



Episcopal
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Penfield Square ESSHI Program Application

Last _____ First _____ M.I. _____

Date of Birth _____ Social Security # _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

Phone # (_____) _____ - _____

Email: _____

Languages: English Spanish Other Marital Status: single married widow divorce

Medicare # _____ Medicaid # _____

Advantage plan _____ Managed care plan _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: (_____) _____ - _____

Referral Source: Self SNF Hospital Shelter MLTC If other, list: _____

Do you require any assistance with activities of daily living, which are tasks we perform daily (examples: eating, bathing, dressing, taking medication etc.)? Yes No

If so, explain: _____

Do you require any assistance with instrumental activities of daily living, which are activities that allow a person to live independently (examples: cooking, driving, using the phone, money management, etc.)?

If so, explain: _____

I, _____, give my permission to _____
to release my Medicaid Identification number to New York State Department of Health to ensure that I
meet all the listed eligibility requirements for an Empire State Supportive Housing Initiative Unit in
_____ program.

Signature

Date

**THE GARDENS AT PENFIELD SQUARE
APPLICATION FOR ADMISSION:**



PLEASE PRINT ALL INFORMATION

NAME _____ **DAY PHONE** _____ **EVENING PHONE** _____

ADDRESS _____
Street City State Zip

EMAIL _____

How long have you resided here? (From) _____ to _____ Reason for moving? _____

Previous Address: _____

How long did you reside there? (From) _____ to _____ Reason for moving? _____

NAME OF YOUR **PRESENT** LANDLORD: _____ Phone Number () _____

ADDRESS OF YOUR **PRESENT** LANDLORD: _____

List ALL persons who will live in the apartment. List Head of Household first:

NAME	RELATIONSHIP	AGE	BIRTH DATE	SOCIAL SECURITY NUMBER
	Head of Household			
	Co-Head of Household			

INCOME & ASSET INFORMATION

TYPE OF INCOME	GROSS MONTHLY AMOUNTS		TYPE OF ASSET	TOTAL VALUE	
	HEAD	CO-HEAD		HEAD	CO-HEAD
Wages	\$	\$	Savings Account	\$	\$
Unemployment	\$	\$	Checking Account (s)	\$	\$
Social Security	\$	\$	Certificates of Deposits (CD's)	\$	\$
Public Assistance	\$	\$	Stocks & Bonds	\$	\$
Pensions/Annuity	\$	\$	Real Property	\$	\$
Disability/SSI	\$	\$	Cash (Safe deposit box, etc.)	\$	\$
Child Support/Alimony	\$	\$	Any other	\$	\$
Section 8 Assistance	\$	\$			
Other	\$	\$			

Preferred Unit Size(s) (Please note that household size determines unit size eligibility) [] Studio [] 1 BR [] 2 BR

Special Requirements (Note that special requirements may extend your wait) _____

Does anyone in your household identify as a person with a disability? Yes No

Will the disability require any special accommodations to your apartment or lease? Yes No

Veterans Admission Preference Yes No

If head or co-head is an honorably discharged veteran of the US Armed Services or such veteran's spouse, who served on active duty and resides in NYS, check box and attach form DD-214 for determination of eligibility for admission preference.

Have you or any member of the household ever been convicted of a felony? Yes No

If yes explain: _____

Are any members of the household subject to a lifetime sex offender registration requirement in any state? Yes No

Your signature(s) below serves as written permission for The Gardens at Penfield Square to obtain a Criminal Background check. The applicant(s) affirms that all information in this application is true and complete. The applicant(s) also understands that a personal interview must be held, and assets and income verified and approved. All information received is confidential. This application creates no obligation for the Landlord or applicant. After the application process is approved, a security deposit must be made and a lease agreement signed by both applicants. If accepted, Applicant(s) certify this apartment will be their sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, The Gardens at Penfield Square may cancel and annul any lease given in reliance upon such information.

I am attaching a) six (6) consecutive months of recent rental payment history; or b) receipt of subsidies that pay **full** rental amount. If no, please explain: _____

I am aware of my right to the following (attached*):

- HUD Notice of Occupancy Rights Under the Violence Against Women Act (<https://portal.hud.gov/hudportal/documents/huddoc?id=5380.docx>)
- HCR New Anti-Discrimination Guidance Affecting People with Criminal Histories (<http://www.nyshcr.org/AboutUs/Offices/FairHousing/info-for-housing-applicants.pdf>)

I am aware of my right to request a reasonable accommodation or modification as an individual with disabilities under the Americans with Disabilities Act.

*Additional paper copies may be requested from the leasing office.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

If a portion or all of the application is completed by someone other than the applicant, the following statement must be completed.

I/We have completed all or part of this application at the request of the applicant(s):

Signature

Date

Signature

Date

Office Use Only:

Date Received _____	Time Received _____	PLEASE RETURN THIS FORM TO: 75 S Clinton Ave, Suite 700 Rochester, NY 14604 Phone: 585-353-7455 Fax: 585-323-3135
Identification # _____	_____	
Mgr. Comments _____	_____	