

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 Pages 1 – 6 for your records



Four Locations to Apply



Lewiston Country Estates 916 Upper Mountain Road Lewiston NY 14092 24 one bedroom, 1 two bedroom apartments



Wilson Country Estates 250 Autumnview Drive Wilson NY 14172 24 one bedroom apartments

To Qualify You Must

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

Max Income Level	1 PERSON	2 PERSON	3 PERSON
Very Low Income	\$33,950	\$38,800	\$43,650
Low Income	\$54,250	\$62,000	\$69,750

Revised: 07/12/2024

Priority is given to those applicants with very low income.



Middleport Country Estates 89 Telegraph Road Middleport NY 14105 24 one bedroom apartments



Middleport Villa 89B Telegraph Road Middleport NY 14105 24 one bedroom, 1 two bedroom apartments



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 pro- posed 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. Discrim- ination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/manage- ment.	The owner or management fails to maintain the property in a decent, safe, and sanitary man- ner.
The complex has formed a ten- ant's association and all parties have agreed to use the associa- tion to settle grievances.	The owner violates a lease pro- vision 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 termina- tion 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, mantal status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, of because all or a part of an individuar's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require atemative 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 (volce) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



Governor

Homes and Community Renewal

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;
- Convictions resulting in incarceration/parole supervision, from which you were released more than 1 year ago;
- Convictions that did not involve physical violence or danger to persons or property, or did not affect the health, safety and welfare of others;
- 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: <u>https://dhr.ny.gov/complaint</u>

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)?
- 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 <u>feho@hcr.ny.gov</u> for assistance. More information is available here: <u>https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement--assessment-policies</u>



KATHY HOCHUL Governor RUTHANNE VISNAUSKAS Commissioner/CEO

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
 <u>or</u> 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),
 - o You have limited or nonexistent credit history,
 - o 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:
 - o Medical debt or student loan debt.

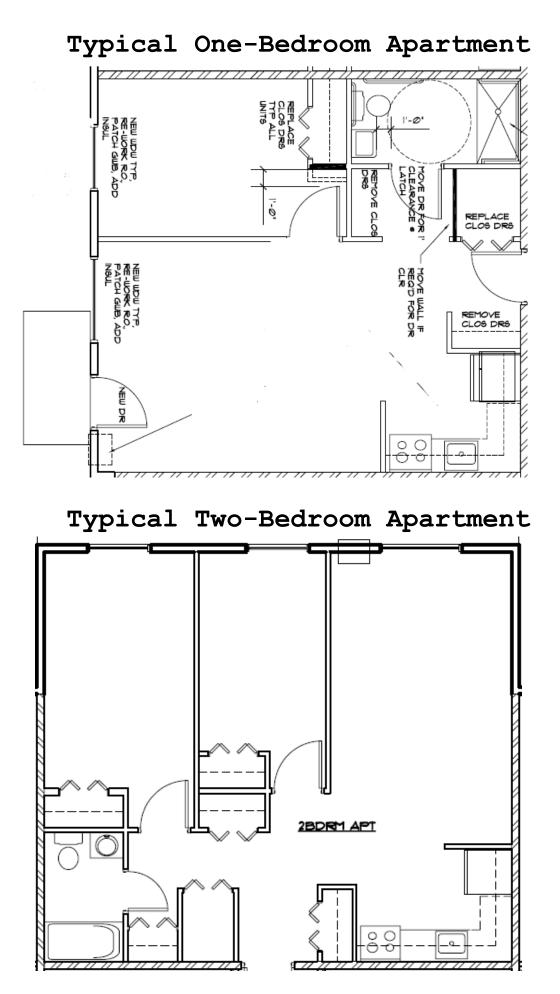
- o. Unpaid debt that is less than \$5,000.
- o Bankruptcies that occurred over,1 year ago.
- A past eviction or housing court history.

- o 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.

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 obtaininformation 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 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



Wait List Application

Please return th Please put N/A	if somethin	(pages 7-11) to g doesn't appl	916 Upper Mour y, <u>blank respor</u> otance of applicat	nses will be vi	ew as u	nanswei		
House Hold Info	rmation							
Which Apartment	Complex are	you applying too	? (You may request	more than one).				
Lewiston Count	ry Estates, 🗌	Middleport Count	ry Estates, 🗌 Middle	port Villa 🗌 Wilse	on Country	Estates		
Type of Unit Reau	ested: (You n	nav request more	than one type of uni	f)				
•••		• •	bed (If checked yes, pl		ial Unit Qu	estionnaire)	
Head of Househol	d:			Address:				
Date of Birth:								
Social Security#:				Email:				
Phone:				License info:				
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			tive Hawaiian or Ot		er			
Black/African	American	Ot	her (Specify)					
Gender:	_							
Male	Female							
Ethnicity:	ting 🗆 No	+ Uiononio or Lo	tina					
		ot Hispanic or La						
List ALL perso			race, gender or ethi	nicity please put I	2F			
AS: Asian, AI/AN	N: American	Indian or Alas	kan Native, B/AF: 1	Black/African An	nerican,			
WH: White, NH/	PI: Native H	awaiian or Oth	er Pacific Islander,	For Student, put	t yes or no)		
Name	Relation	Date of Birth	SSN#	Phone#	Race	Gender	Ethnicity	Student
	SELF							

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

Year	Make	Model	Plate# & State	Color

Income

Please check all that apply to your household.

- \Box I have no income sources
- □ Social Security
- \Box SSI/SSD
- □ State Disability
- \Box 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	Dollar Amount	Frequency-Per
			Week Month Year

Any household members receive, or attempting to receive child support or alimony? UYES	\Box NO
If yes, please explain:	

Do you anticipate changes to this income in next 12 months? YES 🗌 NO		
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Yes, explain:_____

Any household members receive income from any source not listed above?	\Box YES	\Box NO
If yes, please explain:		

Any household members a student? \Box YES \Box 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? \Box YES \Box NO If yes, please describe:_____

Assets

Please check all that apply to your household.

- \Box Checking Account
- \Box Savings Account
- \Box IRA,
- □Annuities
- □Money Markets

- □ Whole Life Insurance
- □ Stocks, Bonds & Treasures Funds
- \Box Trust Funds
- \Box 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 P	roperty:	Do you	own any	property?	Y	es 🗌

If Yes: Type of Property	
Location	
Appraised Market Value\$Mortgage	Balance
Have you disposed of any assets below market value in the If Yes: Type of Asset	
Market Value When Sold/Disposed \$ Tra	ansaction 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 If yes, explain	
Any household members have whole or term life insurance 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
- \Box Medical Spenddowns
- \Box Prescription Out Of Pocket
- \Box Audiology Expenses

- \Box Optical expenses
- □ Dental Expenses
- □ Hospital, Lab & Therapy
- \Box Medical Mileage
- \Box Over the Counter Items
- (Requires Physician's prescription)

Medical Provider with Address	Round Trip Mileage	Visits Per Year

Do you require a reasonable accommodation? \Box YES \Box 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? \Box YES \Box NO

Is the assistance animal trained in any actions other that emotional support? \Box	\Box YES \Box NO
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If yes, please provide at least one action:

Do you or household members meet the eligibility requirements listed on Page 1?
U YES UNO

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

- □ Unit for Visually-Impaired
- □ Unit for Hearing-Impaired
- □ First Floor Unit

- \Box Wheelchair accessible shower
- \Box Lowered Kitchen Shelves
- \Box Live In Attendant

Justice Involvement Check

Have you, or a household member been arrested or convicted of a Misdemeanor? See Yes
Have you, or a household member been arrested or convicted of a Felony? See 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, NO, Own	My House	\Box NO, living with family
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Last Landlord Name:	Phone No:
Address:	
	Monthly Rent Amount:
	Move Out:
Emergency Contact	
Name:	Phone No:
Relation:	Email:
Address:	
 Management can discuss and n Call if Management is unable Management can allow person Person/Organization has abilit 	tact (Check all that would apply) release any information to the above person/organization. to contact you. //organization access to your apartment if requested. y 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 Country Estates, Middleport Country Estates, Middleport Villa and Wilson Country Estates 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.

