

Dear Prospective Applicant:

Thank you for your interest in Elmira Senior Living, affordable housing for individuals 55 and over. To be eligible, a household member must be 55 or over OR eligible for an OPWDD Integrated Supportive Housing unit for individuals with intellectual or developmental disabilities.

We are excited for the opportunity to lease you your next home. Attached please find a rental application for your convenience.

Please ensure all sections of the application are completed and all forms are signed. Please note, at the time of your eligibility interview you will be required to bring government issued photo ID for all household members ages 18 and over and Social Security cards for all household members. Please mail your completed packet to:

Elmira Senior Living
910 Maple Ave.
Elmira, NY 14904

We look forward to receiving your completed application. Should you have any questions, please feel free to contact me at kwoodard@landsman.com or (607) 271-5898. Thank you again for your interest.

Sincerely yours,

Kim Woodard
Property Manager

Elmira SENIOR LIVING

Professionally Managed by Landsman



PLEASE PRINT AND COMPLETE ALL INFORMATION

NAME _____ DAY PHONE _____ EVENING PHONE _____

List ALL addresses for the past 5 years, attach additional page if necessary:

Current Address	Previous Address	Previous Address
Landlord Name, Address & Phone	Landlord Name, Address & Phone	Landlord Name, Address & Phone
How long have you lived there?	How long did you live there?	How long did you live there?

List ALL people who will live in the apartment:

NAME	RELATIONSHIP	STUDENT (Y/N)	SEX (M/F/CHOOSE NOT TO RESPOND)	AGE	BIRTHDATE	SOCIAL SECURITY NUMBER**
	HEAD OF HOUSEHOLD					

**If member does not have a SS #, a Federal ID Number is acceptable

List ALL states household members have lived in:

State	Which household member(s) lived there?

- Yes No Has anyone on the application been convicted of a felony? (Prior convictions will not be an automatic reason for denial, a background check and an individualized assessment will be completed.)
- Yes No Is any household member subject to any state lifetime sex offender registration requirement?
- Yes No Has anyone on the application ever been convicted for illegal use, possession, manufacturing or distribution of a controlled substance?
- Yes No Does anyone on the application currently use, manufacture, or distribute illegal drugs?
- Yes No Has anyone on the application ever been terminated/evicted from housing?
- Yes No Do you qualify for a reasonable accommodation? (If yes, please request a copy of Landsman's Section 504 policy.)
- Yes No Would you benefit from special design features of an accessible apartment? Please check all that apply:
 - Wheelchair Accessible Hearing Impaired Visually Impaired

Additional comments: _____

Preference in the selection of tenants for 10 of the rental units shall be given to persons with intellectual and/or developmental disabilities. Do you wish to be considered for this preference? Yes No

Driver's License Number/Issuing State: _____

Are you eligible for one of the following preferences (if yes, please submit verifying documentation):

- Yes No Veteran of the United States Military
 Yes No Currently on the public housing waiting list

INCOME & ASSET INFORMATION

TYPE OF INCOME	GROSS MONTHLY AMOUNTS		TYPE OF ASSET	TOTAL VALUE	
	HEAD	ALL OTHER HOUSEHOLD MEMBERS		HEAD	ALL OTHER HOUSEHOLD MEMBERS
Wages			Savings Account		
Public Assistance			Checking Account		
Social Security			Certificates of Deposit (CDs)		
SSI/SSP/Disability			Stocks/Bonds		
Unemployment			Real Property		
Child Support/Alimony			Cash		
Pensions/Annuity			Other		
Periodic Payments from Retirement Account					
Other					

What is your preferred move in date? ____/____/____ What is your current monthly rent amount? \$ _____

Do you have a Section 8 voucher or any other type of voucher? _____

Do you have a pet? Yes No If yes, what type of animal is it? _____

How did you hear about us? _____

ALL adult household members must sign below

My/Our signature(s) below serves as written permission for **Elmira Senior Living** to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. We may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) also affirm that all information provided in the application is true and complete. The applicant(s) also understand that a personal interview must be held, assets and income verified before approval. All information received is confidential. After the application process is approved, a security deposit must be made and a lease agreement signed by all applicants. If accepted, I/We certify this apartment will be my/our sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false **Elmira Senior Living** may cancel and annul any lease given in reliance upon such information.

Head of Household Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

"Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6) (7) and (8).**"

PLEASE RETURN THIS FORM TO:
ELMIRA SENIOR LIVING
 910 Maple Ave., Elmira, NY 14904
 Phone: (607) 271-5898
 TTY/TDD #: 711

Office Use Only:	
Date Received	_____
Time Received	_____
Received By:	_____

Elmira Senior Living *does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name of Section 504 Coordinator:	Teri Bracht-Williams
Address:	3 Townline Circle, Rochester, NY 14623
Phone Number:	(585) 427-7570
TDD/TTY Number:	711
Email	tbracht-williams@landsman.com

Protections Provided Through the Violence Against Women Act Reauthorization of 2013

HUD provides protections for victims of acts of domestic violence, dating violence, stalking and sexual assault. This is true for women and men. While victims are still required to fulfill lease requirements, you will not be subjected to rejection solely because you are a victim of an act covered under VAWA. If you would like a copy of the VAWA policy or to exercise your VAWA protections, please contact the management office.

Note: We conduct criminal background checks. If you have a criminal record, you have rights and protections. You have the right to review any conviction record the property is using to make a decision. There are only two reasons for *automatic* denial based on your criminal convictions: conviction for methamphetamine production in the home or being required to register for life on a state or federal sex offender database. In all other instances, you have the right to provide additional information about the circumstances of the conviction and the right to present evidence of your rehabilitation. For more information about your rights as an individual with a criminal conviction, please visit:
<http://www.nyshcr.org/AboutUs/Offices/FairHousing/GPCC.htm>.

If you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si tiene dificultad para entender el inglés, solicite nuestra asistencia y nos aseguraremos de que se le proporcione un acceso significativo basado en sus necesidades individuales.

Elmira Senior Living is a non-smoking apartment community.

Authorization for Release of Information

Applicant Name: _____

Applicant Address: _____

CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Elmira Senior Living any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

- | | |
|-------------------|---|
| *Section 221 BMIR | *Rent Assistance Payments (RAP) |
| *Rent Supplement | *Section 8 Housing Assistance Payments Programs |
| *Section 236 | *LIHTC Program |
| *DHCR | *HFA |

I give my consent for the release also for the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and Rural Development (RD) in administering and enforcing program rules and policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- | | |
|--------------------------------|--------------------------------|
| Identity and Marital Status | Employment, Income, and Assets |
| Residences and Rental Activity | Medical or Child Care Expenses |
| Credit and Criminal Activity | Social Security Numbers |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | |
|----------------------------------|-------------------------------------|
| Previous Landlords | Past and Present Employers |
| Public Housing Agencies | Veterans Administration |
| Welfare Agencies | Retirement Systems |
| Post Offices | State Unemployment Agencies |
| Banks and Financial Institutions | Schools and Colleges |
| Social Security Administration | Credit Providers and Credit Bureaus |
| Support and Alimony Providers | Medical and Child Care Providers |
| Utility Companies | Realtors and Insurance Agencies |

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Elmira Senior Living
Name of Property

Project No.

910 Maple Ave., Elmira, NY 14904
Address of Property

Elmira Senior Living
Name of Owner/Managing Agent

LIHTC
Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.