



Lewiston Meadows 922 Upper Mountain Road Lewiston, New York 14092 Phone: (716) 298-4966

Fax: (716) 298-4489 TDD: (800) 662-1220

Website: sagemanagementcorp.com



Situated in the quiet, rural setting of Lewiston, this two story building contains 24 spacious one-bedroom apartments that offer the comforts of both home and community living. Minutes from Lewiston's historic downtown district and St. Mary's hospital this apartment provides easy access to everyday needs.

Each unit is approximately 640 square feet and features a living room, kitchen and bathroom and has a reserved storage locker located on the second floor. The 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. In addition to the standard apartment described, two of the units are specifically designed for disabled residents.

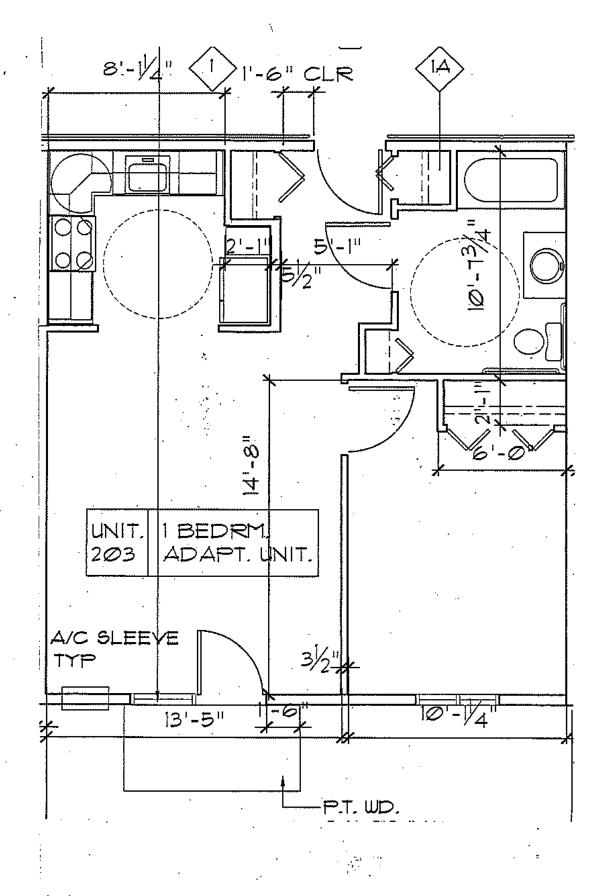
Please return the application only; you are to keep this cover letter and the apartment layout for your records.

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

These units are subsidized and to qualify you must be 62 years of age or older, 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
Extremely Low	\$18,450	\$21,050	\$23,700	\$27,750
Very Low Income	\$30,700	\$35,100	\$39,500	\$43,850
Low Income	\$49,150	\$56,150	\$63,150	\$70,150

## TYPICAL ONE BEDROOM APARTMENT FLOOR PLAN





# Lewiston Meadows 922 Upper Mountain Road Lewiston, New York 14092



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

oplicant Name: Social Secur		Telephone			
		rity#:Email:			
dress:					
dress:Street	Apt.#	City	State	Zip	
Type of Unit Re	equested: (You may reque	est more than	n one type of uni	t).	
1st Floor	One Bedroom2r	nd Floor One B	edroom	Handicapp	
List ALL person	s who will live in the	apartment; H	Head of Household	first.	
NAME	RELATIONSHIP	_		ECURITY #	
				ECORIII #_	
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REFERENCE INFORM	MATION				
You must provide	MATION e written references fr two personal references		dlords as well as	s two cred	
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You must provide references and to Current Landlore	e written references fr two personal references d:	Previous	Landlord/Rental l	Informatio	
You must provide references and to Current Landlord Name	e written references fr two personal references	Previous Name		Informatio	
You must provide references and to Current Landlord NameAddress	e written references fr two personal references d:	Previous  Name  Address	Landlord/Rental 1	Informatio	
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Terebuo	ne #		Teleph	one #		
INCOME						
NAME	SOURCE O	F INCOME		MONTHLY	AMOUNT	ANNUAL AM
	1 Socia	l Security	7	\$	\$\$	
	Socia	l Security	7		\$	
	2 Pensi	on (Source	<u> </u>		\$	
			<u> </u>		\$	
		an Benefit			\$	
	4 SSI B				\$	
			c)		\$	
			ce)		\$	
			ce)			
			Source)			
	/ Other	THEOME (3	source)		\$ \$\$	
Do vou	ı anticipat	te change:	s to this income			
ASSETS						
Checki	ng Account	#	Bank		Balance \$	
Carrina	- 7	#	Bank		Balance \$	
Saving	s Account	# #	Bank Bank		Balance \$	
CDs		#	Bank		Balance \$	
Trust	Account	# #	Bank Bank Bank		Balance \$ Balance \$	
IRAs		#	Bank		Balance \$	
	s Bonds	#				
	nce Policy Assets	#	Company	Cas	n value \$	
Real P	roperty:Do	you own a	any property? Ye	es	No	
If Yes	: Type of	Property				
	Locatio Apprais		Value\$	 Mortgage	Balance	
II.o						
		. D	property in the l /Asset			
	Market	Value When	n Sold/Disposed \$	Tr	ansaction D	ate
	Amount	Sold/Dispo	osed For \$			
Do you	have othe	r asset n	ot listed above (	excluding pe	rsonal prop	erty)?
			s explain			
MEDICA	L AND HAND	ICAP ASSI	STANCE EXPENSES			
NAME						
	_ Medicare	Premium(	s) Monthly Amount		\$ \$	
	_ Health I	nsurance :	Premium(s)Monthly	Amount)	\$	
	<b>.</b>	1 5			\$	
			otion Costs(s)Mon Doctor Bills Mon		\$ \$	
			Doctor Bills Mon		۶	

## F. OTHER REQUIRED INFORMATION

	t car, truck or other vehicle owned. Parking is provided for household. Year/Make Color License Pla		
Any	pets? No YesIf yes, describe		
Eme	rgency Contact:		
N	ame		
А	ddress		
Т	elephoneRelationshi	р	
. PRO	GRAM INFORMATION	Check	One
des	you or anyone in your household require the special ign features of a handicap accessible apartment? yes, explain	Yes	_ No
you	l any alterations to the apartment be necessary for or a member of your family?  yes, explain	Yes	No
to	you or anyone in your household seeking occupancy a disability? yes, you must provide a statement by a qualified individual.	Yes	_ No
or	s anyone in the household receive regular contributions gifts from family or non-household members?  yes, explain	Yes	No
Doe If	s anyone in the household receive any income from property? yes, explain	Yes	No
	you currently under eviction or have you ever been evicted? yes, explain	Yes	No
	you a drug dealer or have you ever been a drug dealer? yes, explain	Yes	No
you for	you a current illegal user of a controlled substance, have been convicted for the same, or have you been convicted the manufacture or distribution of a controlled substance? yes, explain	Yes	No
pro	e you successfully completed a controlled substance abuse gram or are you presently enrolled in a program?  Yes, explain	Yes	No
fel	e you been convicted of, pleaded guilty or "no contest" to a ony/misdemeanor whether or not resulting in a conviction?  Yes, explain	Yes	_ No
Fel or	e you been convicted of, pleaded guilty or "no contest" to a ony/misdemeanor involving sexual misconduct (whether not resulting in a conviction)?  Yes, explain	Yes	_ No

#### 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 US Development of Housing and Urban Development 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.

oromione.			
Head of Household	Date	Spouse	Date
	AUTHOR	IZATION	
I do hereby authorize Lewiston M contact any agencies, offices, gro or materials which are deemed nece include police/background checks a	oups or organessary to con	nizations to obtain mplete my applicatio	and verify any information
SIGNATURE:			

## HOUSEHOLD COMPOSITION

Spouse

Date

Date

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the US Development of Housing and Urban Development, 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.

APPLIC <i>A</i>	ANT #1		APPLICAN	NT #2		
* I do not wish to furnish this information.			* I do not wish to furnish this information.			
Ethnicity:	* Hispanic or Latino * Not His	spanic or Latino	Ethnicity:	* Hispanic or Latino	* Not Hispanic or Latino	
Race:	* White	* American Indian or	Race:	* White	* American Indian or	
	* Asian	Alaskan Native		* Asian	Alaskan Native	
	* Black/African American	* Native Hawaiian or		* Black/African American	* Native Hawaiian or	
	* Other (Specify)	Other Pacific Islander		* Other (Specify)	Other Pacific Islander	
Gender:	* Male	* Female	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.

Revised: 4/21/2022

STONATURE.

Head of Household

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.

out it you choose to do so, please include the relevant inform			
Check this box if you choose not to provide the contact i	information.		
Applicant Name:	•		
Mailing Address:			
Telephone No:	ell 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)			
☐ Emergency	Assist with Recertification Process		
Unable to contact you	Change in lease terms		
Termination of rental assistance	Change in house rules		
Eviction from unit	Other:		
Late payment of rent			
	ved for housing, this information will be kept as part of your tenant file. If issues care, we may contact the person or organization you listed to assist in resolving the		
Confidentiality Statement: The information provided on this form applicant or applicable law.	n is confidential and will not be disclosed to anyone except as permitted by the		
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.			

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 provider 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.

Signature of Applicant

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.

Date