



**CDS MONARCH SENIOR LIVING  
HARD ROAD PHASE 2  
TENANT SELECTION PLAN**

**Eligibility Requirements**

- ***CDS Monarch Senior Living Hard Road Phase 2 is a senior citizens complex open to persons 55 and older. Fifteen (15) of the 96 apartments will be marketed to frail elderly and disabled persons.***

- ***Current income guidelines are:***

<u>Maximum Income 30%</u>	<u>Maximum Income 50%</u>	<u>Maximum Income 60%</u>	<u>Maximum Income 80%</u>
1 person \$15,550	1 person \$25,900	1 person \$31,080	1 person \$41,450
2 persons \$17,800	2 persons \$29,600	2 persons \$35,520	2 persons \$47,400
3 persons \$20,780	3 persons \$33,300	3 persons \$39,960	3 persons \$53,300
4 persons \$25,100	4 persons \$37,000	4 persons \$44,400	4 persons \$59,200

- Applicants must be U.S. citizens or Nationals or non-citizens who have eligible immigration status verified through the Department of Homeland’s Security Alien Status Verification Index (ASVI). For U.S. citizens, a signed declaration of citizenship is required for each family member, regardless of age, as well as a birth certificate. In the case of a non-citizens, a signed declaration of eligible non-citizen status and proof of age.
- Applicants are asked to disclose social security numbers in order for the owner to make an eligibility determination. If a social security number is not provided, tenancy is not denied based solely on that factor.
- Any person applying for a unit in designated low income complex shall submit to the owner or owner’s agent, a copy of the most recent New York State or Federal income tax return or an affidavit certifying the prior year’s income along with the application for a unit.
- Policies to comply with Fair Housing:
  - a. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD.
  - b. The Fair Housing Act and the New York State Human Rights Law prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status. It applies to housing, regardless of the presence of federal financial assistance.
  - c. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.
- **Eligibility of Students for Other Assistance Programs**

1. \*This paragraph applies to the Rent Supplement, RAP, Section 221(d)(3) BMIR, Section 236, Section 202 PAC, Section 202 or Section 811 PRAC programs.\*
2. Owners must determine a student's eligibility for assistance at move-in, initial or annual recertification, and at the time of an interim recertification if one of the changes reported is that a household member is enrolled as a student, at an institution of higher education.
3. The student must meet **all** of the following criteria to be eligible. The student must:
  - a. Be of legal contract age under state law;
  - b. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy, **or**
  - c. Meet the U.S. Department of Education's definition of an independent student. (See the Glossary for definition of Independent Student);
  - d. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
  - e. Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.
4. \*The full amount of financial assistance paid directly to the student or to the educational institution and amounts of scholarships funded under title IV of the Higher Education Act of 1965, including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs, are excluded from annual income for the programs listed in 1, above (see paragraph 5-6 D and Exhibit 5-1.)\*

### **Accepting Applications and Selecting from the Waiting List**

- Anyone wishing to be admitted into CDS Monarch Senior Living Hard Road Phase 2 or placed on the waiting list, must complete and submit to the office, an application which will include name, sex, age, disability status (only when necessary to establish eligibility) of each household member; need for an accessible unit, if applicable; race/ethnicity of head of household; sources and estimates of anticipated annual income and assets. A complete list of all states any household member has resided is required. Applications will be stamped with date and time when received and placed in chronological order on the waiting list. The opening and closing of a waiting list will be noted to the local Senior Center in Webster, New York.
- Potentially eligible and acceptable applicants will be notified in writing that their preliminary application has been reviewed and they will be contacted when an appropriate unit becomes available. Those ineligible applicants will also be notified in writing of the reason for rejection and of their right to appeal. Appeals may be made in writing in 14 business days to CDS Monarch Senior Living, Hard Road Phase 2, 249 Norton Village Lane, Rochester, New York 14609 or by phone, 585-467-2442, to schedule an appointment with the Leasing Administration Manager. Appeals are processed within 7 – 10 business days. All applicants will be treated alike regardless of race, color, sex, religion, family status, national origin, age, or any other arbitrary reasons and reasonable accommodation will be made for the disabled.

- Applicants will be screened for credit history through a recognized screening service/data base such as CBC. Applicants must have a satisfactory credit report/rental history. Particular attention is given to rental payments for the most recent 5 years. Previous landlords will be checked for a history of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residences which may adversely affect the health, safety or welfare of other tenants. Screening will also be done for drug related or criminal activity involving crimes of physical violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants.

**Admission will be denied if:**

- Household is paying less than 25% or more than 48% of household's income for housing costs (basic rent plus allowance for tenant paid utilities).
- Any household member has an unacceptable landlord history, including inability to appropriately maintain housing in a decent safe and sanitary condition, history of unjustified and chronic nonpayment of rent, history of disturbing the quiet enjoyment of others, history of violence and harassment of others, history of violations of the terms of previous rental agreements such as destruction of the unit or surrounding premises.
- Any household member has an unacceptable credit history-one that reflects consistent past-due payments of more than 90 days, a history of repeated insufficient fund checks, derogatory credit (repossessions, foreclosures, judgments, collections, charge-offs, liens, bankruptcy not yet discharged, delinquent or charge off debt due to other landlords). In the event of decline based on credit, we do not provide the Applicant with a copy of the credit report, it is the Applicant's responsibility to contact the credit-reporting agency to obtain their credit report and resolve any items that may have been incorrectly reported.
- Any household member has been evicted from housing for non-payment of rent.
- There are two circumstances in which an Applicant's criminal history will automatically make them ineligible for housing:
  1. Conviction for producing methamphetamine in the home.
  2. Lifetime registrant on a State or Federal Sex Offender Registry.

Criminal background checks may only consider prior criminal convictions or pending arrests. Automatic bars to admission are conviction for producing methamphetamine in the home or is required to be a lifetime registrant on the Sex Offender registry.

The housing provider may only consider prior criminal convictions or pending arrests. Prior arrests and/or accusations that did not result in a conviction may not be considered. Any convictions that have been excused by pardon, overturned on appeal or otherwise vacated may not be considered.

1. The housing provider may only consider convictions or pending arrests for offenses that involved physical danger or violence to persons or property or that adversely affected the health, safety and welfare of other people.
2. Even where convictions for such offenses exists, those convictions cannot be an automatic bar to the applicant being selected for housing. An individualized assessment of all applicants must be done and "Know Your Rights" material will be provided.

3. In this assessment, no one factor can be considered in isolation; the interplay between the factors must be taken into account (e.g. May look for stronger evidence of rehabilitation if an applicant has a more serious crime).
  4. When conducting a background check of an applicant, the housing provider must use a reputable background check company. Further, the housing provider must comply with the requirements of the Fair Credit Reporting Act, 15 U.S. C. Sec. 1681 et. seq.
  5. The housing provider must provide the applicant with any application that includes information that explains the procedures and policies with regard to background checks, the applicant's right to review, contest, and explain the information contained in the background check, and the applicant's right to present evidence of rehabilitation.
- You may appeal an ineligible criminal decision within 14 business days by writing to CDS Monarch Hard Road Phase 2, 249 Norton Village Lane, Rochester, New York 14609 or schedule an interview with Leasing Manager at 585-467-2442.

### **Veteran's Preference for (55+) Apartments**

Preference will be given for admission to veterans as described in Section 85 of the Civil Service Law.

This will encompass **all veterans, or their surviving spouses, who served on active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York State.**

Veterans eligible for the preference are those who:

- a) were members of the Armed Forces of the United States;
- b) served on active duty for other than training purposed in **time of war**;
- c) were discharged honorably or released under honorable circumstances;
- d) are residents of New York State;
- e) have documented their eligibility by submitted Form DD214 (NAVPERS-553/NAVMC-78PD/WDAG-53,98) and for service in Lebanon, Grenada or Panama, the award of an appropriate expeditionary medal.

### **Unit Transfers**

- Unit transfers may result when there is a change in family composition. Owner shall determine, according to occupancy standards, if the unit is still the appropriate size. Residents may be required to move if there is an appropriate size unit available, there is a market for the size unit resident will be vacating and if the resident will be remaining in the property. If it is determined a move is required, resident must move within 30 days after being notified a unit of required size is available.
- Accepted reasons for transfer are: inappropriate family composition for unit size; medical request including making reasonable accommodation for disabled resident requiring more accessible unit.
- A list of residents required to transfer will be maintained and vacancies will be filled chronologically when appropriate unit becomes available.
- Lateral transfers are not allowed unless it's for a reasonable accommodation.
- Transfer applicants take priority over admission applicants for 3 out of 4 apartments of each size.

## **Opening/Closing Waiting Lists**

- Should the wait for an apartment become excessive, the owner may close the waiting lists for one or more unit size. Owner must advise potential applicants that the waiting list is closed and refuse to take applications. Owner must also publish a notice, stating the reason for refusing to take applications, in a publication likely to be read by potential applicants. (Webster Post Newspaper)
- When the owner agrees to accept applications again, the notice of this action must be announced in a publication likely to be read by potential applicants. Advertisements should include where and when to apply and conform to the Affirmative Fair Housing Marketing Plan. (Both actions require pre-approval by the New York State Homes and Community Renewal).

## **Waiting List**

The waiting list shall be updated periodically. Canvassing letters of continued interest shall be sent to 10% of the waiting list.



## **Smoke Free Community**

This property is a completely smoke-free facility.

Due to the increased risk of fire, the known health effects of secondhand smoke, and increased maintenance costs, smoking is prohibited in any area of the property, both private and common, indoors, and outdoors including entryways, balconies, and patios. This policy applies to all residents, guests, vendors, staff, and service persons. Residents are responsible for ensuring that all household members and guests comply with this rule. The term “smoking” is defined as inhaling, exhaling, burning or carrying any lighted cigarette, cigar, pipe, or other tobacco product in any manner or any form.

## **Fees**

- Incoming residents are required to pay a security deposit equal to one month’s rent.
- Pets are allowed (within certain guidelines) and an additional deposit of one (1) month’s rent (not to exceed \$300) must be given.
- There is a late rent fee of \$5.00 is charged on the 6<sup>th</sup> day of the month with \$1.00 added for each additional day rent remains unpaid.

## **Unit Inspections**

- Unit inspections are made jointly by owner or representative and resident. A unit inspection report must be signed by both owner/representative and resident indicating the condition of the unit. Resident has five (5) days to report any additional deficiencies. Any repair must be completed no more than 30 days after the effective date of the lease.

## **Annual Recertifications**

- A review of family income and composition is conducted annually.
- Residents must supply information requested by the owner, prior to renewal of lease. Residents must sign consent forms, and owners obtain third party verification (whenever possible) of the following items: reported family annual income and the value of assets.

- **Residents also acknowledge that a household consisting entirely of full-time students as identified in Section 42 of Low Income Housing Tax Credit is prohibited from low income residence, unless they meet an allowable exemption.**
- At this time also, the resident must certify that no member of the household is subject to a state lifetime sex offender registration in any state. If the owner discovers a household member was erroneously admitted, (after June 25, 2001), the owner will immediately pursue eviction for that member or termination of assistance for the household member. If the family is unwilling to remove that individual, the owner must terminate assistance for the entire household.

**House Rule Changes**

- Certain house rules may be developed and listed in the lease as an attachment.
- Owners must give residents written notice 30 days prior to implementing any changes in house rules or adding new rules.

By signing below you (we) acknowledge receipt of the policy, and acknowledge that you (we) have read and understand its contents.

Name	Date
Name	Date
Witness	Date

**Return to:**  
**MONARCH SENIOR LIVING – HARD ROAD PHASE 2**  
**840 Lewis Wolf Blvd.**  
**Webster, New York 14580**

**NON- SMOKING**



<b>For office use only:</b>	
Apt. Size:	_____
Ant. Lease Date:	_____
RHA:	_____
DSS:	_____

**APPLICATION FOR APARTMENT AT:  
MONARCH SENIOR LIVING – HARD ROAD 2**

Date \_\_\_\_\_

\*Applications are placed in order of date and time received. An Applicant may be interviewed only after the receipt of this application.

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State Zip

Please list all states in which any household member has resided:

Name: \_\_\_\_\_ States(s): \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

# of Bedrooms in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify: \_\_\_\_\_)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Do you qualify as disabled under the following definition:  Yes  No (check one)

A person with disabilities for purposes of program eligibility is determined, pursuant to HUD Regulations, to have a physical, mental or emotional impairment that (A) is expected to be of long-continued and indefinite duration (B) substantially impedes his or her ability to live independently, and (C) is of such nature that the ability to live independently could be improved by more suitable housing conditions.

Do you require a reasonable accommodation:  Yes  No (check one)

**I. HOUSEHOLD COMPOSITION**

*Unless assistance is required, this form must be completed by the applicant/tenant.  
List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.  
Do not include minors who will be present less than 50% of the time.  
List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.*

HOUSEHOLD MEMBER NAME (First MI Last)	RELATIONSHIP	DOB	SSN	STUDENT?
1.	<b>HEAD</b>			[ ] YES [ ] NO
2.				[ ] YES [ ] NO
3.				[ ] YES [ ] NO
4.				[ ] YES [ ] NO

Are any household changes expected in the next 12 months:  Yes  No (check one)  
If YES, please explain: \_\_\_\_\_

Are any student changes expected in the next 12 months:  Yes  No (check one)  
If YES, please explain: \_\_\_\_\_

**II. STUDENT STATUS**

Is every member of the household a FT student as defined above? <i>If NO continue to Section III</i> <i>If YES please complete the following questions:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was a student previously a foster child?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student married and eligible to file a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student a single parent who is not claimed as a dependent by another individual?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the minors in the household claimed as a dependent by a parent?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**INCOME INSTRUCTIONS:**

*List gross amounts anticipated to be received in the 12 month period following move in or recertification. For minors, include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets. For adults, include both earned income from jobs and unearned income. Answer each YES-NO question. For each YES include the gross amount and frequency. Do NOT leave any unanswered questions.*

III. HOUSEHOLD INCOME						
<i>Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household. All adults must sign the form.</i>						
Type of Income	Head of Household			Co-Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 <sup>nd</sup> job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self-employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Is child support awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Is spousal support awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. SSP	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

**III. HOUSEHOLD INCOME (Continued)**



29. Disability/death benefits	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
30. Real estate rent income	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
31. Student financial aid	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
32. Military pay	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
33. Veterans/VA income	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
34. Other income:	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
35. Other income:	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	

36. Are any income changes expected in the next 12 months? [ ] YES [ ] NO  
*If YES please describe:*

*For each source of income checked YES above, please complete the following:*

Income #	HH Member	Name of Source	Address/Phone/Email

#### IV. HOUSEHOLD ASSETS

*List assets for all household members including minors  
Cash value is market value minus any costs/penalties/fees required to convert to cash  
Do not list assets that are not accessible to the family*

Type of Asset	Head of Household		Co-Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
2. 2 <sup>nd</sup> checking account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
3. Savings account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
4. 2 <sup>nd</sup> savings account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
5. Debit /direct deposit card	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
6. 2 <sup>nd</sup> debit card	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
7. Cash on hand	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
8. Certificate of Deposit	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
9. Other bank account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
10. Mutual Fund	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
11. Stocks	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
12. Portfolio/brokerage	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
13. IRA/401K/etc.	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
14. 2 <sup>nd</sup> IRA/401K/etc.	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
15. Treasury bills/bonds	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
16. Company retirement acct	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
17. Annuity	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
18. Pension	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
19. Revocable trust	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
20. Life insurance (not term)	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
21. Real estate equity	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
22. Personal property held as investment	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
23. Other asset	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
24. Other asset	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$

25. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? [ ] YES [ ] NO

26. Has anyone disposed of any assets for less than fair market value in the past 2 years? [ ] YES [ ] NO

*If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:*

For each asset checked YES above, please complete the following:

Asset #	HH Member	Name of Source	Address/Phone/Email

**V. MEDICAL EXPENSES**

List any reoccurring and unreimbursed medical, dental, mental health, disability and child care expenses for the next 12 months:


**VI. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance? Yes No

Have you or any member of your family ever been convicted of a felony or classified as a sex predator? Yes No  
If yes, please describe:

Have you or any member of your family ever been evicted from any housing? Yes No  
If yes, please describe:

Have you or any member of your family ever resided at a Rochester Management Community? Yes No  
If yes, when and where:

Have you ever filed for bankruptcy? Yes No  
If yes, please describe:

Will you take an apartment when one is available? Yes No

Briefly describe your reason for applying:

**VII. VEHICLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle

Make/Model of Vehicle:	License Plate #:
Year:	Color:

Make/Model of Vehicle:	License Plate #:
Year:	Color:

Do you have any pets? Yes No  
If yes, please describe:

**VIII. REFERENCE INFORMATION**

Current Landlord	Name:
	Address:
	Home Phone:
	Business Phone:
	How long?

**VIII. REFERENCE INFORMATION (continued)**

Previous Landlord	Name:
	Address:
	Home Phone:
	Business Phone:
	How long?
Credit Reference	Company Name:
	Account #:
	Phone #:
Personal Reference	Name:
	Address:
	Phone #: Relationship:
Emergency Contact	Name:
	Address:
	Phone #: Relationship:

**VETERANS ADMISSION PREFERENCE:**  If head-or-co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference.

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and 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.

This development is operated under the supervision of the New York State Homes and Community Renewal. All questions must be answered in order to process the application.

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying the facts herein stated.

I (we) understand that a credit inquiry and a Criminal Background check may be made in the course of processing this application.

**All adult applicants, 18 or older, must sign application.**

**\*\*Monarch Senior Living is a non-smoking building**

SIGNATURE(S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	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. Section \*\*408 (a) (6) (7) and (8).\*\*



EQUAL HOUSING OPPORTUNITY



HANDICAPPED ACCESSIBLE