



MIDDLEPORT COUNTRY ESTATES

89 Telegraph Road

Middleport, New York 14105

Phone: (716) 298-4966

Fax: (716) 298-4489

TDD: (800) 662-1220

Website: [sagemanagementcorp.com](http://sagemanagementcorp.com)



Situated in the quiet, rural setting of Middleport, this two story building contains 24 spacious one-bedroom apartments that offer the comforts of both home and community living.

The units are approximately 620 square feet and feature a living room, kitchen and bathroom. These units are carpeted throughout the living areas with the exception of the kitchen and bathroom which are finished in vinyl. Our units are specifically designed to accommodate the elderly or disabled with safety features such as grab bars and "emergency" pull cords located in the bathroom and bedroom that enable the residents to summon help within the building.

To ensure the health and safety of all tenants, this building and premises are **SMOKE FREE**.

Please return the application only; you are to keep this cover letter, the apartment layout, and the USDA Things You Should Know for your records.

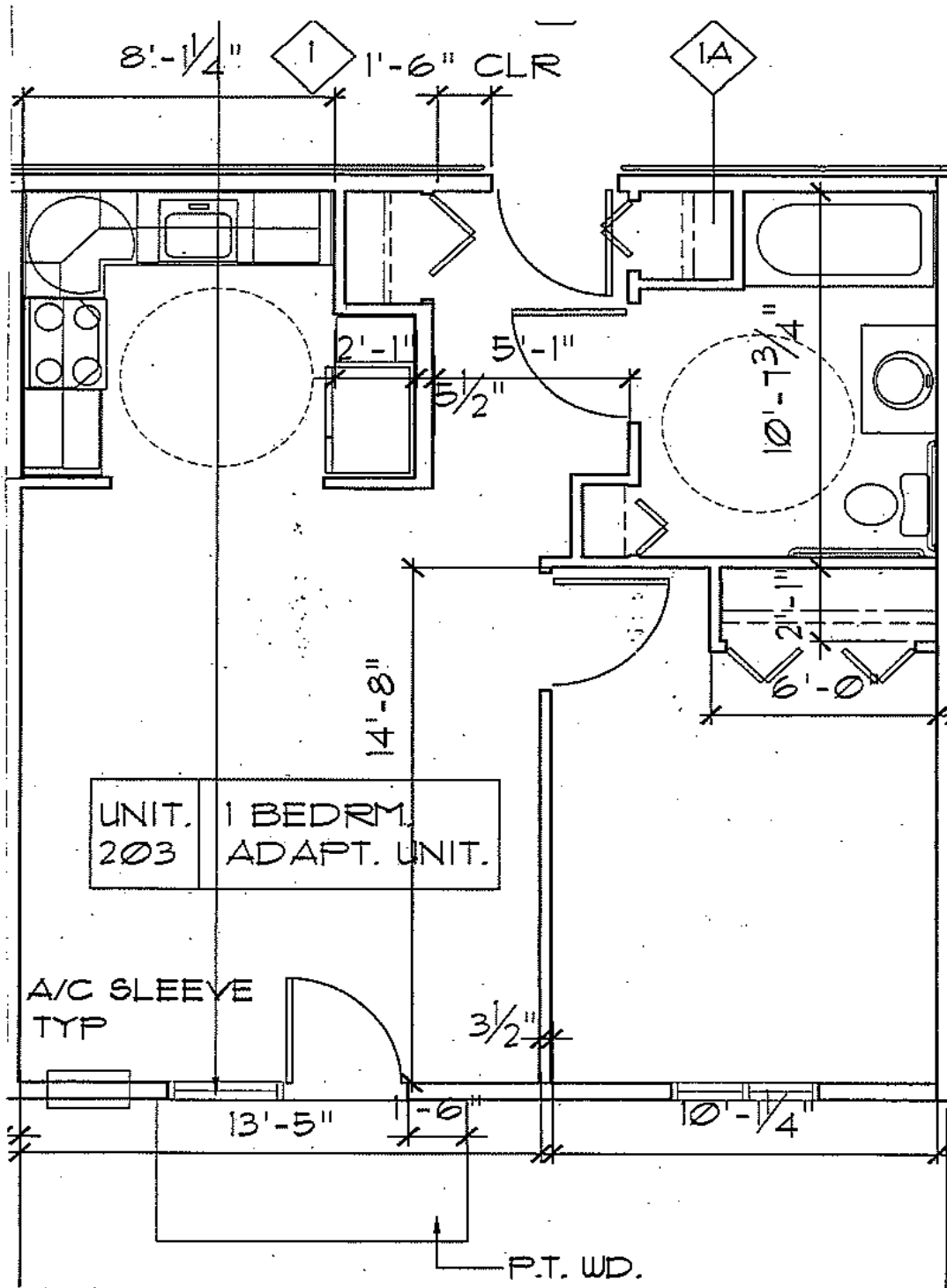
Please return the application only; you are to keep this cover letter, the apartment layout, and the USDA Things You Should Know for your records.

These units are subsidized and to qualify you must be 62 years of age or older, or disabled of any age, meet the income qualifications listed below and submit a completed copy of the enclosed application. Priority is given to those applicants with very low income and the rent, including utilities, paid by each resident will not exceed 30% of their gross monthly income.

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON
Very Low Income	\$27,650	\$31,600	\$35,550	\$39,450
Low Income	\$44,150	\$50,500	\$56,800	\$63,100
Moderate Income	\$49,650	\$56,000	\$62,300	\$68,600

Updated on: 06/28/2021

# TYPICAL ONE BEDROOM APARTMENT FLOOR PLAN





# Rural Housing and Community Programs

## Things You Should Know About USDA Rural Rental Housing

***Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification***

### ***Penalties for Committing Fraud***

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

### ***How To Complete Your Application***

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

### ***Ask for Help if You Need It***

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

### ***Before You Sign the Application***

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

### ***Tenant Recertification***

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must immediately report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;



- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

## Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

## If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

### Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

### Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

### When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998  
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6362 (TDD). USDA is an equal opportunity provider and employer.



# Middleport Country Estates

89 Telegraph Road  
Middleport, New York 14105



Complete this application and return to: 916 Upper Mountain Rd, Lewiston, NY 14092

**ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE RENTAL OF AN APARTMENT. ALL APPLICANTS MUST MEET SCREENING CRITERIA, INCLUDING LANDLORD AND CREDIT CHECKS. CHANGES IN FAMILY INCOME, FAMILY SIZE, ADDRESS AND TELEPHONE NUMBER MUST BE REPORTED PROMPTLY.** If you have questions call 716-298-4966 between 9:00 AM and 5:00 PM Monday through Friday. TDD may call 1-800-662-1220 for assistance.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

**APPLICATIONS ARE PROCESSED ON A FIRST COME, FIRST SERVED BASIS.**

## **A. GENERAL INFORMATION**

Applicant Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Unit Requested: (You may request more than one type of unit).

\_\_\_\_\_ 1st Floor One Bedroom      \_\_\_\_\_ 2nd Floor One Bedroom      \_\_\_\_\_ Handicapped

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

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTHDATE</u>	<u>SOCIAL SECURITY #</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

Do you expect anyone not listed to be moving in with you in the future?

No \_\_\_ Yes \_\_\_ If yes, please explain \_\_\_\_\_

## **B. REFERENCE INFORMATION**

You must provide written references from prior landlords as well as two credit references and two personal references.

Current Landlord:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Previous Landlord/Rental Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Credit References:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Personal References (No Relatives):

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

**C. INCOME**

<u>NAME</u>	<u>SOURCE OF INCOME</u>	<u>MONTHLY AMOUNT</u>	<u>ANNUAL AMOUNT</u>
_____	1 Social Security	\$ _____	\$ _____
_____	Social Security	\$ _____	\$ _____
_____	2 Pension (Source) _____	\$ _____	\$ _____
_____	Pension (Source) _____	\$ _____	\$ _____
_____	3 Veteran Benefits	\$ _____	\$ _____
_____	4 SSI Benefits	\$ _____	\$ _____
_____	5 Wages (Employer) _____	\$ _____	\$ _____
_____	6 Interest (Source) _____	\$ _____	\$ _____
_____	Interest (Source) _____	\$ _____	\$ _____
_____	7 Other Income (Source) _____	\$ _____	\$ _____
TOTAL INCOME		\$ _____	\$ _____

Do you anticipate changes to this income in next 12 months? No \_\_\_ Yes \_\_\_  
 Yes, explain: \_\_\_\_\_

**D. ASSETS**

Checking Account	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Account	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
CDs	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Trust Account	# _____	Bank _____	Balance \$ _____
IRAs	# _____	Bank _____	Balance \$ _____
Savings Bonds	# _____		Face Value \$ _____
Insurance Policy	# _____	Company _____	Cash Value \$ _____
Other Assets	_____		

Real Property: Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes: Type of Property \_\_\_\_\_  
 Location \_\_\_\_\_  
 Appraised Market Value \$ \_\_\_\_\_ Mortgage Balance \_\_\_\_\_

Have you disposed of any property in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes: Type of Property/Asset \_\_\_\_\_  
 Market Value When Sold/Disposed \$ \_\_\_\_\_ Transaction Date \_\_\_\_\_  
 Amount Sold/Disposed For \$ \_\_\_\_\_

Do you have other asset not listed above (excluding personal property)?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes explain \_\_\_\_\_

**E. MEDICAL AND HANDICAP ASSISTANCE EXPENSES**

NAME		
_____	Medicare Premium(s) Monthly Amount	\$ _____
_____	Health Insurance Premium(s) Monthly Amount	\$ _____
_____	Projected Prescription Costs(s) Monthly Amount	\$ _____
_____	Projected Medical/Doctor Bills Monthly Amount	\$ _____
_____	Outstanding Medical Bills Monthly Amount	\$ _____

**F. OTHER REQUIRED INFORMATION**

List car, truck or other vehicle owned. Parking is provided for one vehicle per household. Year/Make \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_

Any pets? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, describe \_\_\_\_\_

<p><b>Emergency Contact:</b></p> <p>Name _____</p> <p>Address _____</p> <p>Telephone _____ Relationship _____</p>
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**G. PROGRAM INFORMATION**

**Check One**

Do you or anyone in your household require the special design features of a handicap accessible apartment? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Will any alterations to the apartment be necessary for you or a member of your family? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Are you or anyone in your household seeking occupancy due to a disability? Yes \_\_\_ No \_\_\_  
If yes, you must provide a statement by a qualified individual.

Does anyone in the household receive regular contributions or gifts from family or non-household members? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Does anyone in the household receive any income from property? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Are you currently under eviction or have you ever been evicted? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Are you a drug dealer or have you ever been a drug dealer? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Are you a current illegal user of a controlled substance, have you been convicted for the same, or have you been convicted for the manufacture or distribution of a controlled substance? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? Yes \_\_\_ No \_\_\_  
If Yes, explain \_\_\_\_\_

Have you been convicted of, pleaded guilty or "no contest" to a felony/misdemeanor whether or not resulting in a conviction? Yes \_\_\_ No \_\_\_  
If Yes, explain \_\_\_\_\_

Have you been convicted of, pleaded guilty or "no contest" to a Felony/misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? Yes \_\_\_ No \_\_\_  
If Yes, explain \_\_\_\_\_

**CERTIFICATION**

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I certify that this will be my permanent residence. I certify that I am a U.S. citizen or a qualified alien (a legal or qualified alien refers to any person lawfully admitted to the country who meets the criteria in Section 214 of the Housing and Community Development Act of 1980, 42 USC 1436a.). I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on the USDA Rural Development and NYS Housing and Community Renewal income and occupancy limits and selection criteria. I certify that all information contained in this application is true to the best of my knowledge and that false statements and/or information are punishable by law and will lead to cancellation of this application and/or termination of tenancy after occupancy.

SIGNATURE:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

**AUTHORIZATION**

I do hereby authorize Middleport ITC Elderly Housing (Middleport Country Estates) or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing. This could include police/background checks and credit checks.

SIGNATURE:

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

**HOUSEHOLD COMPOSITION**

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname. PLEASE CIRCLE YOUR ANSWER.

**APPLICANT #1**

\* I do not wish to furnish this information.  
Ethnicity: \* Hispanic or Latino    \* Not Hispanic or Latino  
Race:    \* White                                    \* American Indian or  
          \* Asian                                    Alaskan Native  
          \* Black/African American    \* Native Hawaiian or  
          \* Other (Specify) \_\_\_\_\_ Other Pacific Islander  
Gender: \* Male                                    \* Female

**APPLICANT #2**

\* I do not wish to furnish this information.  
Ethnicity: \* Hispanic or Latino                \* Not Hispanic or Latino  
Race:    \* White                                    \* American Indian or  
          \* Asian                                    Alaskan Native  
          \* Black/African American    \* Native Hawaiian or  
          \* Other (Specify) \_\_\_\_\_ Other Pacific Islander  
Gender: \* Male                                    \* Female

Borrowers/managers shall provide the number of respondents in each racial category who are Hispanic or Latino. You are strongly encouraged to provide detailed distributions, including all possible combinations of multiple responses to the race question. At a minimum, the total number of respondents reporting "more than one race" shall be made available.