your responsibility to renew your application if you choose.**

**FOR OFFICE USE ONLY:**

Approved/Declined By \_\_\_\_\_ Approval/Declined Date \_\_\_\_\_