



People Inc

LEISURETIMERS APARTMENTS a People Inc. Community

364 Bloomingdale Road Akron, NY 14001

Phone 585.542.5984 **Web** people-inc.org

- The attached application must be completed in full and signed and dated by all persons age 18 years and older.
- All applications are processed in the order received and in accordance with federal guidelines. You will either be given an interview, placed on the site waiting list, or found ineligible. Being granted an interview DOES NOT guarantee an apartment will be offered to you.
- Please note: **ALL** People Inc. Senior Living Apartments are smoke-free.

Eligibility Criteria for Leisuretimers, ONLY:

- The head of household must be 62 years of age or older and/or disabled individuals age 18 years and older at the time the application is received. The household may consist of one or two individuals.
- Annual income cannot exceed the Federal Income Limits effective 03/06/15:
 - 1 person: Very Low~\$23,700. Annually or Extremely Low~\$14,250.
 - 2 people: Very Low~\$27,100. Annually or Extremely Low~\$16,250.

Please note that ALL PAGES MUST be completed in full including Page 5 that is requesting your contact person's information. All pages must be signed and dated where applicable or your application will be returned as incomplete. Send your completed application to this site's address. A list of all People Inc. Senior Living Communities is on the last page of this application. Do not send any additional paperwork along with the application.

If you would like to take a tour of this facility, please call the site directly. For information on People Inc. Senior Living, call 716.817.9090, or check our website.

Sincerely,

Wende S. Burgio
Intake Specialist
/wsb

Senior Living Apartments 1219 North Forest Rd PO Box 9033 Williamsville NY 14231-9033

Phone 716.817.9090 **Fax** 716.817.9122 **Email** SeniorLiving@people-inc.org **Web** people-inc.org



THIS SECTION FOR OFFICE USE ONLY

Date application received: _____

Time: _____

Received by: _____

Type of Handicap unit requested:
Wheelchair / Hearing / Vision



PeopleInc



APPLICATION FOR PEOPLE INC. APARTMENTS

Name of site applying to: _____

Referred by:

Friend/Family: _____ Radio Station: **(list)** _____

Television Station: **(list)** _____ Newspaper: **(list publication)** _____

We will provide assistance to individuals with a handicap or disability to insure equal access to this document. If you require assistance in understanding this application, please notify the office to which you are applying to arrange for assistance.

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER CERTIFYING THE INFORMATION PERTAINING TO THEM IS CORRECT.

Failure of the applicant(s) to sign this application constitutes grounds for denial or eligibility.

Complete this form in your own handwriting in ink. Use the correct legal name for each person who will reside in the unit as it appears on your Social Security card. If any part does not apply to you, please write N/A in that section.

I. APPLICANT CONTACT INFORMATION

Applicant Name: _____ Date of Birth: _____

Address (No PO Box accepted): _____

City, State, Zip Code: _____

Phone Number: _____ Sex: Male Female

Please answer yes or no to the following:

Are you currently considered "permanently disabled"? _____

Are you a U.S. Citizen? _____

We are required by the Department of HUD to include and request that the attached Emergency Contact Form (HUD92006) be sent with all applications for housing. Please complete this form and include any alternate contact person(s) that can be reached in the event we cannot make contact with you directly.

If you would like your alternate to receive a copy of all correspondence sent to you, please check this box.

List all who will be living in the unit:						
Last Name	First Name	MI	Gender	Relation to Head	Social Security	



II. Present Gross Income

	Applicant #1	Applicant #2
Gross Social Security payment per month	\$ _____	\$ _____
Supplemental Security income per month	\$ _____	\$ _____
Gross Pension income per month	\$ _____	\$ _____
Gross Employment income per month	\$ _____	\$ _____
Income from alimony/support	\$ _____	\$ _____

Other (unemployment benefits, Public Assistance, monetary contributions from others not living with you, etc.) _____

III. Present Assets

	Applicant #1	Applicant #2
Full value of stocks	\$ _____	\$ _____
Full value of bonds	\$ _____	\$ _____
Full value of CD's	\$ _____	\$ _____
Market value of real estate	\$ _____	\$ _____
Mortgaged amount of real estate	\$ _____	\$ _____
Full value of other (cash, trusts, life insurance, etc.)	\$ _____	\$ _____

IV. Bank Assets

	Applicant #1	Applicant #2
Checking	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Money Market	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____

Have you disposed of or transferred any assets within the last 2 years?

Yes _____ No _____

If yes, what? _____

V. General Information (Please answer all that apply to applicant and/or co-applicant)

Name of current landlord: _____

Address: _____

Phone number: _____

How long at this address?: _____

Name of previous landlord: _____

Address: _____

Phone number: _____

How long at this address?: _____

Are you currently receiving rental assistance? Yes _____ No _____

If yes, please explain: _____

Do you have a debt with a utility company or a previous landlord? Yes _____ No _____

If yes, please explain: _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please explain: _____

Are you subject to Lifetime Sex Offender registration program? Yes _____ No _____

Do you have a pet? Yes _____ No _____ (Pet Deposit of \$50.00 is required)

If yes, please describe: _____

Have you ever applied for or lived in a People Inc. Senior Living apartment before?

Yes _____ No _____ If yes, where? _____

Have you ever lived in another state besides New York? Yes _____ No _____

If yes, please list all states you have previously lived in: _____

ARE YOU CLAIMING A HANDICAP THAT REQUIRES A WHEELCHAIR ACCESSIBLE UNIT?

(Note: A Physician's statement will be required prior to accommodation.)

Applicant #1

Yes _____ No _____

Applicant #2

Yes _____ No _____

OR, what reasonable accommodations, (modifications to the apartment), would you request for any other type of disability? _____

The following information is for the Dept. of HUD statistical purposes only:

Household Composition (In each section below, check all that applies for the Head of Household)

Race:

- Black/African American
- American Indian/Alaskan
- Native Hawaiian/Other Pacific Islander
- White
- Asian

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Non-Latino

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

Please note that information on this application may be shared with other People Inc. Apartments. Any willful misrepresentation or concealment of any material fact which would affect eligibility for admission will be considered grounds for termination of lease and eviction. I, therefore, declare the information provided to be true to the best of my knowledge.

I understand that People Inc. Senior Living Apartments are smoke-free.

Signature: _____ Date: _____



GENERAL RELEASE/CONSENT FOR VERIFICATION

I hereby authorize People Inc. or any corporation it sponsors to obtain any and all information needed to verify my eligibility and continuing eligibility for said housing assistance including but not limited to information on family composition, income, assets, deductions, criminal background, child support arrears and any other item determined by applicable law or regulation.

This release may be relied upon by any financial institution, employer or previous employer, attorney general for child support information, landlord or previous landlord, pharmacy, doctor, hospital, child care provider, creditor, law enforcement agency, utility company, county, state, or federal agency, or assisted housing program and all such individuals or entities are hereby directed to turn over any requested information without further authorization. This form shall remain valid and can be used at any time, at People Inc.'s discretion, as long as I am an applicant or a tenant with the People Inc. Apartment program.

A copy of this form filled out and executed shall have the full force and effect as an original signed copy.

Applicant #1

Social security number: _____

Drivers license number: _____

State: _____

Date of Birth: _____

Signature of Head of Household: _____

Applicant #2

Social security number: _____

Drivers license number: _____

State: _____

Date of Birth: _____

Signature of Co-head of Household: _____

OUR PURPOSE

The above information will be administered fairly and in such a way as not to discriminate on the basis of race, color, nationality, religion, sex, familial status, disability, or other legally-protected groups, and not to violate right to privacy.

Our intent is to fully endorse and implement a policy which is designed to:

- Create and maintain safe and drug-free apartments
- Keep our tenants free from threats to their personal and family safety
- Maintain an environment where our seniors can live full-independent lives with available referrals and supports necessary to maintain self-sufficiency.

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making the false or fraudulent statement to any department of the U.S. Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this 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 or fined not more than \$5,000. 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). Violations of 42 U.S.C. 408(a) (6) (7) and (8)."



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



PeopleInc

SENIOR LIVING APARTMENTS CONTACT INFORMATION

Burchfield Commons Senior Living

2290 Union Road; West Seneca 14224
716.668.2936

Carnation Senior Living

2336 Southwestern Blvd; West Seneca 14224
716.674.4362

Daffodil Senior Living

160 Robin Road; Amherst 14228
716.625.6081

Elm Senior Living

4122 Sowles Road; Hamburg 14075
716.649.2194

Holly Senior Living

174 N. Main Street; Angola NY 14006
716.549.1606

Iris Senior Living

4150 Sowles Road; Hamburg 14075
716.648.3255

Ivy Rose Senior Living

1188 Hertel Ave.; Buffalo 14216
716.875.0400

Lilly Senior Living

36 Arthur Avenue; Blasdell 14219
716.821.1230

Maple Senior Living

3511 Union Road; Cheektowaga 14225
716.683.3027

Marigold Senior Living

3026 Grand Island Blvd; Grand Island 14072
716.773.0907

Oak Senior Living

8099 Sheridan Drive; Clarence 14221
716.633.1583

Orchard Senior Living

276 Waverly Street; Springville 14141
716.592.4640

Pine Senior Living

6231 Tonawanda Creek North; Lockport 14094
716.433.3381

Seneca Cazenovia Senior Living

2171 Seneca Street; Buffalo 14210
716.823.8560

Sunflower Senior Living

146 Franklin Street; Lackawanna 14218
716.823.1874

Violet Senior Living

11 Haley Lane; Cheektowaga 14227
716.656.0669

Walnut Apartments

804 Union Road; West Seneca 14224
716.674.2348

Willow Senior Living

3990 Forest Parkway; Wheatfield 14120
716.694.1486

***Leisuretimers Apartments**

364 Bloomingdale Road; Akron 14001
585.542.5984

***Leisuretimers Apartments are for individuals 62 and older and/or those 18 and older with a qualified disability. Amenities vary.**

For more information, call 716.817.9090 or email SeniorLiving@people-inc.org.

people-inc.org

