



February 2019

Dear Applicant:

This letter serves as notice of a change in our House Rules which will apply to all Wait List Applicants who wish to be considered for an apartment with us.

All new residents will be required to sign a Smoke-free Lease or Lease Addendum, stating the terms of the Smoke-free Policy.

The change in policy is as follows:

Effective April 1, 2010 the House Rules for this property will be amended to include a Smoke-Free Policy. The policy will read “Due to the increased risk of fire, and the known health effects of secondhand tobacco smoke, smoking is prohibited in any area of the premises, including apartments, automobiles parked on the premises and common areas, whether enclosed or outdoors. The policy applies to all owners, tenants, guests, employees and servicepersons.

Smoking: the term “Smoking” means inhaling, exhaling, burning, or carrying any lighted cigar, cigarette, electronic cigarette or other tobacco products in any manner or in any form.

Premises: the term “Premises” means all areas of the building and areas of the grounds owned by Ken-Ton Presbyterian Village.

This initiative is supported by our Board of Directors, HUD, American Associates of Homes and Services for the Aging (AAHSA), Smoke-free Apartment House Registry, and Erie-Niagara Tobacco-Free Coalition.

If you wish to be removed from the Waiting List for Ken-Ton Presbyterian Village, please submit your request, in writing, to us at 3735 Delaware Avenue, Kenmore, New York 14217, Attention: Administrative Assistant (No response is required if you are a non-smoker and wish to remain on the current Waiting List)

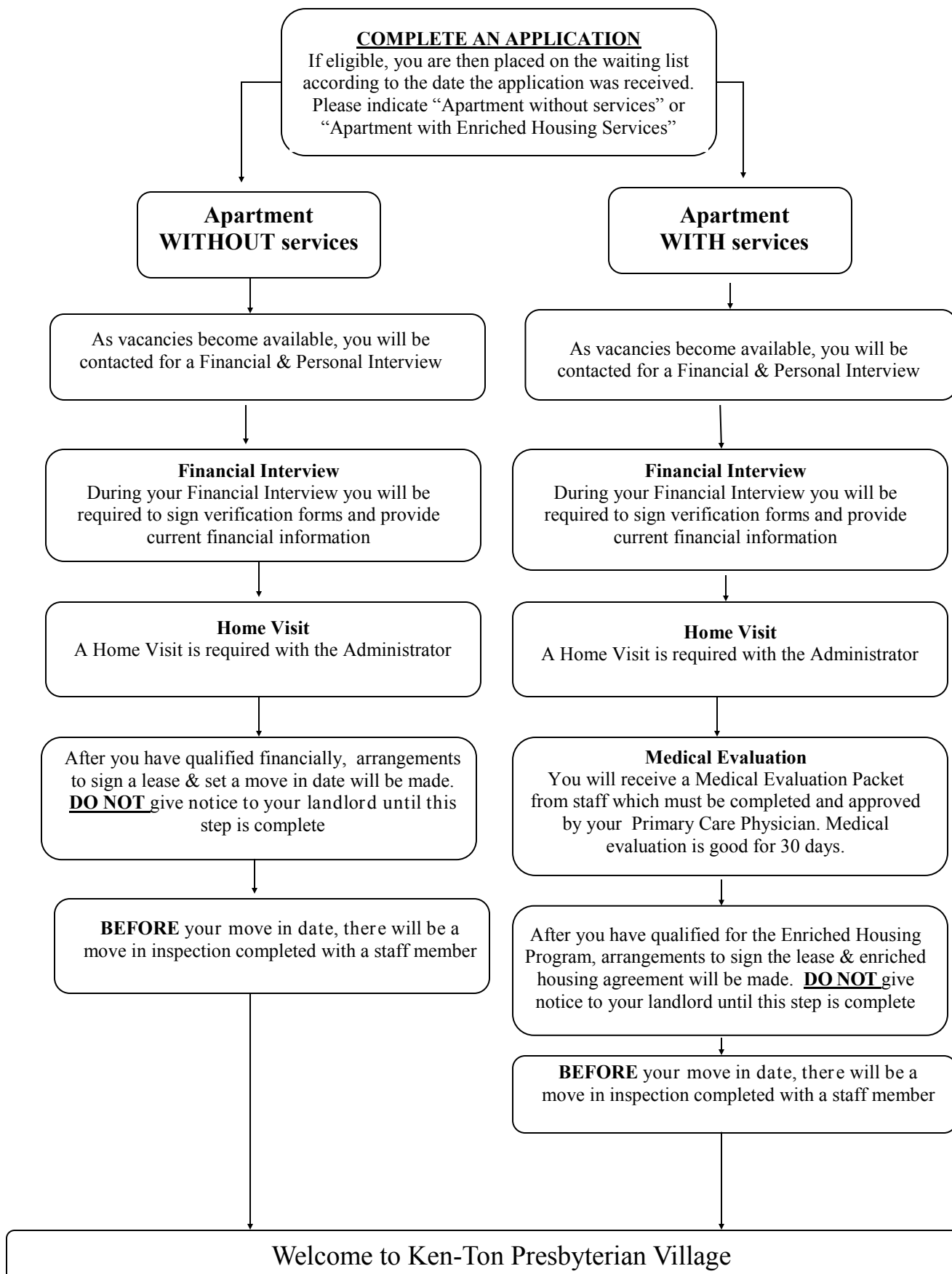
Sincerely,

Ken-Ton Presbyterian Village
Administrative Office



Steps to Becoming A Resident at Ken-Ton Presbyterian Village

Rev. 2.27.19



**Ken-Ton Presbyterian Village
Enriched Housing Program
FAQ's**

The following are questions which we have compiled to better help you understand the **Enriched Housing Program**.

Q: *How much will my rent cost?*

A: Your rent for your apartment at Ken-Ton Presbyterian Village is determined by approximately 30% of your adjusted gross income. Out of pocket medical expenses are also taken into consideration.

Q: *Is there a cost for the Enriched Housing Program?*

A: Yes. In addition to your monthly rent, the Private Pay fee is **\$1, per month**. Both your rent, **and** your Enriched Housing fee are determined by your income and assets. A Financial Interview will be held to determine the exact cost of the above two (2) figures. We do accept SSI. If you are a Veteran or spouse of a Veteran, you are eligible for a 10% discount off the full price of the Enriched Housing Program fee of \$1,333.

Q: *Is there an age requirement?*

A: Yes. Residents on the Enriched Housing program must be **55 or older**.

Q: *What are the steps that I need to take in order to move in?*

A: You will be asked to update the information regarding your finances, which you originally submitted with your application. Third Party verification/consent forms must be signed. These forms are used to process and verify all your current information. A scheduled date and time for the interview is made by appointment only with the front office. Prior to your appointment, detailed guidelines are provided to you regarding the documents required at the interview. We ask that you please come fully prepared for the interview.

Q: *What is the size of an Enriched Housing Program apartment?*

A: The living room is 13'6" x 13'0". The Bedroom is 10'0" x 11'6". The Kitchen is 9'0" x 7'0". The Foyer is 4'10" x 8'9". The Bathroom is 8'5" x 8'7".

Q: *What is a typical day like on the Enriched Housing Program?*

A: Between 8am and 10:30am a Personal Care Aide (PCA) will come to your apartment to obtain a food order for you to prepare your evening meal and the next day's breakfast. A congregate meal is served in the Enriched Housing dining room at noon. Between 2pm & 3pm a Dietary Aide will come to your apartment to deliver the food order you placed that morning.

Q: *Do I have to attend the noon meal?*

A: Yes. You are required by the New York State Department of Health to attend the noon meal unless you have an excuse from your physician or have a short-term illness

Q: *How often is my apartment cleaned?*

A: Your apartment will be cleaned on a weekly basis.

Q: *How often is my laundry cleaned?*

A: You will have two loads of laundry cleaned on a weekly basis.

Q: *When do I receive personal care services?*

A: On your regularly scheduled day a PCA will be available to help you with showering.

Q: *Does the staff of the Enriched Housing Program help with medications?*

A: **No we do not.** The staff **is not** permitted to assist, or provide reminders. Your family/or outside agency may assist with pre-fill containers. We **do NOT** provide any Medical care/services.

Q: *What are the staff hours?*

A: Our Enriched Housing staff is available from 8am – 4pm Monday – Sunday. Office and Administration staff is available from 8:30am to 4:30pm Monday – Friday.

**Thank you for your interest in the services of our ENRICHED HOUSING
PROGRAM at Ken-Ton Presbyterian Village**

It is important to us that applicants and their families are informed of what our program offers for the well being and satisfaction of the resident.

- The Enriched Housing Program is closely regulated and monitored by the Department of Health / Office of Continuing Care. One of the regulations is a medical evaluation be completed by the applicant's primary physician within 30 days of admission to the program and annually thereafter. The primary physician should be informed that our program is **NOT** an assisted living level of care or a **medical model** nor do we provide assistance with medications. Staffing is strictly 8 hours a day, 8:00 am to 4:00 pm, 7 days a week.

Just as cost of rent at Ken-Ton Presbyterian Village is **determined by the resident's income** so is the **cost of the program**. The cost of the Enriched Housing Program is \$1,333.00; this fee is also determined by your income.

- Rent and utilities, except water, are **not included** in the cost of the program.
- **Support services** include housekeeping and laundry, which are done once a week. If a person needs help in bathing, an aide will provide assistance in the shower on the same day as housekeeping is done.
- The **aides** are in contact with the resident twice daily. Once, when an aide checks the resident in the morning between 8:00am and 10:30am and again at approximately 2:00pm when the basket for the evening cold meal and next day breakfast foods are delivered.
- **Meals** include the hot congregate meal at noon, which are served in our dining room. All residents are required to attend the noon meal. Foods provided for breakfast (not served as a meal) are brought to the apartment the day before along with a sandwich, fruit, and dessert for the evening meal of the same day. Other grocery items are available such as milk, juices, coffee or tea, crackers, etc. Breakfast and evening meals are taken in the resident's apartment, not the dining room.
- **Transportation** to appointments and shopping is not provided through our program, but is available through van services contracted by the Town of Tonawanda and Erie County.
- **Case Management** to assist E.H. residents with linkage to community services
- **Activities** at the Village are planned and scheduled by a Resident Auxiliary throughout the year.

I hope this information is helpful and if you have any further questions please call us at 874-6070.

Revised 12/16/22





Beechwood Continuing Care
Administrative Office
2235 Millersport Highway
Getzville, NY 14068

Ken-Ton Presbyterian Village
3735 Delaware Ave.
Kenmore, NY 14217-1000

HISTORY

The dream and development of Ken-Ton Presbyterian Village was a part of the mission of Presbyterian Senior Care of Western New York, Inc. to answer the special needs of lower income senior citizens and individuals with a physical disability. In March, 1981 the HUD Section 202/8 apartment complex, containing 150 apartments for the elderly and physically disabled was opened. In February 2021, Presbyterian Senior Care of Western New York, Inc. merged with Beechwood Continuing Care.

THE VILLAGE

Ken-Ton Presbyterian Village is located on Delaware Avenue, north of Sheridan Drive, with easy access to bus lines, stores, banks, medical care facilities and churches.

Each apartment is equipped with a security system to the front door, a smoke detector and heat sensor, emergency pull cords in the bathroom, bedroom and living room, and grab bars in the bathroom. In addition, fifteen (15) apartments are equipped with other special features for the physically disabled, such as wheel chair access to the kitchen cupboards and sinks, lowered closet bars, wheel-in showers and accessible electrical outlets. All hallways have hand rails. There are two elevators in the six story mid-rise.

Common areas include the lobby, chapel, mail room, community rooms, library and laundry.

ENRICHED HOUSING PROGRAM

Under the regulations of the State of New York Department of Health/Office of Continuing Care, the Enriched Housing Program provides support services to forty-five (45) eligible residents, age 65 and older. For the purposes of this Part an Enriched Housing program will be considered to be serving persons primarily 65 years of age or older if no more than 25 percent of the residents are under 65 years of age and each resident is at least 55 years of age. Open to both Supplemental Security Income (SSI) recipients and self-paying residents, this program provides three meals per day (including one congregate meal), housekeeping, laundry, personal care, and case management.

KEN-TON PRESBYTERIAN VILLAGE TENANT SELECTION

It is the purpose of Ken-Ton Presbyterian Village (KTPV) to admit all individuals who qualify under the guidelines set forth by the Federal Register and the United States Department of Housing and Urban Development (HUD) Section 202 and Section 8.

SECTION 8 SUBSIDY

Section 8 Subsidy is a Federally funded program which pays a portion of the eligible resident's rent. The amount of rent you pay is approximately 30% of your adjusted gross annual income. If your annual income is over the HUD allowable amount, you are not eligible for residence.

2022 HUD INCOME LIMITS

Income limits are set by HUD and are subject to change on a yearly basis. The following are current gross income requirements for Section 8 rent subsidy:

Extremely Low	For one person	\$18,450 annual gross income
	For two people	\$21,050 annual gross income
Very Low	For one person	\$30,700 annual gross income
	For two people	\$35,100 annual gross income
Low	For one person	\$49,150 annual gross income
	For two people	\$56,150 annual gross income

APPLICANTS

1. At least 62 years of age. (For couples, at least one applicant must be 62 years of age or older).
2. Age 18 and over and physically disabled and fully in need of an accessible unit. Receipt of disability benefits does not necessarily mean physically disabled.
3. Effective April 1, 2010 Ken-Ton Presbyterian Village is a Smoke-free property. Upon admission, all applicants must acknowledge this policy by signing for and receiving a copy of the HOUSE RULES, when signing the Lease.

WAITING LIST

Applications will be consecutively ranked by application date as received, qualified by age, physical disability, and qualified by income limitations.

PLEASE CHECK ON THE APPLICATION FOR ENRICHED OR KEN-TON LIST.

APPLICATIONS

1. Housing applications may be mailed or accepted in person Monday through Friday from 9:00 a.m. to 4:00 p.m. They can also be faxed to our office at 716-874-1455.
2. All housing applications will be stamped with the date and time of receipt.
3. Housing applications must be completely filled out and signed by applicant(s).

Please return the Housing Applicant Declaration Form, completed in full. Receipt of these forms will be acknowledged in writing. Please report any changes in address or financial status. It is important that your record be up-to-date.

ADDITIONAL INFORMATION

- ▲ Apartments are not furnished, but include wall to wall carpeting, refrigerator and electric range.
- ▲ One bedroom apartments are approximately 545 square feet in area.
- ▲ Two bedroom apartments are approximately 830 square feet in area.
- ▲ Rent does not include utilities, with the exception of domestic/hot water. Heat and appliances are electric. Each tenant receives a utility allowance, which is deducted from the calculated rent amount.
- ▲ PTAC / Electric heat & air conditioning installed in apartment. Additional air conditioners cannot be installed in apartment.
- ▲ Tenant may have a pet in keeping with the provisions of the Housing and Urban-Rural Recovery Act of 1983. Application and copy of Pet Policy available upon request.
- ▲ Cable television is available, at tenant's expense, and arranged on an individual basis with provider of your choice.
- ▲ Washers and dryers are provided with self-pay *Smart Card*.
- ▲ Additional services include: parking, monthly religious services, full range of recreational activities, Resident Council and Resident Auxiliary.

KEN-TON PRESBYTERIAN VILLAGE ADMITS ALL ELIGIBLE APPLICANTS UNLESS THERE IS GOOD CAUSE NOT TO. FEDERAL LAW PROHIBITS DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS, OR NATIONAL ORIGIN.



CHOOSE (ONE) WAITING LIST:

APARTMENT **WITH** ENRICHED HOUSING SERVICES (Floors 1 & 2) _____

OR

APARTMENT **WITHOUT** SERVICES (Floors 3 through 6) _____

HOUSING APPLICATION
Instructions for Head of Household

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you. Applications will not be considered unless they are fully completed.

For financial information, please use page 6 to write the names and addresses of people who can verify the information you provide. Please use the backs of the pages to record additional information if there isn't enough room for an entry.

*Before we offer you a unit we will give you a **Consent Form** ("Authorization for Release of Information"); this lets us check the information you give us. Have each adult family member sign this form and return it to us as soon as possible. Until you return the **Consent Form** to us, we cannot offer you a unit.*

General Family Information

Complete this information once for the entire family.

- 1) Name of Head of Household _____
☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Other _____
- 2) What is your present address? _____ City _____ State _____ Zip _____
Telephone Number _____ Is this your phone? ☐ Yes ☐ No
Work Telephone _____ Message/Emergency Phone _____
- 3) Do you have any pets? ☐ Yes ☐ No
If Yes, what kind? _____ Pet weight _____ Pet height _____
- 4) Do you live or have you ever lived in subsidized housing? ☐ Yes ☐ No
If Yes, where? _____ From _____ To _____
Were you evicted? ☐ Yes ☐ No If Yes, did you owe rent? ☐ Yes ☐ No
Why? _____
_____ If Yes, how much did you owe? \$ _____

5) How many vehicles does the family own? _____

List make, color, year, license plate number and state for each:

6) If a live-in attendant is required for the elderly or physically disabled family member, please enter the name of the attendant and the name and address of a doctor who can verify the need for the attendant:

Name of attendant _____

Name & Address of Doctor _____

7) How many people live in your household now? _____ Will any of these people live anywhere except the unit you are applying for? __Yes __No

If Yes, please explain _____

Will anyone else live in the apartment on a full-time or part-time basis? __ Yes __No

If Yes, please explain _____

Are you a student enrolled in an institute of higher education? __Yes __No

Do you expect any of the above to change in the future? __Yes __No

If Yes, please explain _____

8) If you are now renting, who is your landlord? Move-in Date _____

Name _____ Phone # _____

Address _____ Current rent \$

_____ Security Deposit \$

If you are *not* renting, please explain your current living arrangements

- 9) If you have moved within the past five years, give the name, address, and phone number of your previous landlords and the dates you lived there.

Name of Landlord	Address	Phone	Dates you lived there
			From To
<hr/>			
<hr/>			

- 10) Has anyone listed on this application been involved, convicted or incarcerated for any criminal activity? ____ Yes ____ No

Examples of criminal activity might include but are not limited to illegal drug manufacturing, distribution, assault, harassment, fraud, domestic violence, child abuse, murder, rape, child molestation, destruction/vandalism, theft, larceny, prostitution, disorderly conduct.

If yes, please specify type of crime: ____ Violent ____ Sex related ____ Drug related ____ Other

Date of conviction: _____ Date of release: _____

Are you subject to a federal or state lifetime sex offender registration program? ____ Yes ____ No

You will be required to provide documentation regarding convictions and release dates in order for your application to be reviewed and processed.

Please list any states where applicants have lived other than New York State:

- 11) Have you or your spouse/co-applicant ever used different names from the names given in this application? (i.e. maiden name) ____ Yes ____ No

If Yes, give name and explain _____

- 12) Have you or any members of your household ever used social security numbers different from those listed in this application? ____ Yes ____ No

If Yes, please explain _____

- 13) Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? ____ Yes ____ No

If Yes, please explain _____

- 14) How did you hear about this rental property? (e.g., newspaper, word of mouth, etc.?)

Application Signature and Certification

We understand the information in this application will be used to determine eligibility for an apartment and that this information will be checked. We understand that any false information may make us ineligible for an apartment.

We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize management, through a home visit, to screen for evidence of destruction of property, living or housekeeping habits which may adversely affect the health, safety, or welfare of other residents. We authorize any and all inquiries to verify information, directly or through information exchanged now or later, with rental and credit screening services or other sources for credit and verification. This information may be released to appropriate Federal, State or Local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, which they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read and understand the information in this application, in particular the information in the *Instructions for Head of Household* on page 1, and we agree to comply with such information.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

We also understand that all adult members of the household must sign the HUD required *Consent Form* ("Authorization for Release of Information") before we can be offered a unit.

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses, concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA, or the owner responsible for the unauthorized disclosure or improper use.

_____ Signature of Head of Household	_____ Date	_____ Signature of Co-applicant	_____ Date
_____ Signature of Head of Household	_____ Date	_____ Signature of Co-applicant	_____ Date

Member Information

Please list each member who will live in the unit, including yourself.

Member Name (Last, First, Initial)	SS#	Date of Birth	Relationship to Head	Sex (M/F)	Race	Hispanic (Y/N)	Occupation	Qualify for Mobility Access Unit? (Yes or No)

Ken-Ton Presbyterian Village admits all eligible applicants unless there is good cause not to. Federal law prohibits discrimination based on race, color, creed, religion, sex, familial status, national origin, age or handicap.

TOURS OF THE BUILDING ARE CONDUCTED
BY APPOINTMENT ONLY.
PLEASE CALL 716-874-6070 TO SCHEDULE.

Financial Information

Complete these pages for each member who will live in the unit who has any income or assets, or who causes any medical, physical disability, or child-care expenses. **You do not need to complete these pages for a live-in attendant.** You may photocopy these pages if necessary.

Income: List all employment and non-employment income for all household members. Includes Salary and Wages (Gross Amount), Social Security Supplemental Security Income, IRA, Keough, V.A. Pension, other pensions or annuities, Home Relief (Welfare), ANFC, Child Support, and any other source of income.

Member Name (Last, First, Initial)	Type of Income and who pays it	Est. Total Income	Address of Income Source	Contact Person Name and Telephone
		\$ _____ per mo.		
		\$ _____ per mo.		
		\$ _____ per mo.		
		\$ _____ per mo.		

Assets: List assets of all household members, including savings and checking accounts, certificates of deposit, stock, bonds, mutual funds, credit union shares, land, real estate (including your home, if you own it), cash surrender value of life insurance policies, and any other assets.

Member Name (Last, First, Initial)	Account #	Description of Asset	Current Value of Asset	Interest Earned <u>Per Year</u> or Annual Income	Bank/Credit Union/Appraiser	Address

Financial Information (cont'd)

List any assets that you have disposed of, transformed, given away, or sold for less than the market value during the last 2 years, e.g., a house, car, or cash.

Description of Asset	Date Disposed of	Fair Market Value	Divestiture Costs (e.g., realtor, CD Penalty)	Amount Received	Name & Address of Financial Institution, Real Estate Agent or Appraiser who can verify.

Do you expect any changes in your income, assets, or expenses during the next twelve months? Yes No



ATTACHMENT 7

APPLICANT DECLARATION FORMAT

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet.

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____
SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____
ADMISSION NUMBER _____ if applicable, (this is an 11-digit number found on the INS form I-94, Departure Record)
NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either Section number __1__, __2__, or __3.

DECLARATION

I, _____ hereby
(Print or type first name, middle initial, last name)
declare, under penalty of perjury, that I am:

SECTION 1.

____ 1. A citizen or national of the United States

If you check this section, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

SECTION 2

_____ 2. A non-citizen with eligible immigration status in the category checked below:

- (i) A non-citizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively), [immigrants] (This category includes a non-citizen admitted under section 210 or 210A of the INA (8 worker), who has been granted lawful temporary resident status);
- (ii) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- (iii) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- (iv) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5)) [parole status];
- (v) A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- (vi) A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked section _____ 2, you should submit the following documents:

- a. Verification Consent Format (Attachment 9)

AND

- b. one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - (i) “Admitted as Refugee Pursuant to section 207”;
 - (ii) “Section 208” or “Asylum”;
 - (iii) “Section 243 (h)” or “Deportation stayed by Attorney General”;
 - (iv) “Paroled Pursuant to Sec. 212 (d) (5) of the INA”;
- (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
 - (iii) A court decision granting withholding or deportation; or
 - (iv) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688m, Temporary Resident Card, which must be annotated “section 245A” or “section 210”;
- (5) Form I-688B, Employment Authorization Card, which must be annotated “Provision of Law 274a.12 (11)” or “Provision of Law 274a.12”;
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made, and the applicant’s entitlement to the document has been verified.

If section __2 or __3 is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If section __2 or __3 is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the REQUEST FOR EXTENSION section below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in section __2. above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check here if adult signed for a child: _____

SECTION 3.

_____ 3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this section, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this section is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

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.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell 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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<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: _____
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Commitment of Housing Authority or Owner: 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.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
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.			

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

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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.

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Ken-Ton Presbyterian Village NY062124201

3735 Delaware Ave. Kenmore, NY 14217

Name of Property

Project No.

Address of Property

Denise Rine

202 Section B

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.