

RENTAL APPLICATION

Ridgeway Commons – 264 Ridge Road, Lackawanna NY

12/06/17

Please complete and return all 9 pages of this application to:
 Ridgeway Commons C/O Community Services
 1845 Kenmore Avenue, Kenmore New York 14216
 (716) 447-9999, ext. 609



In filling out this application, **please print clearly, check all the appropriate boxes and provide all the information requested in all sections of this form.** Thank you for your interest in our apartments.

PERSONAL INFORMATION

Full Names of All Household Members	Date of Birth	Social Security Number	Relationship to Head of Household

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-Mail Address: (optional) _____

Present Address: _____
STREET ADDRESS APT. # CITY/TOWN STATE ZIP

How did you hear about this complex? _____

Please check your preference for apartment size: One (1) bedroom Two (2) bedrooms

We welcome applicants with rental assistance. Are you currently participating in the Section 8 Housing Choice Voucher Program? Yes No

ELIGIBILITY INFORMATION

The complex for which you are applying is funded under the Federal Low-Income Housing Tax Credit Program, the NYS Housing Trust Fund Corporation and the Office for People with Developmental Disabilities (OPWDD). Applicants may be admitted only if the household is income eligible. In some cases, households consisting entirely of full-time students are not eligible for this housing. For purposes of this application, any individual is considered a student who has been or will be a full-time student at an educational institution with regular facilities (NOT correspondence or exclusively at night school.) A student is considered full-time if enrolled at least five (5) months in the calendar year, and the amount of hours taken are considered full-time by the school attended. Students in elementary, middle and high school are always full-time. The following income and student status information is required to determine eligibility.

PREFERENCES

1. Preference in the selection of tenants in not less than 8 of the rental units shall be given to *persons* with a Developmental Disability/Intellectual Impairment.

Do you wish to be considered for this preference? Yes No

2. Priority for the homeless preference will be given to such persons with special needs who have served in the armed forces of the United States for a period of at least six months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released from the armed forces under conditions other than dishonorable.

Do you wish to be considered for this priority? Yes No

ACCESSIBLE UNITS

Some apartments may contain special features designed to enhance accessibility to and within the unit. In renting these units, preference must be extended to households which include a person or persons with a disability or handicap who could benefit from such features.

Do you wish to be considered for this preference? Yes No

If yes, please indicate the type of design features for which you request consideration:

Mobility Impairments Hearing Impairments Visual Impairments

Please also complete the attached Housing Requirements Questionnaire (see page 6).

STUDENT STATUS DISCLOSURE

How many people will be living in the unit? _____ **How many will be FULL-TIME students?** _____

If **ALL** individuals residing in the unit are **full-time** students, the household must qualify under an exception as defined by the U.S. Internal Revenue Service.

Please check all that apply:

- At least one (1) member of the household is enrolled in a job training program under the Job Training Partnership Act or other similar Federal, State or local law.
- At least one (1) member of the household receives Aid for Dependent Children (ADFC.)
- The household consists of one (1) single parent (who is a full-time student) with children who are students, none of whom is the dependent of another individual.

In the spaces provided below list the income and benefits received by **ALL** members of your household **INCLUDING ANYONE WHO IS OR WILL BE LIVING WITH YOU EVEN IF NOT RELATED TO YOU.**

INCOME / BENEFIT	Gross Amount	Indicate if weekly monthly or annually?	Name of household member(s) who receive this income
Employment (before deductions)			
Employment (before deductions)			
NYS Disability / Workmen's Compensation			
Social Security / SSI			
Social Security / SSI			
Veterans Benefits			
Retirement Pensions / Annuities			
Social Services / Welfare (Do NOT include food stamps)			
Unemployment Insurance 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: ____)			
Certificates of Deposit (Number of accounts: ____)			
Stock / Bond Value			
IRA / Keough Accounts (Number of accounts: ____)			
Real Estate Owned			
Other (Please specify):			
List the dollar amount of assets disposed of for less than fair market value in the past two (2) years.			

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.

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 Questionnaire that accompanies your application. 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 Housing Requirements Questionnaire. Choosing not to complete this document will in no way affect the processing of your application for an apartment or dwelling.

NOTICE TO ALL APPLICANTS

OPTIONS FOR APPLICANTS WITH DISABILITIES OR HANDICAPS

This property is managed by Community Services for the Developmentally Disabled, whose main offices are located at 180 Oak Street, Buffalo, New York 14203, Phone: 716-883-8888.

We provide assisted housing to the general public under a variety of government assistance programs. 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 or 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 alterations 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 with a hearing-impaired member;

Permitting a family 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.

As 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, to 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 member of your family 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 your 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

Please read the following regarding this 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 on your part. If you choose not to complete this form, please check the box that indicates that choice, sign and date the form, and return it to the manager.

The choice not to complete this questionnaire will not in any way 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 it to the manager.

Applicant election to provide special needs information:

Household head: _____ Social Security #: _____

I choose to complete this form. I choose NOT to complete this form.

APPLICANT'S SIGNATURE: _____ Date: _____

Manager's signature: _____ Date: _____

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

1. Do you or any member of your household have a condition that requires: (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Separate Bedroom | <input type="checkbox"/> Unit for vision-impaired |
| <input type="checkbox"/> One-level apartment | <input type="checkbox"/> Physical modifications to a typical apartment |
| <input type="checkbox"/> Unit for hearing-impaired | <input type="checkbox"/> Bedroom/Bath on 1 st floor |
| <input type="checkbox"/> Barrier-free apartment | <input type="checkbox"/> Special parking space |
| <input type="checkbox"/> Roll-in shower | <input type="checkbox"/> Parking for a _____ van |

Other: _____

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

3. Please list the name or names of those in your household who need the features identified above:

4. Do you or any member of your household need special features to go up and down stairs other than traditional railings? Yes No

5. Will you or any member of your household require a live-in aide to assist you? Yes No

6. Who should be contacted to verify your need for the features you have identified above? (For example, a doctor or social service agency)

Name: _____ Phone: () _____

Address: _____
STREET ADDRESS APT. # CITY/TOWN STATE ZIP

Federal law requires Ridgeway Commons to obtain drug and criminal background and sex offender registration information for all adult household members applying for assisted housing.

Criminal Background Information	Check One Box		Household Member
	Yes	No	
Have you or any member of your household ever been convicted of a drug-related crime?			
Do you or any member of your household currently use illegal drugs or abuse alcohol?			
Have you or any member of your household been convicted of a felony?			
Have you or any member of your household been convicted of a crime involving fraud or dishonesty?			
Have you or any member of your household been convicted of a crime involving violence?			
Are you or any member of your household currently subject to a lifetime registration requirement under a state sex offender registration program?			
Are you currently charged with of the above-mentioned criminal activities?			
Have you ever used or been known by another name? If yes, please specify: _____			

If you answered yes to any of these questions, please explain: _____

Please check below the appropriate box of the state(s), including Washington DC, where you or any of the household members have previously resided.

- [Alabama](#)
[Alaska](#)
[Arizona](#)
[Arkansas](#)
[California](#)
[Colorado](#)
- [Connecticut](#)
[Delaware](#)
[Florida](#)
[Georgia](#)
[Hawaii](#)
[Idaho](#)
[Illinois](#)
- [Indiana](#)
[Iowa](#)
[Kansas](#)
[Kentucky](#)
[Louisiana](#)
[Maine](#)
[Maryland](#)
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[New Hampshire](#)
[New Jersey](#)
- [New Mexico](#)
[New York](#)
[North Carolina](#)
[North Dakota](#)
[Ohio](#)
- [Oklahoma](#)
[Oregon](#)
[Pennsylvania](#)
[Rhode Island](#)
[South Carolina](#)
- [South Dakota](#)
[Tennessee](#)
[Texas](#)
[Utah](#)
[Vermont](#)
[Virginia](#)
- [Washington](#)
[Washington DC](#)
[West Virginia](#)
[Wisconsin](#)
[Wyoming](#)

Current/Previous Housing Experience	Check One Box		Household Member
	Yes	No	
Have you or any member of your household been evicted from a federally assisted site for drug-related criminal activity?			
Have you or any member of your household ever been evicted from rental housing for lease violations?			
Have you or any member of your household ever broken a rental agreement or lease?			

If you answered yes to any of these questions, please explain: _____

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 reference and previous residences must be filled in completely, including full names, street address, city/town, state, zip code and telephone number.

Present Address: _____
STREET ADDRESS APT. # CITY/TOWN STATE ZIP

Dates: From _____ to _____ Rent: \$ _____/month Utils. Inc.? Yes No

Reason for moving: _____

Landlord's Name: _____ Phone: () _____

Landlord's Address: _____
STREET ADDRESS APT. # CITY/TOWN STATE ZIP

Previous Address: _____
STREET ADDRESS APT. # CITY/TOWN STATE ZIP

Dates: From _____ to _____ Rent: \$ _____/month Utils. Inc.? Yes No

Reason for moving: _____

Landlord's Name: _____ Phone: () _____

Landlord's Address: _____
STREET ADDRESS APT. # CITY/TOWN STATE ZIP

Previous Address: _____
STREET ADDRESS APT. # CITY/TOWN STATE ZIP

Dates: From _____ to _____ Rent: \$ _____/month Utils. Inc.? Yes No

Reason for moving: _____

Landlord's Name: _____ Phone: () _____

Landlord's Address: _____
STREET ADDRESS APT. # CITY/TOWN STATE ZIP

If you do not have a previous rental history, list at least two (2) individuals who could verify your ability to live by the conditions of a lease. (For example, an employer, caseworker or clergy)

NAME	FULL ADDRESS	PHONE

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 Community Services for the Developmentally Disabled (CSDD) to verify all of the above information and references, and to obtain my consumer credit report and criminal background reports from your reporting agency.

***** ALL ADULT HOUSEHOLD MEMBERS (AGE 18 YEARS AND OLDER) MUST SIGN AND DATE BELOW. *****

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____

The following information is requested by the Federal Government in order to monitor compliance with 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.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race: (Mark one or more)

- White
- Black or African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other (Please specify) _____

Community Services for the Developmentally Disabled (CSDD) does not discriminate on any legally-recognized basis including, but not limited to, race, color, religion, sex, 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 CSDD in order to properly process your application. **A security deposit and lease are required.**

Tenants or their spouses living with them, who are sixty-two (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 citizen is entitled to move after terminating a lease, must advise such tenant, in the admission application form, of the tenant's rights under the law. (Real Property Law 227- a.) A summary of the law is available upon request.