



COBBS HILL VILLAGE

249 NORTON VILLAGE LANE • ROCHESTER, NEW YORK 14609

PHONE (585) 467-2442 • FAX (585) 544-0243

EMAIL: OFFICE@COBBSHILLVILLAGE.COM

Cobbs Hill Village Application

With Application submission, the following documents are required:

- \$12.00 **per** Applicant Non-Refundable application fee (Money Order or Check only). **PLEASE NOTE: We do NOT accept cash.**
- Proof of Household Income. (Current Pay Stubs, Social Security Benefit letters, DSS Budget Sheet, Proof of Section 8, etc.)
- Copy of Driver's License or State ID for Household Members.
- Copy of Birth Certificates for **ALL** Household Members.
- Copy of Social Security for **ALL** Household Members.
- Current New York State Tax Return – if filed.

*****Note: Copies can be made at the Rental Office if needed.*****





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We are interested in knowing how you happened to apply for an apartment with us, and would appreciate your answering a few short questions.

In which of the following ways did you hear of Cobbs Hill Village?

Please check any that apply.

Our Website/Internet

Referral

Apartmentguide.com

Relative

Yellow Pages

Friend

Agency _____

(please specify)

Just Driving By

Facebook

NYHousingSearch.gov

Craigslist

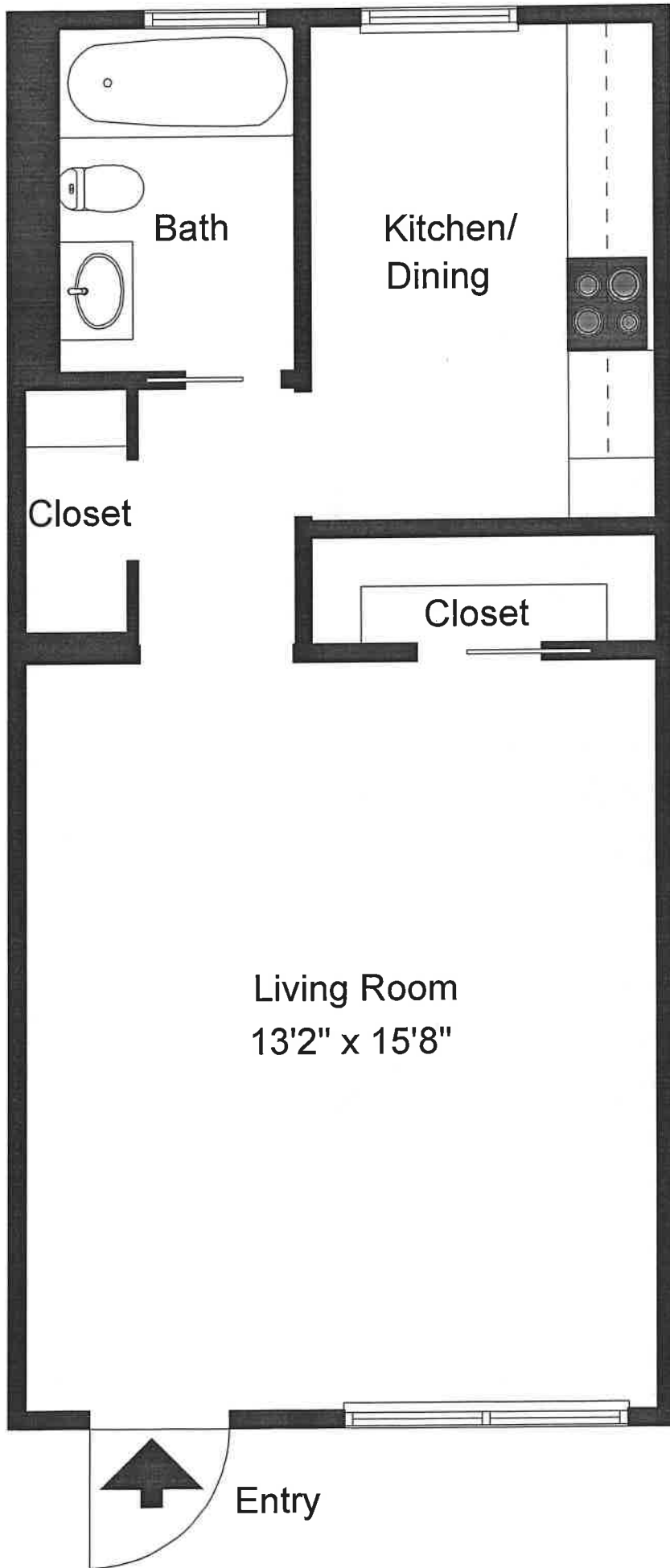
Renters Lifestyle

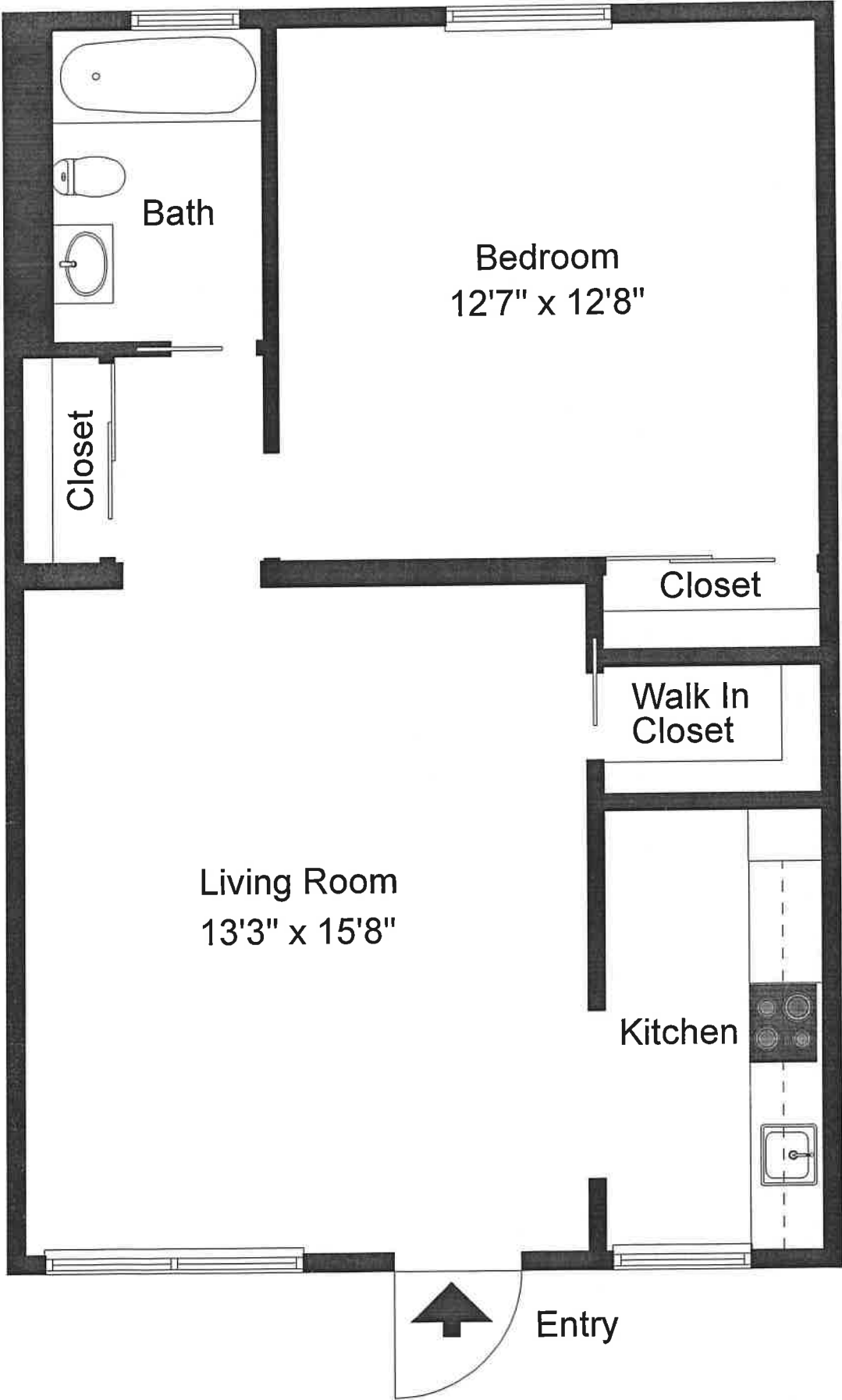
Rent.com

Rentals.com

Zillow.com

Sincerely,
Gina Key
Leasing Operations Manager







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WWW.ROCHESTERMANAGEMENT.COM

COBBS HILL VILLAGE TENANT SELECTION PLAN

Cobbs Hill Village was sponsored under the Mitchell-Lama Act specifically as housing for Senior Citizens, and applicants must be at least 55 years of age.

Mitchell-Lama established income guidelines must be met. Applicants who exceed the maximum may be admitted as residents, but must pay a rental surcharge per 9NYCRR 1727-4.1 (d). (New York Codes Rules and Regulations). Maximum Annual Income is calculated based on the annual apartment rent multiplied by 7.

Accepting Applications and Selecting from the Waiting List

Anyone wishing to be admitted into Cobbs Hill Village or placed on the waiting list, must complete and submit to the office, an application which will include name, address, sex, age, sources of annual income and previous place of residence. Also to be submitted with the application is a copy of driver's license or state issued photo ID, copy of social security card, and New York State tax return (previous year) or income verification if no taxes were filed. Applications will be stamped with date and time when received and placed in chronological order on the automated waiting list of the NYS Division of Housing and Community Renewal.

Eligible applicants will be notified in writing that their application has been approved and they will be contacted when an appropriate unit becomes available. Ineligible applicants will also be notified in writing of the reason for rejection and of their right to appeal within 14 days to the DHCR Law Bureau. 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 RentGrow. Applicants must have a satisfactory credit report/rental history. Any applicant who provides:

1. Evidence of having made full payment of their rent on a timely basis or for prior 12 months, or
2. receives full rent subsidy from Section 8 Voucher, HUD/Vash, Public Assistance/FIPS, HOPWA/HASA, Rual Rental Assistance, Non-Profit Rental Assistance or other subsidy will be approved for the credit portion of the application process.

Applicant may be denied for credit due to "applicable debt". Applicable Debt may include debt that is over 120 days delinquent as of the date of the credit report or debt that has been transferred to a collection agency and is being pursued for collection. Individualized credit worksheets will be used to consider credit history. 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. Applicants with criminal convictions will have a personal interview with the housing complex to complete the "worksheet for applying New York State

Anti Discrimination Policies when assessing applicants for State funded housing who have criminal convictions". (Cobbs Hill Village may obtain a previous and current landlord written records of rent payment and history of major lease violations e.g. nonpayment of rent or use of premises for illegal purposes).

A minimum of one person and a maximum of two persons may occupy a studio or one-bedroom apartment and a minimum of two person and maximum of four persons may occupy a two bedroom apartment.

Applicants are advised that they will be entitled to one apartment refusal without affecting their position on the waiting list. A failure to respond within ten (10) business days from the apartment notification shall be considered a refusal.

Occupancy is limited to only those persons identified as applicants on the original application.

Quarterly Tenant Selection Activity Reports are submitted to the NYS Division of Housing and Community Renewal.

Admission will be denied if:

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.

If credit shows bankruptcy in certain cases, delinquencies, collections, money judgements and liens, in certain instances ("applicable debt").

Any household member with convictions of manufacturing and distribution of controlled substances - narcotics.

There are two circumstances in which an Applicant's criminal history will automatically make them ineligible for housing:

1. Conviction for producing methamphetamine.
2. Lifetime registrant on a State or Federal Sex Offender Registry.

Other convictions or pending arrests that may be considered involve physical danger or violence to persons or property or that adversely affected the health, safety and welfare of other people. However, an individual assessment must be done prior to a decision.

The worksheet for applying New York State Discrimination Policies when assessing applicants for State funded housing who have criminal convictions will provide you with the opportunity to answer questions regarding the conviction(s).

Convictions that have been excused by pardon, overturned on appeal or otherwise vacated will not be considered ineligible.

You may appeal an ineligible criminal decision within 14 business days.

Veteran's Preference

Preference for admission will be given to veterans as described in Section 85 of the Civil Service Law. This will encompass **all veterans who served on active duty in time of war, or their**

surviving spouses as defined in Section 85 of the Civil Service Law, and reside in New York State.

Veterans eligible for the preference are those who meet one of the following:

- a. were members of the Armed Forces of the United States;
- b. served on active duty for other than training purposes 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

A list of residents requesting transfers will be maintained and vacancies will be filled chronologically when an appropriate unit becomes available. Transfer Policy will be given at time of request.

Transfer applicants are given preference for three of every four apartments offered.

A resident must be in good standing to be approved for a transfer (satisfactory payment history with no outstanding balance, satisfactory apartment inspection, no derogatory or complaint letters on file).

Lateral transfers are not allowed unless it's for a reasonable accommodation.

Unit transfers may be approved due to specific reasons.

Accepted reasons for transfer are:

Medical request including making reasonable accommodation for disabled a resident requiring a more accessible unit.

Downsizing due to financial reasons.

Change in family composition.

Waiting List

Approved applications will be placed on the Division of Housing and Community Renewal automated waiting list. Apartments will be offered in the order the applications were received. Still interested letters will be sent periodically.

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 within 25 feet of the building(s) 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 of one (1) month's rent at the time of lease signing.

A late rent fee of \$15.00 is charged on the 9th day of the month.

A non-refundable application fee of \$12.00 per applicant is to be submitted with the application.

Pets

One cat is allowed (within certain guidelines) at an additional pet fee of three hundred dollars (\$300), refundable upon move-out or no longer having the cat, pending any damage charge accrued.

Unit Inspections

All units are inspected annually by the maintenance superintendent or representative. A copy of the inspection report will be completed indicating the condition of the apartment. The resident will receive a copy, and a second copy will be kept in the resident's file. Any repairs will be completed by the maintenance department. All cleaning issues and general housekeeping issues are the responsibility of the resident. The resident will have ten (10) days to correct such issues, at which time the apartment will be re-inspected. Failure to correct such issues could result in termination or non-renewal of the lease.

Annual Income Affidavits

New York State Law requires you to submit, and us to collect, a report of your income annually, which is sent to Division of Housing and Community Renewal. Verification of income from the previous year is required, either by NYS tax return, if filed, or Social Security, pension and bank statements.

VAWA Protections

Violence Against Women Act (VAWA) provides Rights and Obligations to all Applicants under the Violence Against Women Act (VAWA) Compliant with all VAWA Final Rules and Emergency Transfer. Cobbs Hill Village Housing Company does not discriminate against victims of domestic violence, dating violence, sexual assault or stalking or protected victims as well as members of their family. Victims will not be denied housing or from losing their HUD assisted housing as a consequence of domestic violence, dating violence or stalking.

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:
 Rochester Management, Inc.
 249 Norton Village Lane
 Rochester, New York 14609

NON-SMOKING

Please check desired Apartment

_____ Studio

_____ One Bedroom

**APPLICATION FOR APARTMENT AT:
 COBBS HILL VILLAGE**

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): \$ _____

| I. HOUSEHOLD COMPOSITION | | | |
|---|--------------|-----|-----|
| <p><i>Unless assistance is required, this form must be completed by the applicant/tenant.</i> <i>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.</i></p> | | | |
| HOUSEHOLD MEMBER NAME (First MI Last) | RELATIONSHIP | DOB | SSN |
| 1. | HEAD | | |
| 2. | | | |

INCOME INSTRUCTIONS:

List gross amounts anticipated to be received in the 12 month period following move in.
Answer each YES-NO question. For each YES include the gross amount and frequency.
Do NOT leave any unanswered questions.

| II. HOUSEHOLD INCOME | | | | | | |
|---|-------------------|--------|-----------|-----------------------------|--------|-----------|
| <p><i>Use an extra copy of pages 1 and 2 as needed if more than 2 adult members are included in the household.</i> <i>All adults must sign the form.</i></p> | | | | | | |
| 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 | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 2. Social Security | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 3. SSI | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 4. SSP | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 5. Unemployment benefits | [] YES [] NO | \$ | | [] YES [] NO | \$ | |

II. HOUSEHOLD INCOME (Continued)

| | | | | | | |
|-------------------------------|----------------|----|--|----------------|----|--|
| 6. Worker's compensation | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 7. Severance pay | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 8. Pension income | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 9. Retirement acct payments | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 10. Investment acct payments | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 11. Annuity acct payments | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 12. Trust acct payments | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 13. Disability/death benefits | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 14. Real estate rent income | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 15. Military pay | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 16. Veterans/VA income | [] YES [] NO | \$ | | [] YES [] NO | \$ | |
| 17. Other income: | [] YES [] NO | \$ | | [] YES [] NO | \$ | |

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

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

III. 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 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:

IV. 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: |

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

V. REFERENCE INFORMATION

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

V. 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 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.

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).**

