

Woodside Apartments

9 Fourth St. • Nunda, NY 14517
PH 585-468-5310 • Fax: 585-468-2886 • TTY 1-800-662-1220
kryan@gvrpc.com

Woodside Apartments is an apartment complex designed for persons aged 62 and older or persons with a disability aged 18 years and older. The apartments were constructed with financing and subsidies provided by USDA Rural Development and NYS HCR.

Free language services are available to those with Limited English Proficiency.

Income Limits

Annual income (gross income including interest income from assets) must be below the following amount to qualify for Woodside Apartments:

- One person household: \$29,160 per year
- Two person household: \$33,300 per year

Citizenship

To be eligible, applicants must be U.S citizens, U.S. noncitizen nationals, or qualified aliens. Aliens must provide proof of eligible immigration status.

Rent

Your share of the cost of rent is based on your income. It is calculated on a case-by-case basis based on 30% of your adjusted gross income.

Maximum Rents (Basic Rents)

- One Bedroom Apartments at \$587- security deposit of the same amount

Application Process

Please complete the application form completely and return it to the above address.

Fill in all items. Do not leave any questions blank. There is no application fee. Landlord references, credit checks and criminal checks will be completed. After your application has been processed, you will be notified by mail. If your application meets the eligibility requirements for this property, it will be placed on the waiting list. When a vacancy is expected, you will be contacted with information on further steps.

Please contact

(585)468-5310 Karen Ryan, Site Manager

Office Hours:

Monday:	10:30 AM-12:30 PM
Wednesday:	8:30 AM- 4:00 PM
Thursday	12:00 PM- 3:00 PM



GENESEE VALLEY RURAL PRESERVATION COUNCIL, INC



Woodside Apartments

Property Features

24 Total Apartment Units: 1 bedroom - 24 @ 577 square feet

Utilities

Heat: Electric heating. Paid by resident.

Electric: Individually metered for each apartment. Paid by resident.

Water, Sewer, Trash: Paid by landlord.

Parking: Free off-street parking.

Community Room: Social room with kitchen for use by residents and their guests.

On-Site Laundry: Washers and dryers are coin-operated.

Apartment Unit Features: All apartments contain a living room, a full kitchen, pantry, bathroom, two closets and one bedroom. Electric range and refrigerator provided. Storage space is available to residents.

Safety

Fire Alarm System safeguards the entire building.

Entrance: The main entry door is locked at all times. Visitors call residents by way of an intercom system located in the entry. Residents can then open the main door from their apartment.

Neighbor Call System: Emergency pull cords are located in the bedrooms and bathrooms of all apartments which sound a bell in the halls and lights a dome light outside the apartment door.

Detectors: Each apartment has a Smoke Detector and Heat Detector.

Sprinklers: This apartment building is not equipped with a sprinkler system.

Accessibility

All interior and exterior areas of the building are accessible by wheelchair. A handicapped-accessible elevator serves both floors.

Handicapped Accessible Apartments: There are two apartments that are handicapped accessible. One has a roll-in shower.

Grab Bars: All apartments have grab bars next to the toilets and in the tub or shower.

If you need a reasonable accommodation for a disability, please let us know.



Please return to: **9 Fourth St.
Nunda, NY 14517
Phone (585)468-5310
Fax (585)468-2886
TTY 1-800-662-1220**

RENTAL APPLICATION

If you need assistance completing this form, please contact the Site Manager. Any individual with a disability who needs accommodation with respect to this correspondence should inform the Site Manager.

Free language services are available to those with Limited English Proficiency.

OFFICE USE ONLY:

Date Received _____
Time Received _____
Initials _____
Disposition _____

Fill in all items. Do not leave any items blank. If it does not apply, enter "NA". Please Print.

It will be your responsibility to provide management with all the necessary information to properly process your application and verify your eligibility. This includes names, addresses, phone and fax numbers, where applicable and any other information required. If questions are not answered, the application may be deemed to be incomplete and could be returned to you. Please answer truthfully. We will verify your information.

APPLICANT INFORMATION:

CURRENT Address: If using a P.O. Box number, please include your street address			Phone Numbers:	
_____			Home: _____	
First Name	Middle Initial	Last Name	Cell: _____	
Street _____			Work: _____	
City	State	Zip	Message: _____	
How long have you lived there?: from _____ to _____			<input type="checkbox"/> Rent or <input type="checkbox"/> Own your home Monthly rent or mortgage payment: \$ _____	

CO-APPLICANT INFORMATION:

CURRENT Address: If using a PO Box number, please include your street address			Phone Numbers:	
_____			Home: _____	
First Name	Middle Initial	Last Name	Cell: _____	
Street _____			Work: _____	
City	State	Zip	Message: _____	
How long have you lived there?: from _____ to _____			<input type="checkbox"/> Rent or <input type="checkbox"/> Own your home Monthly rent or mortgage payment: \$ _____	

Name of person to notify in case of emergency:	Phone#:
_____	_____

HOUSEHOLD MEMBERSList **ALL** persons who will be living in the apartment.

You must use the correct legal name for each household member as it appears on the social security card.

Name	Social Security #	Birthdate	Age
(Applicant)			
(Co-Applciant)			

INCOME List **ALL** sources of income (gross income before deductions):

Source of Income per month:	Applicant	Co-Applciant
Employment /month (include tips and bonuses)	\$	\$
Public Assistance (DSS/TANF) <i>do not include food stamps</i>	\$	\$
Unemployment	\$	\$
Social Security <i>before Medicare deduction</i>	\$	\$
Supplemental Security Income (SSI)	\$	\$
NY State Supplement Program (SSP)	\$	\$
Disability	\$	\$
Worker's Compensation	\$	\$
Alimony or Child Support	\$	\$
Insurance Policies	\$	\$
IRA, Pensions or Annuity income	\$	\$
Veterans Administration Pension	\$	\$
Self-Employment or Business income	\$	\$
Income from Rent or Sale of Property	\$	\$
Regular contributions from outside the household	\$	\$
All Other Income	\$	\$
TOTAL HOUSEHOLD INCOME before deductions	\$	\$

Applicant Name	Current Applicant Employer	Employer Address
Position Held	How Long Employed:	

Co-Applciant Name	Current Co-Applciant Employer	Employer Address
Position Held	How Long Employed:	

ASSETS List ALL assets:

CURRENT ASSETS (list all assets currently held by all household members and the cash value). Cash value is the market value less any reasonable costs that would be incurred in converting the assets to cash (i.e. broker and legal fees).

Current Assets	Cash Value	Bank(s), Credit Union(s) or Company
Checking Accounts	\$	
Savings Accounts	\$	
Annuity, Mutual Funds	\$	
Certificates of Deposit (CD's)	\$	
IRA, Keogh, 401K accounts	\$	
Money Market Funds	\$	
Mutual Funds	\$	
Stocks, Bonds	\$	
Trusts	\$	
Business	\$	
House (minus mortgage owed)	\$	
Personal Property held as an investment	\$	
Life Insurance (Whole or Universal only)	\$	
Real Property (rental property or other capital investment)	\$	
Savings Bonds or Treasury Bills	\$	
Cash	\$	
Investment value of items in safety deposit box	\$	
Any Other Asset	\$	
Total Assets:	\$	

Do you have a BURIAL ACCOUNT? Yes No Through which funeral home? _____

ASSETS DISPOSED

Have you given away, sold or transferred ownership of any assets for less than fair market value (for less than the cash value) in the last two years? Yes No

Assets Disposed	Cash Value	Date Disposed
	\$	
	\$	
	\$	

ADDITIONAL INFORMATION

When do you want to move?		
Why do you want to move?		
How did you hear about this housing? <input type="checkbox"/> Pennysaver or Shopper <input type="checkbox"/> Internet <input type="checkbox"/> Word of Mouth <input type="checkbox"/> A Resident of the Apartment Complex <input type="checkbox"/> Drive-by <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Friend or family member <input type="checkbox"/> Other _____		
		Circle Yes or No
Are you currently living in subsidized housing?	Yes	No
Will this apartment be your only residence?	Yes	No
Do you expect a change in household size? <i>If yes, when? Explain:</i>	Yes	No
Do you have a pet? <i>If yes, what kind?</i> This property allows a cat or a dog which weigh under 30 pounds. A Pet Deposit is required.	Yes	No
Do you or anyone in your household qualify for the USDA-RD \$400 deduction for disability status? <i>Answer "yes" if you are 62 or older or disabled 18 years or older.</i>	Yes	No
Will anyone in your household require a fully accessible handicapped apartment with a roll-in shower?	Yes	No
Will ALL the household members be or have been full-time students during five months of this calendar year or upcoming year at an educational institution?	Yes	No
Are there any foster children or foster adults who are part of the household?	Yes	No
Has anyone in your household ever been evicted from any housing? <i>From where and when?</i>	Yes	No
Is any household member currently an abuser of or addicted to alcohol or any illegal substance?	Yes	No
Has any member of your household ever been convicted of the manufacture or distribution of a controlled substance?	Yes	No
Has anyone in your household been charged or convicted of a crime? <i>List offense and year:</i>	Yes	No
Has anyone in your household been registered as a sex offender program in any state? <i>If yes, where?</i>	Yes	No

Landlord Reference Release Form

APPLICANT: LANDLORD references must be provided to be considered for an application.

List **name** and **address** of your current landlord and **PREVIOUS** landlord. **(DO NOT LIST RELATIVES)**

Current Address of Applicant:		
Street		
City	State	Zip

Current Landlord: (Do not list relatives)	Phone Numbers: (required)
Landlord Name	
Street	
City	State Zip

Previous Address: Required.	
Street	
City	State Zip
Length of Residency: from _____ to _____	Monthly Rent Amount: \$ _____

Previous Landlord: Required. (Do not list relatives)	Phone Numbers: (required)
Landlord Name	
Street	
City	State Zip

Consent: I/we consent to allow the management to request and obtain information from my landlords for the purpose of verifying my eligibility for housing. I hereby authorize & instruct any entity or person contacted by the Management to release such information to them.

Applicant Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____

Landlord Reference Release Form

CO-APPLICANT: If the Co-Applicant has been residing at a different address than the applicant, Landlord references must be provided to be considered for an application.

List **name** and **address** of your current landlord and **PREVIOUS** landlord. **(DO NOT LIST RELATIVES)**

Current Address of Co-Applicant:		
Street		
City	State	Zip

Current Landlord: (Do not list relatives)	Phone Numbers: (required)
Landlord Name	
Street	
City State Zip	

Previous Address: Required.	
Street	
City	State Zip
Length of Residency: from _____ to _____	Monthly Rent Amount: \$ _____

Previous Landlord: Required. (Do not list relatives)	Phone Numbers: (required)
Landlord Name	
Street	
City State Zip	

Consent: I/we consent to allow the management to request and obtain information from my landlords for the purpose of verifying my eligibility for housing. I hereby authorize & instruct any entity or person contacted by the Management to release such information to them.

Applicant Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____

CERTIFICATION

I/We certify that all information in this application is true to the best of my/our knowledge and that I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I/We understand that we must pay a security deposit for this apartment (and pet deposit, if applicable) and sign a one year lease prior to occupancy.

I/We hereby give permission to management to review and evaluate my application, to verify my income with any employer and any other sources of information given for the purposes of proving eligibility for occupancy and certification of housing assistance. I/We hereby authorize the management to obtain information about me and my household members, including, but not limited to, this application, my credit, my tenant history, my credit history, any court records and/or my criminal record. I/We release all parties from all liability for any damage that may result from their furnishing information.

I/We understand that my occupancy is contingent on meeting management's resident selection criteria and government requirements. If accepted I/We certify that this apartment will be our sole residence.

Signature upon this application is not binding by either party to a rental agreement, nor does it guarantee an apartment.

All household members 18 year of age or older must sign.

Applicant Signature

Date

Co-Applicant Signature

Date

Name, address and phone number of person assisting with this application:

_____ Phone _____

Signature of person assisting with application

Date

Please complete the INFORMATION FOR GOVERNMENT MONITORING PURPOSES on the next page.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES:

The following information is requested by the Federal Government in order to monitoring compliance with fair housing laws. 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.

Applicant	Co-Applicant
<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<u>Race</u> (Mark one or more) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<u>Race</u> (Mark one or more) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

SENIOR CITIZEN LEASE TERMINATIONS

NYS Real Property Law 227-a:

Tenants and their spouses who are sixty-two years or older, or who will attain such age during the term of their lease are entitled to terminate their lease if they relocate to an adult care facility, a residential health care facility, a less expensive subsidized low-income housing or other senior/disabled/handicap housing.

When such tenants give notice of their opportunity to move into one of the above facilities, the landlord must release the tenant from liability to pay rent for the balance of the lease and adjust any payments made in advance.

A senior person(s) who wishes to avail themselves of this option must do so by written notice to the landlord. The termination date must be effective no earlier than thirty days after the date on which the next rental payment (after the notice is delivered) is due. The notice is deemed delivered five days after mailing. The written notice must include documentation of admission or pending admission to one of the above mentioned facilities. For example, if a senior person notifies the landlord on April 5th of his or her intention to terminate the lease; the notice is deemed delivered on April 10th. Since the next rental payment (After April 10th) is due May 1st, the earliest lease termination date will be effective June 1st.

Anyone who interferes with the tenant's or his or her spouse's removal of personal effects, clothing, furniture or other personal property from the premises will be guilty of a misdemeanor.

As a courtesy to our residents, the management will extend the intent of the above referenced law to include people who are disabled and need to move to an adult care facility or nursing home.