

Completed Applications to be sent to Management Agent;  
Sage Management Corporation of Western New York  
Address: 916 Upper Mountain Road, Lewiston, NY 14092

Phone: 716-298-4966

Fax: 716-298-4489

TDD: 1-800-662-1220

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

Keep Pages 1 thru 6 for your records



### Two Locations to Apply



Lewiston Villa  
930 Upper Mountain Road  
Lewiston NY 14092  
24 One Bedroom Apartments



Lewiston Meadows  
922 Upper Mountain Road  
Lewiston NY 14092  
24 One Bedroom Apartments

### To Qualify You Must

- 62 years of age or older
- Meet Screening Criteria Listed In Tenant Selection Plan (available upon request or found on our website)
- Meet the income qualifications listed below.

Max Income Level	1 PERSON	2 PERSON	3 PERSON
Very Low Income	\$32,500	\$37,150	\$41,800

Priority is given to those applicants with extremely income.



## Homes and Community Renewal

KATHY HOCHUL  
Governor

RUTHANNE VISNAUSKAS  
Commissioner/CEO

### Know Your Rights: New York State's Anti-Discrimination Policy When Assessing Justice-Involved Applicants for State-Funded Housing

If you are applying for state-funded housing and have a history of involvement with the criminal justice system, you have rights and protections.

#### There Are Only Two Mandatory Reasons That You Can Automatically Be Rejected:

1. Conviction for methamphetamine production in the home; and
2. Being a lifetime registrant on a state or federal Sex Offender database.

#### You Cannot Be Rejected Based On:

1. All pending arrests (including those with adjournments in contemplation of dismissal (ACOD));
2. Arrest records that were resolved in your favor;
3. Convictions for offenses committed before you turned 18 years old;
4. Misdemeanor convictions that occurred more than 1 year ago;
5. Felony convictions that occurred more than 5 years ago;
6. Convictions resulting in incarceration/parole supervision, from which you were released more than 1 year ago;
7. Convictions that did not involve physical violence or danger to persons or property, or did not affect the health, safety and welfare of others;
8. Convictions for which you have received a Certificate of Good Conduct or Certificate of Relief from Disabilities that is permanent and covers housing.
9. Youthful offender adjudications;
10. Convictions for violations sealed pursuant to Section 160.55 of New York State Criminal Procedure Law;
11. Convictions sealed pursuant to Section 160.58 or 160.59 of New York State Criminal Procedure Law;
12. Convictions that were excused by pardon, overturned on appeal or vacated;

#### You Cannot Be Asked About 9-12 Above

If a housing provider asks you about them or any pending arrest with an ACOD, you may answer as if the protected arrest, conviction or adjudication never occurred. If you believe you have been discriminated against based on these protections, file a complaint with the New York State Division of Human Rights: <https://dhr.ny.gov/complaint>

#### You Must be Given 14 Days to Provide Additional Information Before Any Rejection

You must be contacted and provided 14 business days to provide additional relevant information including:

1. How much time has passed since the conviction(s)?
2. How old were you at the time of the conviction(s)?
3. How serious was the conviction(s)?
4. Evidence about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)
5. Were there mitigating circumstances surrounding the offense that reduce the severity of the offense?

If you were not given an opportunity to answer these questions, or if you feel the housing provider did not properly evaluate your application and wrongfully denied you housing, contact New York State Homes and Community Renewal's Fair and Equitable Housing Office at [feho@hcr.ny.gov](mailto:feho@hcr.ny.gov) for assistance. More information is available here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement-assessment-policies>

## Know Your Rights: New York State's Credit Policy for Applicants to State-Funded Housing

A housing provider/landlord cannot automatically deny your application to state-funded rental housing based solely on your credit score or history. **If you have a low credit score or negative credit history, you must be provided with the opportunity to present additional information to explain or refute the findings.**

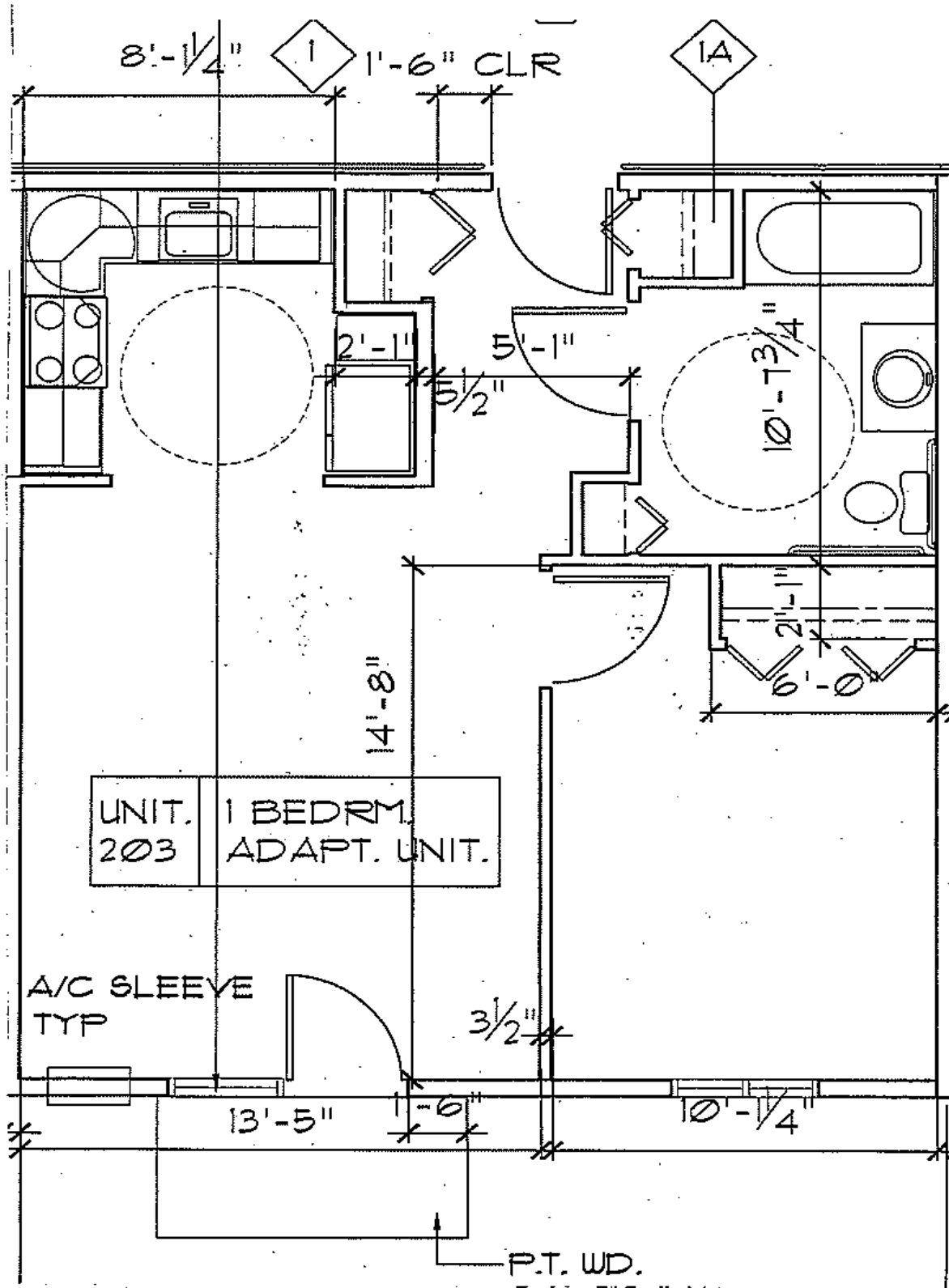
### What is the policy?

- You **CAN** avoid a credit check by evidencing that you paid your rent in full and on time during the last 12 months or the 12 months prior to the COVID-19 pandemic (March 1, 2019 – March 1, 2020).
- You **CANNOT** be rejected because of your credit score or credit history if:
  - Your FICO credit score is 580 or above (or 500 if you are homeless),
  - You have limited or nonexistent credit history,
  - Rent subsidies pay your entire rent,
  - Your credit score or credit history is a direct result of a Violence Against Women Act (VAWA)-covered crime (like domestic violence, stalking or harassment), or
  - You have a history of bankruptcy or outstanding debt but present evidence of on-time rental payments over the past 12 months or the 12 months prior to the COVID-19 Pandemic (March 1, 2019 – March 1, 2020).
- You **CANNOT** be rejected based on:
  - Medical debt or student loan debt.
  - Bankruptcies that occurred over 1 year ago.
  - Limited or no rent or credit history.
  - Bankruptcies related to, or debt accrued during the New York State COVID-19 State of Emergency (March 7, 2020 – June 23, 2021) and due to financial hardship caused by the COVID-19 Pandemic.
  - Unpaid debt that is less than \$5,000.
  - A past eviction or housing court history.

### What are my rights?

- Housing providers must accept evidence that you paid your rent in full and on time over the preceding 12 months, or the 12 months prior to the COVID-19 Pandemic (March 1, 2019 – March 1, 2020) instead of requiring a credit check.
- Housing providers may only reach out to your current or previous landlord without your permission to obtain information on major lease violations. If a current or previous landlord presents evidence of a major lease violation, you must be given the opportunity to present evidence of mitigating factors (for example, financial hardship due to the COVID-19 pandemic).
- Housing providers are limited in the fees that they can charge you:
  - A housing provider cannot charge you a credit or background check fee if you provide one to them that was run within the last 30 days.
  - A housing provider may not charge you more than \$20 or the actual cost (whichever is less), to run both a credit check and a background check.
- *Before rejecting your application based on your credit report, you must be given 14 days to present evidence of circumstances that explain negative credit findings such as errors in the credit report and short-term periods of unemployment/illness.*
- If you are denied, you must be told why, and you must be provided with a copy of your credit report and background check.

Find more information about your rights when applying to state-funded housing, including if you have a criminal convictions, here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement-assessment-policies>



TYPICAL ONE BEDROOM APARTMENT FLOOR PLAN

# Wait List Application

Please return this portion (pages 7-10) to 916 Upper Mountain Road, Lewiston NY 14092  
 Acceptance of application does not guarantee an apartment.

## House Hold Information

Which Apartment Complex are you applying too? (You may request more than one).

Lewiston Villa,  Lewiston Meadows

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

One Bedroom,  Handicapped (If checked, You MUST complete Special Unit Questionnaire)

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

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

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Social Security#: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

License info: \_\_\_\_\_

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.

I do not wish to furnish the information about race, gender or ethnicity.

### **Race:**

- White  American Indian or Alaskan Native  
 Asian  Native Hawaiian or Other Pacific Islander  
 Black/African American  Other (Specify) \_\_\_\_\_

### **Gender:**

Male  Female

### **Ethnicity:**

Hispanic or Latino  Not Hispanic or Latino

### **List ALL persons who will live in the apartment.**

If you do not wish to furnish information about race, gender or ethnicity, please put **RF**  
**AS: Asian, AI/AN: American Indian or Alaskan Native, B/AF: Black/African American,**  
**WH: White, NH/PI: Native Hawaiian or Other Pacific Islander. Student put yes or no**

Name	Relation	Date of Birth	SSN#	Phone#	Race	Gender	Ethnicity	Student
	<b>SELF</b>							

Do you have a vehicle?  YES (please complete the chart below)  NO

Year	Make	Model	Plate# & State	Color

**Income**

Please check all that apply to your household;

- I have no income sources
- Social Security
- SSI/SSD
- State Disability
- Retirement/Pension
- Veterans Benefit
- Unemployment Benefits
- Alimony /Child Support
- Annuity/IRA Payments
- Employment
- Stock Market Returns
- Monthly Monetary Gift(s)
- Lottery Winnings
- Rental Income

Name	Income Source	Annual Amount	Frequency-Per
			Week   Month   Year
			Week   Month   Year
			Week   Month   Year
			Week   Month   Year
			Week   Month   Year
			Week   Month   Year

**Any household members receive, or attempting to receive child support or alimony?**  YES  NO

If yes, please explain: \_\_\_\_\_

**Do you anticipate changes to this income in next 12 months?** YES  NO

Yes, explain: \_\_\_\_\_

**Any household members receive income from any source not listed above?**  YES  NO

If yes, please explain: \_\_\_\_\_

**Any household member's student?**  YES  NO

If yes, name of Educational Institution: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax & Email: \_\_\_\_\_

**Do you wish to provide a copy of a recent credit check you had completed?**

- YES (if selected please attach credit check)  NO (we will run a credit check)

**Do you wish to provide evidence that you paid your rent in full on time during the last 12 months or the 12 months prior to COVID-19. (March 1, 2019 – March 1, 2020)**  YES (if yes, please attach evidence)  NO

**Do you have a Pet?**  YES  NO If yes, please describe: \_\_\_\_\_

**Assets**

Please check all that apply to your household;

- Checking Account
- Savings Account
- IRA,
- Annuities
- Money Markets

- Whole Life Insurance
- Stocks, Bonds & Treasures Funds
- Trust Funds
- Certificates of deposit
- 401K

Name	Asset Type	Cash Value

**Declaration of NO assets**

I hereby declare that I do not have any assets in any form which I have access, ownership or entitlement to.

Signature: \_\_\_\_\_

**Real Property: Do you own any property?**  Yes

If Yes: Type of Property \_\_\_\_\_

Location \_\_\_\_\_

Appraised Market Value\$ \_\_\_\_\_ Mortgage Balance \_\_\_\_\_

**Have you disposed of any assets below market value in the last two years?**  Yes  No

If Yes: Type of Asset \_\_\_\_\_

Market Value When Sold/Disposed \$ \_\_\_\_\_ Transaction Date \_\_\_\_\_

Amount Sold/Disposed For \$ \_\_\_\_\_

**Do you jointly own any assets?**  Yes  No

If Yes: Type of Asset \_\_\_\_\_

Percentage owned: \_\_\_\_\_

**Do you have other asset not listed above (excluding personal property)?**  Yes  No

If yes, explain \_\_\_\_\_

**Any household members have whole or term life insurance?**  YES  NO

If yes, please list cash value: \_\_\_\_\_

**Medical Expenses**

Please check **all** that apply to your household;

- I have No Medical Expenses
- Co-pay for Physician Visits
- Medical Insurance Premiums
- Prescription Drug Coverage Premiums
- Medical Spenddowns
- Prescription Out Of Pocket
- Audiology Expenses
- Optical expenses
- Dental Expenses
- Hospital, Lab & Therapy
- Medical Mileage
- Over the Counter Items  
(Requires Physician's prescription)

Medical Provider with Address	Round Trip Mileage	Visits Per Year

**Do you require a reasonable accommodation?**  YES  NO

If yes, please explain accommodation

---

---

*A reasonable accommodation is a change, exception, or adjustment to a program, service, building, dwelling unit or workplace that will allow a qualified person with a disability.*

**Do you have an Assistance Animal?**  YES  NO

Is the assistance animal trained in any actions other than emotional support?  YES  NO

If yes, please provide at least one action: \_\_\_\_\_

**Will you or any member of your family require any of the following?**

- Unit for Visually-Impaired
- Unit for Hearing-Impaired
- First Floor Unit
- Wheelchair accessible shower
- Lowered Kitchen Shelves
- Live In Attendant

**Justice Involvement Check**

Have you, or a household member been arrested or convicted of a Misdemeanor?  Yes  No

Have you, or a household member been arrested or convicted of a Felony?  Yes  No

Have you, or a household member been arrested or convicted for production of methamphetamine?  Yes  No

Have you, or a household member on a Federal or State Sex Offender database?  Yes  No



**Landlord Reference**

**Have you rented in the last 10 year?**  YES, I have rented  NO, Own My House  NO, living with family

Last Landlord Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

Email: \_\_\_\_\_ Monthly Rent Amount: \_\_\_\_\_

Move In: \_\_\_\_\_ Move Out: \_\_\_\_\_

-----  
**Emergency Contact**

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Relation: \_\_\_\_\_ Email: \_\_\_\_\_

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

**Permission for Emergency Contact (Check all that would apply)**

- Management can discuss and release any information to the above person/organization.
  - Call if Management is unable to contact you.
  - Management can allow person/organization access to your apartment if requested.
  - Person/Organization has ability to allow Management into the unit if requested. (Wellness Check)
- 

**How did you hear about us?**

- Online Search
  - Department of Social Services
  - Referral by friend
  - Paper Advertisement
  - City / Township
  - Other: \_\_\_\_\_
- 

**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.

\_\_\_\_\_  
**Head of Household**                      **Date**

\_\_\_\_\_  
**Co-Head**                                      **Date**

\_\_\_\_\_  
**Adult Household Member**              **Date**

\_\_\_\_\_  
**Adult Household Member**              **Date**

# RELEASE OF INFORMATION AUTHORIZATION

I do hereby authorize Sage Management and any 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.

---

**Head of Household** **Date**

---

**Co-Head** **Date**

---

**Adult Household Member** **Date**

---

**Adult Household Member** **Date**

Sage Management Corporation of Western New York, Lewiston Meadows and Lewiston Villa do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, disability, handicap, sexual orientation, gender identity, or familial status.



Supplemental and Optional 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.

<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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<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.	

Check this box if you choose not to provide the contact information.

--	--

**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.

Form HUD- 9206 (05/09)