



PLYMOUTH GARDENS

1400 SOUTH PLYMOUTH AVENUE • ROCHESTER, NEW YORK 14611

PHONE (585) 235-6010 • FAX (585) 328-5451

EMAIL: OFFICE@PLYMOUTHGARDENSAPARTMENTS.COM

Plymouth Gardens Application

With Application submission, the following documents are required:

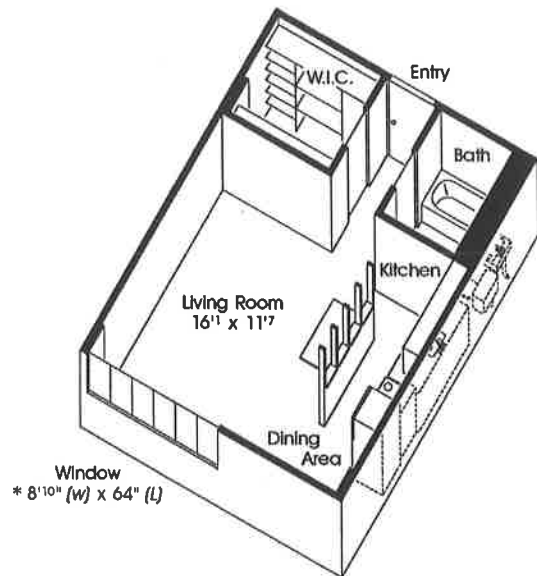
- \$12.00 **per** Applicant, Non-Refundable application fee (Money Order or Check only). **PLEASE NOTE: We do NOT accept cash.**
- Proof of Household Income. (Current Pay Stubs, Social Security Benefit letters, DSS Budget Sheet, Proof of Section 8, etc.)
- Copy of Driver's License or State ID for Household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

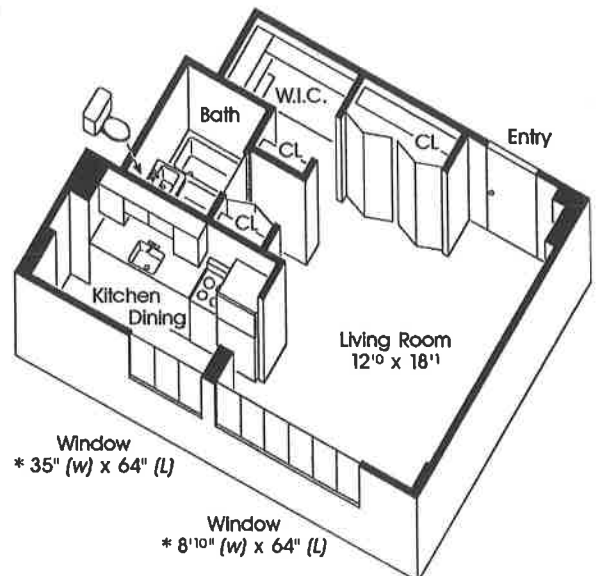


Plymouth Gardens

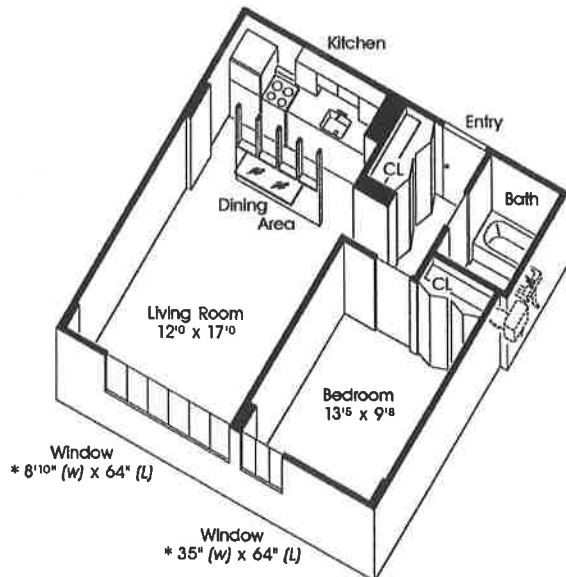
Apartment Styles



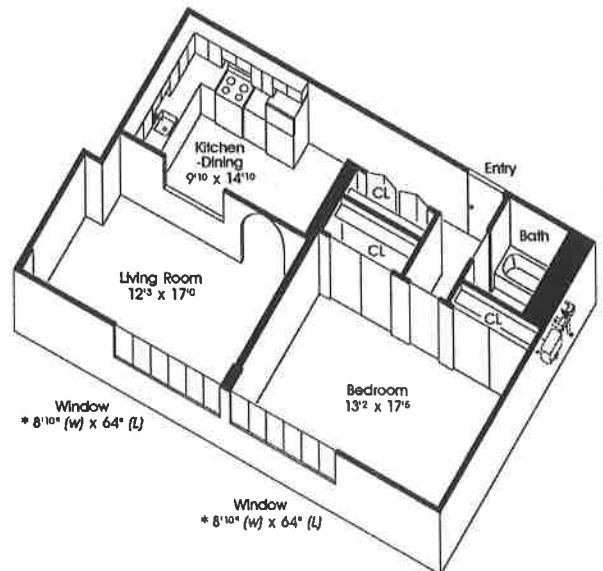
Studio Apartment – 389 sq. ft.



Studio Deluxe Apartment – 430 sq. ft.



One Bedroom Apartment – 538 sq. ft.



One Bedroom Deluxe Apartment – 778 sq. ft.

Address

Plymouth Gardens Office
1400 Plymouth Avenue, South
Rochester, New York 14611

E-Mail Address

Office@PlymouthGardensApartments.com

Phone Number

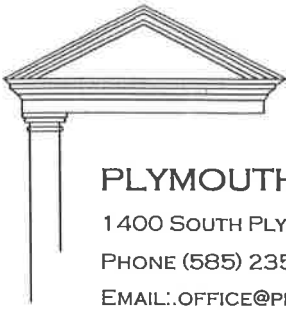
585-235-6010

Fax Number

585-328-5451

Web Site

www.PlymouthGardensApartments.com



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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 Plymouth Gardens?

Please check any that apply.

Our Website/Internet

Referral

Apartmentguide.com

Relative

Yellow Pages

Friend

Just Driving By

Agency _____

(please specify)

Facebook

NYHousingSearch.gov

Craigslist

Renters Lifestyle

Rent.com

Rentals.com

Zillow.com

Remarks: _____

Thank you for your assistance.

Sincerely,
Gina Key
Leasing Operations Manager



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PLYMOUTH GARDENS TENANT SELECTION PLAN

Plymouth Gardens 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). Current guidelines are:

Maximum Income			
Studio Apartment Woods:	\$30,156	First Floor One Bedroom River:	\$50,400
Studio Apartment River:	\$30,660	First Floor One-Bedroom Sr. River:	\$56,700
Studio Deluxe:	\$30,660	First Floor ADA One Bedroom:	\$58,800
One-Bedroom Apartment Woods:	\$46,200	One-Bedroom Deluxe Woods:	\$60,732
One-Bedroom Apartment River:	\$46,788	One-Bedroom Deluxe River:	\$61,740

Accepting Applications and Selecting from the Waiting List

- Anyone wishing to be admitted into Plymouth Gardens 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, birth certificate 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 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 business 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 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.

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

Veteran's Preference

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.
- 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 notifications 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.
- 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.
- 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 assessment will provide you 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.

Unit Transfers

- A list of residents requesting transfers will be maintained and vacancies will be filled chronologically when appropriate unit becomes available.
- 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).
- All costs related to the transfer, including, but not limited to any rent loss are the responsibility of the Resident.
- 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 resident requiring 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.

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 \$15.00 is to be submitted with the application. If the applicant enters into a lease with Plymouth Gardens, the \$15.00 will be applied toward the first month's rent. (Not applicable to lease changes).

Pets

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

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:
Plymouth Gardens
1400 South Plymouth Avenue
Rochester, New York 14611

For office use only:	
Apt. Size:	_____
Ant. Lease Date:	_____
RHA:	_____
DSS:	_____

**APPLICATION FOR APARTMENT AT:
PLYMOUTH GARDENS**

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. 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. 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 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:

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).**

