

## **Notice to All Applicants: Options for Applicants with Disabilities or Handicaps**

This property is managed by Cayuga Developments, Inc., 60 Clark Street, Auburn, NY 13021. We provide assisted housing to the general public under FmHA 515. Applicants must meet Farmers Home Administration guidelines for income and **be of at least 62 years of age, or have a handicapped/disabled status**. Applicant must have the legal capacity to enter into the lease agreement, (except where a legal guardian may sign when the tenant is otherwise eligible). We are not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, familial status, disability or handicap. In addition, we have an obligation to provide “reasonable accommodations” to applicants if they or any household members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit on 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 household member with a wheelchair.
- Installing strobe type flashing light smoke detectors in an apartment for a household with a hearing impaired member.
- Permitting a household to have a seeing-eye dog to assist a vision impaired household member where existing pet rules would not allow the dog.
- Making large type documents or a reader available during 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.

An applicant household 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 household 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 household member with a handicap or disability, please do so. If no household 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.

## 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.**

Please call Chelsea at (315) 253-8451 x 233. Please call during these hours: 8:30 am – 4:30 pm.

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If you have a hearing impairment, the TDD relay service number is (800) 662-1220 during the same hours.

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Appropriate assistance will be provided in a confidential manner and setting.

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### *Answering questions on your application:*

Please answer all the 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 (1) certain deductions from income that affect rent or (2) units designed to be accessible for individuals with handicaps or disabilities. So, without this information we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible unit.

**We do not need to know the nature, extent, or current condition of the handicap or disability.**

**Information that 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 to that we may assign you a unit appropriate to any needs that will exist for your household. Your answers will be verified. If, however, there are no household 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 document. The choice not to complete this document will not in any way affect the processing of your application for an apartment.



Please read the following regarding this questionnaire:

This questionnaire is administered to every applicant at West Shore Apartments. It is used to determine whether your household 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 is 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:**

Name of Head of Household \_\_\_\_\_ SS# \_\_\_\_\_

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 household:**

1. Do you, or does any member of your household, have a condition that requires:

A separate bedroom

Unit for vision-impaired

One-level apartment

Physical modifications to a typical apartment

Unit for hearing-impaired

Special parking space

A barrier-free apartment

Bedroom/Bathroom on first floor

Other

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

3. What is the name of the household member who needs the features identified above?

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

If yes, please indicate how we may accommodate your household: \_\_\_\_\_

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

6. Who should be contacted to verify your need for features you have identified above (e.g doctor or social service agency)?

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_



APPLICATION



Project Name: West Shore Apartments
Project Address: 8860 South Willow Street
Weedsport, NY 13166

Office use only
Date Received
Time Received

YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON THE SOCIAL SECURITY CARD. LIST TENANT FIRST, CO-TENANT SECOND, OTHER MEMBERS OF HOUSEHOLD THIRD, ETC. ALL INFORMATION IS KEPT CONFIDENTIAL.

(If you are unable to fill out this application, someone will fill it out for you or you may choose someone to fill it out. That person must sign the last page as the person whose handwriting appears on the form).

APPLICANT: Phone No.:
PRESENT ADDRESS:

A. LIST ALL OF PERSONS WHP WILL BE LIVING IN YOUR HOME.

Table with 4 columns: NAME, DATE OF BIRTH, RELATION TO HEAD OF THE HOUSEHOLD, SOCIAL SECURITY NUMBER. The table is currently empty.

B. Do you have any unusual expenses related to employment, such as a care attendant or auxiliary apparatus for a handicapped or disabled family member? Yes No If yes, please explain

Are you requesting a handicapped apartment? Yes No

Will any alterations to the apartment be necessary for a member of your family? Yes No Please explain

C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

Table with 2 columns: NAME OF FAMILY MEMBER, SOURCE OF INCOME. The table is currently empty.

D. LIST ALL ASSETS FOR ALL HOUSEHOLD MEMBERS (Bank checking, savings accounts, credit union accounts, C.D.'s, stocks)

	<u>ACCOUNT NUMBER</u>	<u>BANK</u>	<u>BALANCE</u>	<u>INTEREST RATE</u>
CHECKING ACCOUNT	# _____			
	# _____			
SAVINGS ACCOUNT	# _____			
	# _____			
CREDIT UNION	# _____			
	# _____			
C.D.'S	# _____			
	# _____			
SAVINGS BONDS	# _____			
	# _____			
OTHER	# _____			

Real Property: Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, type of property \_\_\_\_\_  
Where is property located? \_\_\_\_\_  
Appraised Market Value \$ \_\_\_\_\_

Have you sold/dispensed of any property in the last 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, type of property \_\_\_\_\_  
\_\_\_\_\_.

Market Value when sold/dispensed \$ \_\_\_\_\_  
Amount sold/dispensed for \$ \_\_\_\_\_  
Date of transaction \_\_\_\_\_

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up trust accounts, etc.)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe asset \_\_\_\_\_  
Date of disposition \_\_\_\_\_  
Amount disposed \$ \_\_\_\_\_

Do you have any other assets not listed above (excluded personal property)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list \_\_\_\_\_

E. MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSES

Are you or anyone in your household seeking the elderly household deduction available to those 62 or over, disabled or handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, you must provide evidence in the form of written documentation. THE NATURE OF THE HANDICAP OR DISABILITY DOES NOT HAVE TO BE DISCLOSED.

F. LANDLORD REFERENCES:

Current Landlord: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Prior Landlord: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Are you currently under eviction or have you ever been evicted?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If so, why \_\_\_\_\_

Are you a drug deal or have you ever been a drug dealer? Yes \_\_\_\_\_ No \_\_\_\_\_

CREDIT REFERENCES:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

PERSONAL REFERENCES (NO RELATIVES):

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

IN CASE OF AN EMERGENCY, PLEASE NOTIFY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

LIST YEAR, MAKE, COLOR AND LIXCENSE PLATE # FOR ALL VEHICLES IN YOUR HOUSEHOLD

<u>YEAR/MAKE</u>	<u>COLOR</u>	<u>LICENSE PLATE#</u>
_____	_____	_____
_____	_____	_____

Do you own any pets: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe \_\_\_\_\_



Name: \_\_\_\_\_  
\_\_\_\_\_

Pension monthly amount \$ \_\_\_\_\_  
Pension monthly amount \$ \_\_\_\_\_  
Source of pension(s) \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

SSI Benefits monthly amount \$ \_\_\_\_\_  
SSI Benefits monthly amount \$ \_\_\_\_\_

Name: \_\_\_\_\_

Wages: Gross monthly amount \$ \_\_\_\_\_  
Employer's name \_\_\_\_\_  
Employer's address \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

Unemployment comp. monthly amount \$ \_\_\_\_\_  
Unemployment comp. monthly amount \$ \_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

Social Services monthly amount \$ \_\_\_\_\_  
Social Services monthly amount \$ \_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

Full time student over 18 \$ \_\_\_\_\_  
Full time student over 18 \$ \_\_\_\_\_

Name: \_\_\_\_\_

Alimony monthly amount \$ \_\_\_\_\_

Name: \_\_\_\_\_

Child support monthly amount \$ \_\_\_\_\_

Name: \_\_\_\_\_

Earned income tax credit ANNUAL amount \$ \_\_\_\_\_

Name: \_\_\_\_\_

Other income monthly amount \$ \_\_\_\_\_  
Source: \_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

Income from investments monthly \$ \_\_\_\_\_  
Income from investments monthly \$ \_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

Interest income monthly amount \$ \_\_\_\_\_  
Interest income monthly amount \$ \_\_\_\_\_

Do you anticipate any changes in this income during the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone in the household receive any regular contributions or gifts from non-household members?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone in the household receive any income from property? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain: \_\_\_\_\_

Do you expect anyone not listed on this application to be moving in with you in the future?  
Yes \_\_\_\_\_ No \_\_\_\_\_



I (we) certify that I (we) do/will not maintain a separate subsidized rental unit in a different location.

We also certify that this will be my (our) permanent residence.

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord and credit checks. Changes in family income, size, address, and phone number must be reported promptly to management in order to properly process your application.

A security deposit and a one year lease are required.

I/We certify that all information in this application is true to the best of my/out 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.

SIGNATURES:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

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 you are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish it, we are required to note the race/ national origin of individual applicants on the basis of visual observance or surname.

Ethnicity:

Hispanic or Latino \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

Race: (Mark one or more)

White \_\_\_\_\_

Black or African American \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_

Asian \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

AUTHORIZATION

I/WE DO HEARBY AUTHORIZE CAYUGA COUNTY HOMESITE DEVELOPMENT CORPORATION AND IT'S STAFF OR AUTHORIZED REPRESENTATIVES TO CONTACT AGENCIES, OFFICES, GROUPS OR IORGANIZATIONS TO OBTAIN AND VERIFY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN THIS PROPERTY MANAGED BY CAYUGA COUNTY HOMSITE DEVELOPMENT CORPORATION.

SIGNATURES:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Person Filling Out Form for Tenant