

School House Commons

Senior Housing (over 62 years old)

YWCA of Western New York
 1005 Grant Street
 Buffalo, NY 14207
 Phone: 716-447-1334
 Fax: 716-447-1327

Please complete **ALL** requested information on all sides of this form.

Thank you for your interest in the School House Commons.

APPLICATION FOR HOUSING			
Applicant's Full Name		Phone Number	
Social Security No.		Driver's License Number & State	
Co-Applicant's Full Name		Phone Number	
Social Security No.		Driver's License Number & State	
LIST ALL HOUSEHOLD MEMBERS			
Name	Social Security Number	Driver's License No. & State	
How did you hear about this complex?			
ELIGIBILITY INFORMATION			
<p>The School House Commons for which you are applying is funded under the U.S. Department of Housing and Urban Development Section 202 Housing of the Elderly. The following questions are intended to give us information to determine if you are eligible for housing funded under these programs.</p> <p>The complex is designated for elderly families. An elderly family is defined as a household where the tenant or co-tenant is at least 62 years old. Do you or your co-applicant qualify under this definition?</p> <p>Yes No</p>			
ACCESSIBLE UNITS			
<p>In selection of a family for a unit that has special accessibility features, preference must be given to families who include persons with disabilities and who can benefit from the accessibility features. If you wish to be considered for this preference, please check below.</p> <p>Yes No If yes, be sure to complete the attached Housing Requirements Questionnaire.</p>			

The YWCA of Western New York does not discriminate on any legally-recognized basis including, but not limited to race, color, religion, sex/gender, national origin, age, marital status, disability, handicap, or the presence of children in admission to or access to the programs we administer or in the treatment of applicants and participants.

Acceptance of this application **does not** guarantee rental of an apartment. All applicants must meet screening criteria, including landlord, credit and criminal background checks. Changes in family income, size, and address must be reported promptly to the YWCA of Western New York in order to properly process your application. A security deposit and lease are required.

In the spaces provided below, list the income and benefits received by <u>ALL</u> members of your household, INCLUDING ANYONE WHO IS LIVING WITH YOU BUT IS NOT RELATED TO YOU.			
INCOME / BENEFIT	Amount	Indicate if weekly, monthly or annually	Name of Household Member(s) who receive this income
EMPLOYMENT (gross, i.e. before deductions)			
NYS DISABILITY / WORKMEN'S COMPENSATION			
SOCIAL SECURITY / SSI			
VETERAN'S BENEFITS			
RETIREMENT PENSIONS / ANNUITIES			
SOCIAL SERVICES (PUBLIC ASSISTANCE) (DO NOT INCLUDE FOOD STAMPS)			
UNEMPLOYMENT BENEFITS			
CHILD SUPPORT / ALIMONY			
SELF-EMPLOYMENT			
OTHER (Please specify):			
VALUE OF ASSETS			
Cash in Checking Account (Number of Accounts ____)			
Cash in Savings Account (Number of Accounts ____)			
Certificate of Deposit (Number of Accounts ____)			
Stock / Bond Value			
IRA / Keough Accounts (Number of Accounts ____)			
Real Estate Owned			
Other (Please specify):			
ANTICIPATED EXPENSES			
Cost of Medical Insurance Premiums			
Cost of Prescriptions Not Paid by Insurance			
Cost of Dr/Dentist Visits Not Paid by Insurance			
Handicap Assistance in order for family members to work (including handicapped person).	Attendant Care		
	Auxiliary Apparatus		

Have you or any member of your household disposed of assets for less than fair market value in the past two (2) years? Yes No

RESIDENCE HISTORY

Professional property managers look for tenants who will pay rent on time, take care not to damage an apartment, and be a considerate neighbor. The following information is requested to help us determine if you have demonstrated these qualities in the past.

**ALL REFERENCES MUST BE COMPLETE,
INCLUDING FULL NAME, STREET, CITY/TOWN, STATE, ZIPCODE AND PHONE**

PRESENT ADDRESS			
Dates	From		To
Reason for Moving			
Landlord Name			
Landlord Address			
PREVIOUS ADDRESS			
Dates	From		To
Reason for Moving			
Landlord Name			
Landlord Address			
PREVIOUS ADDRESS			
Dates	From		To
Reason for Moving			
Landlord Name			
Landlord Address			

If you do not have previous rental history, list at least two individuals that could verify your ability to live by the conditions of the lease, e.g. an employer, caseworker, clergy.

Name	Address	Phone
Have you or your co applicant ever been evicted from rental housing for lease violation?		Yes No
Have you or your co-applicant ever broken a rental or lease agreement?		Yes No
Have you or your co-application ever been sued for damage to rental property?		Yes No
Have you or your co-applicant ever engaged in criminal activity?		Yes No
If you answered yes to any of these questions, please explain:		

APPLICATION CERTIFICATION

CERTIFICATION:

I certify that the information set forth herein is completely true to the best of my knowledge. I further certify that the apartment will be my permanent place of residence, and I do/will not maintain a separate subsidized rental unit in a different location. I understand that deliberate submission of false information could result in the rejection of my application or other penalties.

I hereby give permission to the YWCA of Western New York to verify all of the above information and references, and to obtain my consumer credit report and criminal background reports from your reporting agency.

Signature: _____

Date: _____

RACE/ETHNICITY INFORMATION

The following information is requested by the Federal Government in order to monitor compliance with the Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity

- _____ Hispanic or Latino
- _____ Not Hispanic or Latino

Race (Mark one or more)

- _____ American Indian/Alaskan Native
- _____ Asian
- _____ Black/African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White
- _____ Other

Real Property Law 227-a Disclosure:

Tenants or their spouses living with them, who are 62 years or older, or who will attain such age during the term of their leases, are entitled to terminate their leases if they relocate to an adult care facility, a residential health care facility, subsidized low-income housing, or other senior citizen housing. Owners or lessors of a facility of a unit of which a senior citizens is entitled to move after terminating a lease, must advise such tenant, in the admission application form, or the tenant's rights under the law. A summary of the law is available upon request.

Application Assistance and Information Statement

If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive this application, or call us to schedule assistance. Appropriate assistance will be provided in a confidential manner and setting.

Answering questions on your application: Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior resident history is grounds for rejection. Additionally, you should be aware that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Answering questions relating to handicap or disability: Answers to questions on your application concerning handicap or disability status are optional. But please note that families with handicapped or disabled members may be entitled to units designed to be accessible for individuals with handicaps or disabilities. So, without this information we may not be able to verify your eligibility to live in an accessible unit. If you answer the questions relating to your handicap or disability, we will need to verify that you or a family member are handicapped or disabled. We do not need to know the nature, extent, or current condition of the handicap or disability. But we will need to know that you meet the definitions that apply to these terms and that you can abide by the terms of our lease and that you or a family member are handicapped or disabled. Information you provide on handicap or disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state or local agencies.

Housing Requirements Questionnaire: Please complete the Housing Requirements question on the next page. This information is needed so that we may assign you a unit appropriate to any needs that exist for your family. Your answers will be verified. If, however, there are no family members with a handicap or disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice not to complete this document will not in any way affect the processing of your application for an apartment.

NOTICE TO ALL APPLICANTS: OPTIONS FOR APPLICANTS WITH DISABILITIES OR HANDICAPS

This property is managed by the YWCA of WNY and is located at 1005 Grant Street, Buffalo, NY 14207 (716) 447-1334. We provide federally assisted housing (Section 202) to senior citizens over the age of 62. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, disability or handicap. In addition, we have an obligation to make “reasonable accommodations” to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies and procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alternations to a unit so it could be used by a family member with a wheelchair.
- Installing strobe-type flashing-light smoke detectors in an apartment for a family member with a hearing-impairment.
- Permitting a family member to have a seeing-eye dog to assist a vision-impaired applicant family member where existing pet rules would not allow the dog
- Making large-type documents or a reader available to a vision-impaired applicant during the application process.
- Making a sign language interpreter available to a hearing-impaired applicant during the application process.
- Permitting an outside agency to assist an applicant with a disability to meet the property’s applicant screening criteria

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a family member have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss you situation with management, that is your right.

The next page of this application is a **HOUSING REQUIREMENTS QUESTIONNAIRE**. If you wish to complete the document and provide management with information regarding any family member with a handicap or disability, please do so. If no family member has a handicap or disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form and return to the manager.

HOUSING REQUIREMENTS QUESTIONNAIRE

Housing Requirements Questionnaire

This questionnaire is administered to every applicant. It is used to determine whether your family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Completing this questionnaire is OPTIONAL.

If you choose NOT to complete this form, please check the box that indicates that choice, sign and date the form and return with your application. The choice not to complete this questionnaire will not in anyway affect the processing of your application for an apartment.

If you choose to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form and return with your application.

Applicant election to provide special needs information:

Head of Household _____ Social Security Number _____

- I choose to complete this form I choose NOT to complete this form

Applicant's Signature: _____

Manager's Signature: _____

1. Information relative to the housing requirements of applicant's family:

- | | |
|--|--|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Physical modifications to a typical apartment |
| <input type="checkbox"/> Unit for hearing impaired | <input type="checkbox"/> Roll-in Shower |
| <input type="checkbox"/> Unit for vision-impaired | <input type="checkbox"/> 1 st Floor Apartment |
| <input type="checkbox"/> A barrier-free apartment | Other: _____ |

2. If you checked any of the above-listed categories, please explain exactly what you need to accommodate your situation.

3. What is the name of the family member who needs the features identified above?

4. Will you or any of your family members require a live-in aide to assist you?

5. Who should be contacted to verify your need for the features you have indentified above, e.g. a doctor, social service agency.

Name _____ Phone: _____

Address _____ City, State, Zip _____