

# Meadowview Apartments

125 E. Perry Ave. • Silver Springs, NY 14550  
PH 585-493-3162 • Fax: 585-493-3217 • TTY 1-800-662-1220  
lboughton@gvrpc.com

**Meadowview 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.

**Language services are available to those with Limited English Proficiency at no cost.**

## **Income Limits**

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

- One person household: \$33,180 per year
- Two person household: \$37,920 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.

**Individual Tenant Rent Amounts** will be calculated on a case-by-case basis based on 30% of adjusted gross income.

## **Maximum Rents (Basic Rents)**

- One Bedroom Apartments at \$590- 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) 493-3162 Jill Schabloski, Site Manager at Meadowview

## **Office Hours:**

Monday-Wednesday-Friday 8:30am – 12:30pm



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## **Property Features**

# *Meadowview Apartments*

24 Total Apartment Units: 1 bedroom - 24 @ 621 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** and sprinkler system safeguard 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.

### **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.



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**Phone (585) 493-3162**  
**Fax (585) 493-3217**  
**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.

**Language services are available to those with Limited English Proficiency at no cost.**

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:**

|  |                |           |   |  |
|--|----------------|-----------|---|--|
| <b>CURRENT Address:</b> If using a P.O. Box number, please include your street address |                |           | <b>Phone Numbers:</b>   |  |
| _____  |                |           | 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<br>Monthly rent or mortgage payment: \$ _____ |  |

**CO-APPLICANT INFORMATION:**

|  |                |           |   |  |
|--|----------------|-----------|---|--|
| <b>CURRENT Address:</b> If using a PO Box number, please include your street address |                |           | <b>Phone Numbers:</b>   |  |
| _____  |                |           | 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<br>Monthly rent or mortgage payment: \$ _____ |  |

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

**HOUSEHOLD MEMBERS**List **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   | \$        | \$           |
| <b>TOTAL HOUSEHOLD INCOME<br/>before deductions</b>            | \$        | \$           |

| 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   | \$         |                                     |
| <b>Total Assets:</b>  | \$         |                                     |

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?<br><input type="checkbox"/> Pennysaver or Shopper <input type="checkbox"/> Internet<br><input type="checkbox"/> Word of Mouth <input type="checkbox"/> A Resident of the Apartment Complex<br><input type="checkbox"/> Drive-by <input type="checkbox"/> Agency (Name) _____<br><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.  | Yes | No               |
| Do you or anyone in your household qualify for the USDA-RD \$400 deduction for disability status?<br><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 <b>ALL</b> 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?<br><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?<br><i>If yes, where?</i>  | Yes | No               |

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### 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** \_\_\_\_\_





# 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.

**PERMISSION FOR BACKGROUND CHECK** 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 hereby DO NOT 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 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.

**CRIMINAL CONVICTIONS:** This housing provider only considers convictions or pending arrests for offenses that involve physical danger or violence to person or property. Individualized assessments will be conducted for those having criminal histories, except in the case of a lifetime registration the state sex offender registry or conviction of producing methamphetamine. In the case of a rejection due to criminal history, applicants have the right to review, contest, and explain the information contained in their background check and the right to present evidence of rehabilitation.

**VAWA PROTECTIONS FOR VICTIMS OF DOMESTIC VIOLENCE:** This property provides special provisions for applicants or tenants who qualify for protections under the Violence Against Women and Justice Department Reauthorization Act, which protects qualified tenants and affiliated individuals who are survivors of domestic violence, dating violence, sexual assault, rape, or stalking from being denied housing, evicted or terminated from housing assistance based on acts of such violence against them. If you have been a victim of domestic violence, you or a family member on your behalf must complete and submit a certification form, or alternate documentation to afford these protections.

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><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino  | <u>Ethnicity</u><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino  |
| <u>Race</u> (Mark one or more)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <u>Race</u> (Mark one or more)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <u>Gender</u><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female   | <u>Gender</u><br><input type="checkbox"/> Male<br><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, audiotape, 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](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](mailto: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 5<sup>th</sup> of his or her intention to terminate the lease; the notice is deemed delivered on April 10<sup>th</sup>. Since the next rental payment (After April 10<sup>th</sup>) is due May 1<sup>st</sup>, the earliest lease termination date will be effective June 1<sup>st</sup>.

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.