



Lewiston Meadows  
 922 Upper Mountain Road  
 Lewiston, New York 14092  
 Phone: (716) 298-4966  
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 TDD: (800) 662-1220



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

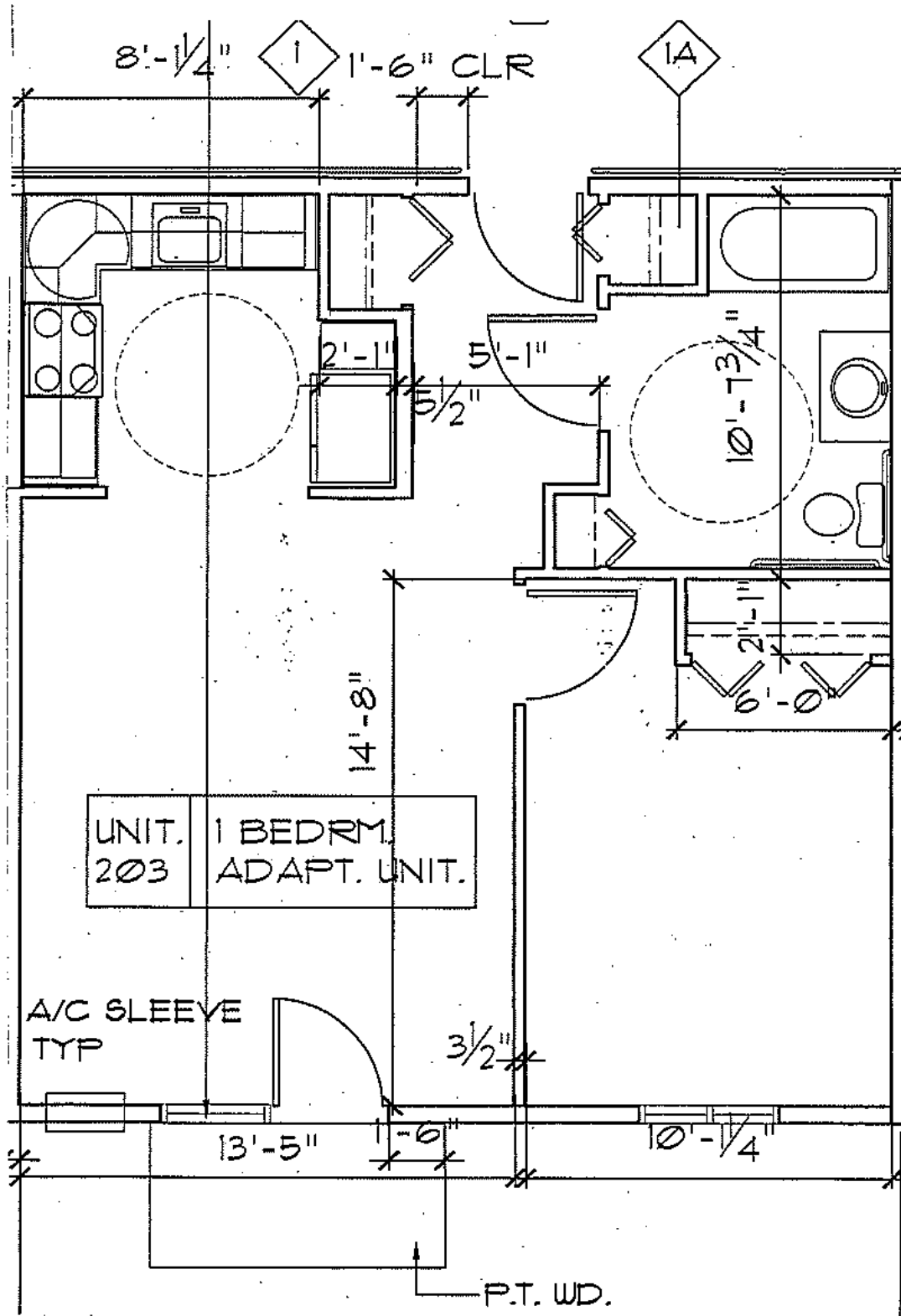
**Please return the application only; you are to keep this cover letter and the apartment layout for your records.**

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





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

<b>Emergency Contact:</b>	
Name _____	
Address _____	
Telephone _____	Relationship _____

**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 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 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 \_\_\_\_\_



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.