



Episcopal
SENIORLIFE
Communities
Life. Inspired every day.

Empire State Supportive Housing Initiative (ESSHI) Program Application

Please Check the community you are applying for:

The Gardens at Penfield Square 270 East Avenue

Last _____ First _____ M.I. _____

Date of Birth _____ Social Security # _____

Address _____ 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 Other (specify): _____

Do you require any assistance with activities of daily living (tasks performed daily)? Ex. eating, bathing, dressing, taking medication, etc.? Yes No

If so explain: _____

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

I, _____, give my permission to **Episcopal SeniorLife Communities** to utilize my Medicaid Identification Number to verify my eligibility for participation in Empire State Supportive Housing Initiative.

Signature

Date

270 on East Apartments

Professionally Managed by Landsman

270 East Avenue
Rochester, New York 14604
Tel 585-450-3770
Fax 585-585-4277815
NY TTY 800-662-1220
270onEast@landsman.com

Dear Prospective Applicant:

Thank you for your interest in 270 on East Apartments. We are excited for the opportunity to lease you your next home. Attached please find a rental application for your convenience.

Please ensure all sections are completed, all forms are signed, and required ID is submitted along with the application. Required ID includes government issued photo ID for all household members ages 18 and over, birth certificates for household members under 18, and Social Security cards for all household.

We expect to start leasing in early 2022. Since we are currently under construction, please either email your completed application packet to 270onEast@landsman.com or mail to:

270 on East Apartments
c/o Landsman Real Estate
3 Townline Circle
Rochester, NY 14623

We look forward to receiving your completed application. Should you have any questions, please feel free to contact us at 270onEast@landsman.com or (585) 450-3770. Thank you again for your interest.

Sincerely,
270 on East Management



270 on East Apartments
 270 East Avenue
 Rochester, NY 14604
 Tel 585-427-7570 NY TTY 800662-1220
 Fax 585-427-7815
 270onEast@landsman.com



PLEASE PRINT AND COMPLETE ALL INFORMATION

NAME _____ DAY PHONE _____ EVENING PHONE _____

List ALL addresses for the past 5 years, attach additional page if necessary

Current Address	Previous Address	Previous Address
Landlord Name, Address & Phone	Landlord Name, Address & Phone	Landlord Name, Address & Phone
How long have you lived there?	How long did you live there?	How long did you live there?

List ALL people who will live in the apartment

NAME	RELATIONSHIP	STUDENT (Y/N)	SEX (M/F/CHOOSE NOT TO RESPOND)	AGE	BIRTHDATE	SOCIAL SECURITY NUMBER**
	HEAD OF HOUSEHOLD					

**If member does not have a SS #, please see bottom of application for allowable exceptions

List ALL states household members have lived in

State	Which household member(s) lived there?

- Yes No Have you ever been convicted of a felony? (Prior convictions will not be an automatic reason for denial, a background check and an individualized assessment will be completed)
 - Yes No Is any household member subject to any state lifetime sex offender registration requirement?
 - Yes No Have you ever been convicted for illegal use, possession, manufacturing, or distribution of a controlled substance?
 - Yes No Do you currently use, manufacture, or distribute illegal drugs?
 - Yes No Do you qualify for a reasonable accommodation? (If yes, please request a copy of Landsman's Section 504 policy)
 - Yes No Would you benefit from special design features of an accessible apartment? Please check all that apply:
 - Wheelchair Accessible Hearing Impaired Visually Impaired
- Additional comments: _____

Driver's License Number/Issuing State: _____

INCOME & ASSET INFORMATION

TYPE OF INCOME	GROSS MONTHLY AMOUNTS		TYPE OF ASSET	TOTAL VALUE	
	HEAD	ALL OTHER HOUSEHOLD MEMBERS		HEAD	ALL OTHER HOUSEHOLD MEMBERS
Wages			Savings Account		
Public Assistance			Checking Account		
Social Security			Certificates of Deposit (CDs)		
SSI/SSP/Disability			Stocks/Bonds		
Unemployment			Real Property		
Child Support/Alimony			Cash		
Pensions/Annuity			Other		
Periodic Payments from Retirement Account					
Other					

What is your preferred move in date? ____ / ____ / ____ Preferred unit size? Studio 1 bedroom 2 bedroom

What is your current monthly rent amount? \$ _____

Do you have a Section 8 voucher or any other type of voucher? _____

Do you have a pet? Yes No If yes, what type of animal is it? _____

How did you hear about us? _____

ALL adult household members must sign below

My/Our signature(s) below serves as written permission for **270 on East Apartments** to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. We may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) also affirm that all information provided in the application is true and complete. The applicant(s) also understand that a personal interview must be held, assets and income verified before approval. All information received is confidential. After the application process is approved, a security deposit must be made and a lease agreement signed by all applicants. If accepted, I/We certify this apartment will be my/our sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false **Conifer Village Apartments** may cancel and annul any lease given in reliance upon such information.

Head of Household Signature : _____ Date: _____

Co-Applicant Signature: _____ 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. 408 (a) (6) (7) and (8).**"

PLEASE RETURN THIS FORM TO:
270 ON EAST
270 EAST AVE ROCHESTER, NY 14604
Phone: (585) 450-3770
TTY/TDD #: (800) 662-1220

Office Use Only:
Date Received _____
Time Received _____
Received By: _____

270 on East Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name of Section 504 Coordinator:	Tracy Skvarek
Address:	3 Townline Circle, Rochester, NY 14623
Phone Number:	(585) 427-7570
TDD/TTY Number:	(800) 662-1220
Email	tskvarek@landsman.com

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than US citizens or nationals, or certain categories of eligible noncitizens. You will be required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance.

Protections Provided Through the Violence Against Women Act Reauthorization of 2013

HUD provides protections for victims of acts of domestic violence, dating violence, stalking and sexual assault. This is true for women and men. The Owner has a written VAWA policy intended to support or assist victims of VAWA crimes and protect victims, as well as affiliated persons, from being denied housing or from losing their housing as a consequence of their status as a victim of VAWA crimes. If you would like a copy of the VAWA policy or to exercise your VAWA protections, please contact the management office.

Note: We conduct criminal background checks. If you have a criminal record, you have rights and protections. You have the right to review any conviction record the property is using to make a decision. There are only two reasons for *automatic* denial based on your criminal convictions: conviction for methamphetamine production in the home or being required to register for life on a state or federal sex offender database. In all other instances, you have the right to provide additional information about the circumstances of the conviction and the right to present evidence of your rehabilitation. For more information about your rights as an individual with a criminal conviction, please visit:
<http://www.nyshcr.org/AboutUs/Offices/FairHousing/GPCC.htm>.

If you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si tiene dificultad para entender el inglés, solicite nuestra asistencia y nos aseguraremos de que se le proporcione un acceso significativo basado en sus necesidades individuales.

270 on East is a non-smoking apartment community.

270 on East Apartments

Professionally Managed by Landsman

270 East Avenue
Rochester, New York 14604
Tel 585-427-7570 Fax 585-427-7815
NY TTY 800-662-1220
270onEast@landsman.com

Authorization for Release of Information

Applicant Name: _____

Applicant Address: _____

CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to AP Lofts any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under one of the following programs:

*Section 221 BMIR	*Rent Assistance Payments (RAP)
*Rent Supplement	*Section 8 Housing Assistance Payments Programs
*Section 236	*LIHTC Program
*DHCR	*HFA

I give my consent for the release also for the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and Rural Development (RD) in administering and enforcing program rules and policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets
Residences and Rental Activity	Medical or Child Care Expenses
Credit and Criminal Activity	Social Security Numbers

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords	Past and Present Employers
Public Housing Agencies	Veterans Administration
Welfare Agencies	Retirement Systems
Post Offices	State Unemployment Agencies
Banks and Financial Institutions	Schools and Colleges
Social Security Administration	Credit Providers and Credit Bureaus
Support and Alimony Providers	Medical and Child Care Providers
Utility Companies	Realtors and Insurance Agencies

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Authorization for Release of Information, cont.

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that HUD or a Public Housing Authority (PHA) may conduct computer matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is correct.

Applicant/Resident

Signature

Print Full Name

Date

Applicant/Resident

Signature

Print Full Name

Date

Applicant/Resident

Signature

Print Full Name

Date

Applicant/Resident

Signature

Print Full Name

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

*Section 8 Housing Assistance Payments Programs

- ◆ Loan Management Set-Aside
- ◆ New Construction and Substantial Rehabilitation
- ◆ Property Disposition Set-Aside
- ◆ Existing "Certificate" Housing
- ◆ Housing Vouchers
- ◆ 515/8 Farmers Home Administration
- ◆ (Projects HUD formerly owned and Moderate Rehabilitation with Project Based Section 8 Contracts)

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Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

270 on East _____ 270 East Ave, Rochester, NY
Name of Property **Project No.** **Address of Property**

270 on East, LLC _____
Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy) _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.