

# *Park Terrace Congregate Apartments*

1281 Pennsylvania Ave. • Pine City, NY 14871  
PH 607-732-1757 • Fax: 607-732-2792 • TTY 1-800-662-1220  
rgood@gvrpc.com

**Park Terrace Congregate 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 Park Terrace Congregate Apartments:

- One person household: \$35,100 per year
- Two person household: \$40,080 per year
- Three person household: \$45,120 per year
- Four person household: \$50,100 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 \$755.- security deposit of the same amount
- Two Bedroom Apartments at \$835.- 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**

Rebecca Good-Site Manager

<b><u>Office Hours:</u></b>	Monday	8:00 AM-12:00 /1:00 PM-5:00 PM
	Wednesday	8:00 AM-12:00 /1:00 PM-5:00 PM
	Thursday	8:00 AM-12:00 /1:00 PM-5:00 PM



# *Park Terrace Congregate Apartments*

## **Smoke-Free**

Park Terrace Congregate Apartments is a Smoke-Free apartment complex. No smoking is allowed in any areas of the building; ***including inside apartments.***

## **Congregate Services**

On-site activities and service coordination – see page 10 for more information.

## **Property Features**

32 Total Apartment Units: 1 bedroom - 28 @ 723 square feet  
2 bedroom - 4 @ 948 square feet

### **Utilities**

Heat: High Efficiency gas hot water heating. Paid by Landlord.  
Electric: Individually metered for each apartment. Paid by Resident.  
Water, Sewer, Trash: Paid by landlord.

**Green Building/Energy Efficient Design:** Park Terrace building and grounds are designed with the latest "Green" design features, materials and equipment.

**Library:** with computer stations

**Hair Salon:** Local professional hair stylist

**Parking:** Free off-street parking.

**Central Dining room:** For congregate meals

**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 or two bedrooms. Electric range, refrigerator, and built-in air conditioner 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, Heat Detector and Carbon Monoxide Detector.

## **Accessibility**

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

**Handicapped Apartments:** Five apartments are handicapped-accessible with roll-in showers. Most other units have modified accessibility features with step-in showers and grab bars.

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



# Park Terrace Congregate Apartments

## RENTAL APPLICATION

Please return to:

1281 Pennsylvania Ave.  
Pine City, NY 14871  
Phone (607) 732-1757  
Fax (607) 732-2792  
TTY 1-800-662-1220

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.**

Please check one:

- ☐ One bedroom apartment  
☐ Two bedroom apartment

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:
<div>First Name _____ Middle Initial _____ Last Name _____</div> <div>Street _____</div> <div>City _____ State _____ Zip _____</div>		Home: _____
		Cell: _____
		Work: _____
		Email: _____
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:
<div>First Name _____ Middle Initial _____ Last Name _____</div> <div>Street _____</div> <div>City _____ State _____ Zip _____</div>		Home: _____
		Cell: _____
		Work: _____
		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 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-Appllcant)			
(Other Household Member)			
(Other Household Member)			

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

Source of Income per month:	Applicant	Co-Appllcant
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 before deductions</b>	\$	\$

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

Co-Appllcant Name	Current Co-Appllcant 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	\$	
Direct Express Debit Card	\$	
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? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Pennysaver or Shopper  <input type="checkbox"/> Word of Mouth  <input type="checkbox"/> Drive-by  <input type="checkbox"/> Friend or family member         </div> <div style="width: 45%;"> <input type="checkbox"/> Internet  <input type="checkbox"/> A Resident of the Apartment Complex  <input type="checkbox"/> Agency (Name) _____  <input type="checkbox"/> Other _____         </div> </div>		
		Circle Yes or No
Do you understand that Park Terrace Congregate Apartments is a <b>SMOKE-FREE</b> apartment building and you are willing to adhere to this policy which is an Addendum to the Lease that there is no smoking in or around the complex <b>including inside the apartments.</b>	Yes	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? If yes, when? Explain:	Yes	No
Do you have a pet? If yes, what kind? 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? Answer "yes" if you are 62 or older or disabled 18 years or older.	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? <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? List offense and year:	Yes	No
Has anyone in your household been registered as a sex offender program in any state? <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** \_\_\_\_\_

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**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.

**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.

**Please check one:**

- ☐ 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> <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, 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.

## **Park Terrace Apartments**

1281 Pennsylvania Avenue  
Pine City, New York 14871

## **Amber Miller, Services Coordinator**

Phone: 607-732-2696

### **An Overview of Congregate/Supported Housing**

Congregate Housing is defined as Supportive housing that will create an environment that will assist individuals who need/request services to maintain their independence longer and age in place by making available nutritious meals and other services that can enhance their independence.

Congregate Housing is **not** assisted living, but rather independent housing with modest on-site congregate activities and individualized services coordination as defined by USDA Rural Development; Sec. 515 Program.

### **Selection and Priority Placement**

Applicants selected for residency are given priority for occupancy based on need and willingness to receive and pay for the services coordination provided.

This priority placement is in conjunction with meeting all other income and eligibility requirements.

### **Services Coordination in a Congregate Setting**

The Services Coordinator at Park Terrace assists the resident and family members in obtaining the services that are needed to continue living as independently as possible. The Service Coordinator assists with applying for any benefits you may be entitled to. The Services Coordinator plans and implements activities on a regular basis, such as games, monthly birthday parties, musical entertainment, exercise and wellness programs.

### **Congregate/Supported Housing Services Fees**

- The Park Terrace services fee is a monthly, flat rate fee that is paid whether or not a resident utilizes services/activities or is in occupancy in any given month.

The Congregate Services fee and Nutrition Site contributions are separate fees from the rent, due and payable monthly.

### **Things you should know about Congregate Housing at Park Terrace:**

- An initial Comprehensive Assessment is conducted by the Services Coordinator and is periodically updated for the resident's benefit.
- Residents will have a customized package of services and activities for maximum independence.
- Meals are offered in the Dining Room Monday through Friday as a Nutrition Site operated by the Chemung County Senior Nutrition Program.
- Some features at Park Terrace include:  
Social and Recreational Activities, Hair Salon, Library, and a Services Coordinator which assists you in obtaining/hiring the assistance you need to remain living an independent lifestyle.

## Park Terrace Apartments Congregate/Supported Housing Agreement

<b>Congregate/Supported Housing Services Fee</b>	\$125.00 per month for 1 person occupancy
	\$160.00 per month for 2 person occupancy

**Meal Program:** Hot noon meals in the Dining Room are provided by the Chemung County Office for the Aging Nutrition Program, in partnership with Park Terrace Apts. Meals will be provided five days a week. Payment for meals is made in accordance with guidelines by Chemung County Office for the Aging, NYS Office for the Aging and the U.S. Administration on Aging and your contribution. You will not be denied a meal because of your inability or unwillingness to contribute.

<b>Nutrition Site Lunch Plan</b>	Suggested Contribution of \$3.00 per meal
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### ***Acknowledgement:***

I understand the Congregate Services Program purposes and guidelines and understand that priority selection for an apartment at Park Terrace is based upon my need for services and my agreement to pay the Services Fee.

I understand that it is my responsibility to pay the individual(s) providing personal care, housekeeping, transportation, laundry service and any other service I choose that is provided to me at Park Terrace Apartments.

I understand the Services Coordinator will assist me in securing these services. I understand the Services Coordinator will conduct initial and periodic assessments to help determine my services needs and develop my Individual Tenant Services Plan.

Signature, Applicant	Date
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Signature, Co-Applicant	Date
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