



## Wilson Villa

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



Wilson Villa Building 1  
 240 Autumnview Drive  
 Wilson NY 14172  
 12 One Bedroom Apartments



Wilson Villa Building 2  
 240 Autumnview Drive  
 Wilson NY 14172  
 12 Two Bedroom Apartments

### To Qualify You Must

- 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	<b>\$35,350</b>	<b>\$40,400</b>	<b>\$45,450</b>
Low Income	<b>\$56,600</b>	<b>\$64,650</b>	<b>\$72,750</b>

Revised:  
 April 1, 2025

Priority is given to those applicants with very low income.



## 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.





## **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?

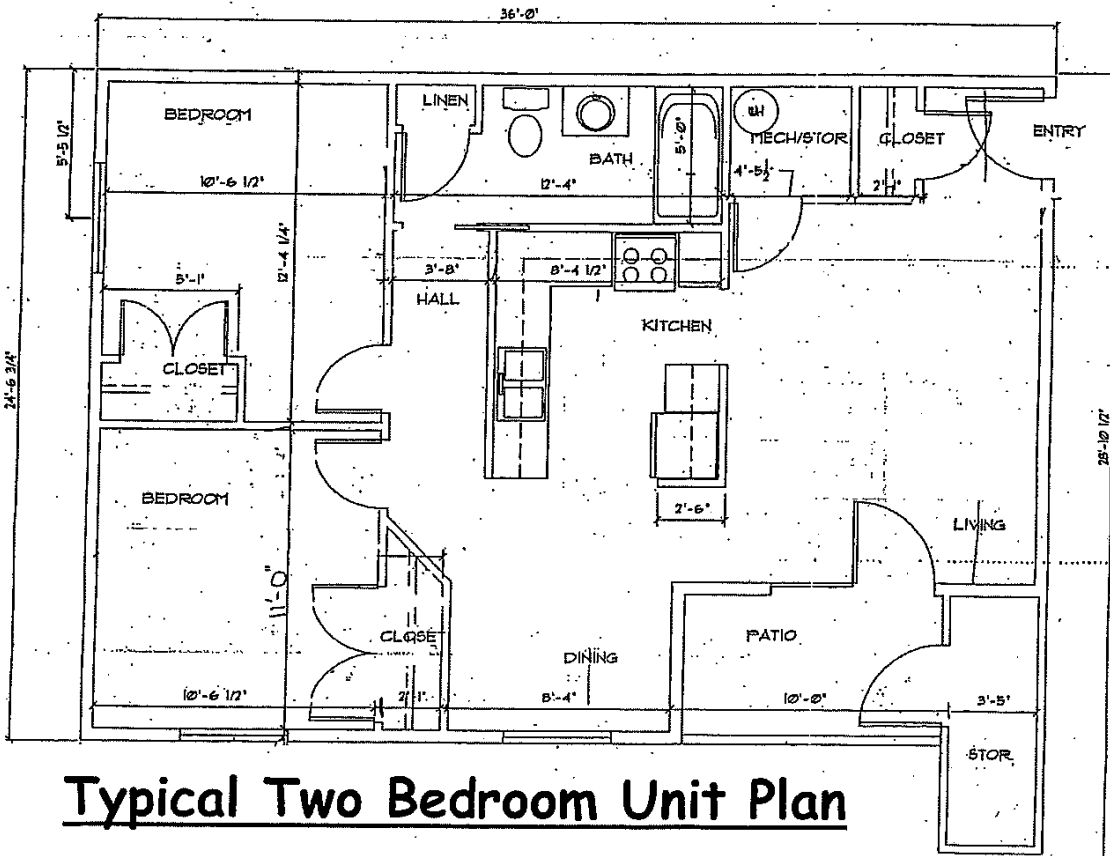
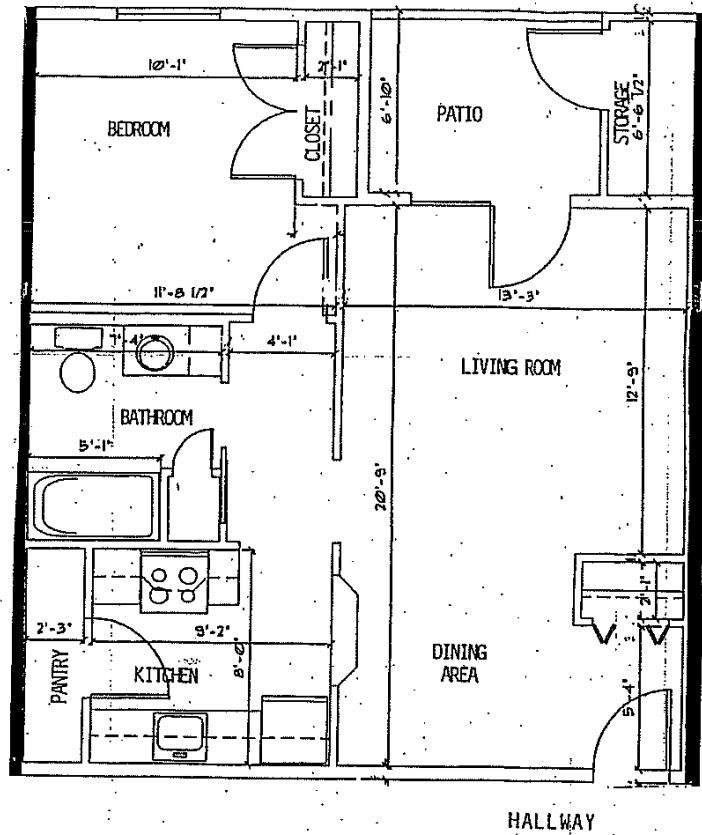
- You **CAN** avoid a credit check by evidencing that you paid your rent in full and on time during the last 12 months or the 12 months prior to the COVID-19 pandemic (March 1, 2019 – March 1, 2020).
- You **CANNOT** be rejected because of your credit score or credit history if:
  - Your FICO credit 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**  
**Unit Plan**



**Typical Two Bedroom Unit Plan**



# Wilson Villa Wait List Application

Please return this portion (pages 7-12) to 916 Upper Mountain Road, Lewiston NY 14092

Please put N/A if something doesn't apply, **all questions must be answered**

**Blank responses will be viewed as answered, and application could be rejected.**

Acceptance of application does not guarantee an apartment.

## House Hold Information

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

☐ One Bedroom, ☐ Two Bedroom, ☐ Handicapped (If checked yes, please 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. For 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;

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

Name	Income Source	Dollar 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 ☐

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

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

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

**Are any household members a student?** ☐ YES ☐ NO

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

☐ YES (if selected you must attach credit check) ☐ NO

**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: \_\_\_\_\_

**Do you own any property?** ☐ Yes ☐ No

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;

- |  |   |
|--|---|
| <input type="checkbox"/> I have No Medical Expenses          | <input type="checkbox"/> Medical Spenddowns         |
| <input type="checkbox"/> Co-pay for Physician Visits         | <input type="checkbox"/> Prescription Out Of Pocket |
| <input type="checkbox"/> Medical Insurance Premiums          | <input type="checkbox"/> Audiology Expenses         |
| <input type="checkbox"/> Prescription Drug Coverage Premiums |   |
| <input type="checkbox"/> Optical Expenses                    | <input type="checkbox"/> Medical Mileage            |
| <input type="checkbox"/> Dental Expenses                     | <input type="checkbox"/> Over the Counter Items     |
| <input type="checkbox"/> Hospital, Lab & Therapy             | (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

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*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: \_\_\_\_\_

**Do you or household members meet the definition of disabled?** ☐ YES ☐ NO

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

- |   |   |
|---|---|
| <input type="checkbox"/> Unit for Visually-Impaired | <input type="checkbox"/> Wheelchair accessible shower |
| <input type="checkbox"/> Unit for Hearing-Impaired  | <input type="checkbox"/> Lowered Kitchen Shelves      |
| <input type="checkbox"/> First Floor Unit           | <input type="checkbox"/> 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: \_\_\_\_\_

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**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)

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**How did you hear about us?**

- |  |  |
|--|--|
| <input type="checkbox"/> Online Search                 | <input type="checkbox"/> Paper Advertisement |
| <input type="checkbox"/> Department of Social Services | <input type="checkbox"/> City / Township     |
| <input type="checkbox"/> Referral by friend            | <input type="checkbox"/> Other: _____        |

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**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.

_____ <b>Head of Household</b>	_____ <b>Date</b>	_____ <b>Co-Head</b>	_____ <b>Date</b>
_____ <b>Adult Household Member</b>	_____ <b>Date</b>	_____ <b>Adult Household Member</b>	_____ <b>Date</b>

## 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.

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<b>Head of Household</b>	<b>Date</b>
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<b>Co-Head</b>	<b>Date</b>
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<b>Adult Household Member</b>	<b>Date</b>
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<b>Adult Household Member</b>	<b>Date</b>
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Sage Management Corporation of Western New York & Wilson 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.

