



Beechwood Continuing Care is a not-for-profit senior care community in Western New York.

From luxury independent apartment living to short-term rehabilitation....our communities have something for everyone.



Independent Living Communities

Asbury Pointe Retirement Community

50 Stahl Road, Amherst, NY 14068
716-810-7500

Presbyterian Village at North Church

214 Village Park Drive, Williamsville, NY 14221
716-810-7475

Ken-Ton Presbyterian Village

3735 Delaware Avenue, Kenmore, NY 14217
716-810-7477



Skilled Nursing and Short Term Rehabilitation

Beechwood Homes

2235 Millersport Highway, Amherst, NY 14068
716-810-7000

Wesley Rehabilitation Center

2235 Millersport Highway, Amherst, NY 14068
716-810-7000



Please feel free to reach out to learn more about all we have to offer. We are just a phone call away.

www.beechwoodcare.org



January 2018

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



Ken-Ton Presbyterian Village
3735 Delaware Avenue
Buffalo, NY 14217
(716) 810-7477



Information Sheet

Ken-Ton Presbyterian Village, nestled in a neighborhood of suburban convenience, is designed for the lifestyle of independent adults at least 62 years old. Here you will enjoy life in a safe and friendly community surrounded by people you trust. If you're looking to move out of your home but have a limited monthly income, then consider Ken-Ton Presbyterian Village. Our newly-renovated HUD subsidized mid-rise is unlike any other income-eligible housing in Buffalo. Rent is based on approximately 30% of your monthly income.

Ken-Ton offers the following apartments:

| Apartment Style | Maximum Income ** | Rent *** | Eligibility |
|--------------------------------|--|-----------------|--|
| 1 Bedroom | 1 Person \$49,150 2 Person \$56,150 | 30% of Income | 62 Years of Age and Older and Income not to exceed 80% of the Median Income. |
| 1 Bedroom Mobility Impaired | 1 Person \$49,150 2 Person \$56,150 | 30% of Income | Verified Mobility Impairment and Income not to exceed 80% of the Median Income. Fitted with grab bars, widened doors, raised toilet, sinks that allow the resident to sit or stand for use and access to an elevator. |

The maximum income as effective 4/1/2022 is based on the median incomes as published by the U.S. Department of HUD each year. If the limits listed on this application differ from the current published HUD limits, then the HUD published limits will prevail. Also, it is possible that the HUD published limits may change between the time an application is submitted and when the application is reviewed/approved for move-in. In this case, the income limits used to determine eligibility at the time of move-in will be the currently published HUD income limits.

The maximum rental rates generally do not change more than once per year and may not all change at the same time. It is possible that one or more of these items will change between the time this application is printed, submitted, reviewed, and approved/denied.

Ken-Ton Presbyterian Village
3735 Delaware Ave.
Kenmore, NY 14217
Phone (716) 810-7477 Fax (716) 874-1455

Application for Admission
Smoke Free - Section 8 Senior Housing



For office use only

Date: _____ Time: _____

How did you hear about this building? Specify Person/Organization

Newspaper Case Manager Radio/TV Internet
 Referral Sign Billboard Other

HOUSEHOLD COMPOSITION/CHARACTERISTICS (List everyone who **will** be **living** in the unit.)

| # | Members Full Name <i>(Including Self)</i> | Birth Date | Social Security # | | |
|--|---|----------------------|-------------------|--------------|------------|
| 1. Head of Household | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| Current Address (Head of Household) | | Apt. # | City | State | Zip |
| | | | | | |
| Home Phone | | (____) _____ - _____ | | | |
| Other Phone (Specify) _____ | | (____) _____ - _____ | | | |
| Email Address | | | | | |

Justice System Involvement

| Please answer each of the following questions. [Place a \checkmark in the Yes or No Column] | | Yes | No |
|--|--|-----|----|
| 1 | Criminal Histories will be run on all applicants prior to their initial interview. The applicant does have the option of providing their own criminal history report provided it is not older than 30 days at the date of the initial interview. Would you like to provide your own criminal history report? (The report must be provided by a reputable background company) | | |
| 2 | Have you been convicted of producing methamphetamine in your home? | | |
| 3 | Are you subject to a federal or state lifetime sex offender registration program? | | |
| <i>The Site Manager will deny any applications if the applicant's history includes a conviction relative to questions 2 and 3 above</i> | | | |
| 4 | Has anyone listed on this application been involved, convicted, or incarcerated for any criminal activity? <i>Examples of criminal activity might include but are not limited to illegal drug manufacturing/distributing, assault, harassment, domestic violence, child abuse, murder, rape, child molesting, destruction vandalism, prostitution, or disorderly conduct.</i> | | |
| 5 | <i>If Yes, please specify - Violent Crime <input type="checkbox"/> Sex Related Crime <input type="checkbox"/> Drug Related Crime <input type="checkbox"/></i> What was the date of Conviction? _____ If incarcerated, what was the date of release? _____ NA <input type="checkbox"/> | | |
| 6 | Please list all the states you have lived in, including New York State | | |
| The Site Manager will only consider convictions or pending arrests for offenses that involved physical danger or violence to persons or property or that adversely affected the health, safety, and welfare of other people. <i>Convictions will not be an automatic bar to the Applicant being selected for housing.</i> The Site Manager will undertake an individualized assessment of all Applicants. | | | |
| *Explanations | | | |

Individualized Credit Assessment

| Please answer each of the following questions. [Place a \checkmark in the Yes or No Column] | | Yes | No |
|---|--|-----|----|
| 1 | Is the Head of Household, Co-Head or Spouse 62 years of age or older OR are does the head or co-head have a mobility impairment which makes the household eligible for the features of the unit? | | |
| 2 | Are any members of the household full time students? | | |
| 3 | Are you currently receiving assistance with your rent from a housing assistance program such as Section 8? | | |
| 4 | If yes, does this subsidy cover 100% of your total rent payment? <i>If yes, a credit report will not be accessed in reviewing your application</i> | | |
| 5 | Are you able to produce verification that you have made on time rental payments over the past 12 months? (Rent Receipts, Money Orders, Cleared Checks, etc) <i>If yes, a credit report will not be accessed in reviewing your application</i> | | |
| 6 | If your answers to questions 3 and 4 above are no, you may submit your own credit report if it is not more than 30 days old at the time of your initial interview. Would you like to do so? (The report must be provided by a reputable background company) | | |
| 7 | If your answers to 3, 4 and 5 above are no, a credit report will be obtained on your behalf (at no cost to you). If a credit score of 583 or better is obtained (500 or better if you are currently homeless,) then you will not need to provide any further information regarding your credit or rent payment history. If a score of less then these amounts is received, you will still have an opportunity to offer verification or extenuating circumstances to the criteria above. Would you like the site manager to run your credit report prior to your initial interview? | | |
| 8 | Are you currently homeless? | | |
| 9 | How soon do you wish to move? Why? | | |
| 10 | Will you be able to establish utilities in your unit? | | |
| 11 | Does anyone assist you in the payment of your utilities? If so, Who? | | |
| 12 | Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, or failure to comply with re-certification procedures, or any lease violations? | | |
| 13 | How many bedrooms would you prefer (if available)? Example, a 2-person household might prefer a 2-bedroom apartment but would accept a 1 bedroom apartment if that is all that is available. | | |
| 14 | Will you be parking a car in our lot? | | |
| 15 | Do you have a Pet? <input type="checkbox"/> , Companion animal? <input type="checkbox"/> , or Assistance animal? <input type="checkbox"/> | | |
| *Explanations | | | |

Income Information

| Please answer each of the following questions. [Place a \checkmark in the Yes or No Column] | | YES | NO |
|---|--|-----|----|
| 1 | Is any member of your household employed, full time, part time, or seasonally? | | |
| 2 | Does any member of your household expect to work for any period during the next twelve months? | | |
| 3 | Does any member of your household work for someone who pays them in cash? | | |
| 4 | Does any member of your household receive or expect to receive unemployment benefits? | | |
| 5 | Does any member of your household receive or expect to receive public assistance? | | |
| 6 | Does any member of your family receive or expect to receive Social Security Benefits? | | |
| 7 | Does any member of your family receive or expect to receive Supplemental Security Income (SSI) Benefits or SSP Benefits (paid by New York State)? | | |
| 8 | Does any member of your household receive or expect to receive income from a pension or annuity? | | |
| 9 | Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? | | |
| 10 | Does any member of your household receive income from assets including <u>interest</u> on checking or savings accounts, interest and dividends from Certificates of Deposit, stocks or bonds, or income from the rental of property? | | |
| 11 | Do you have any other sources of income not listed above? | | |
| 12 | Does anyone on this application have any insurance policies (whole life or otherwise) that have any current cash value? | | |

For **each** type of **income** that your household receives, give the source of the income and the amount of income that can be expected from that source during the next twelve (12) months. [Do not list income from assets here]

| Family Member | Source of Income /Type of Income | Monthly Income (gross) | Annual Income (gross) |
|---------------|----------------------------------|------------------------|-----------------------|
| | | | |
| | | | |
| | | | |

ASSETS AND PERSONAL PROPERTY INFORMATION

List **all** checking and savings accounts (including IRAs, Keogh Accounts, and Certificates of Deposit, stocks, bonds, trusts) for all household members. **Include** assests sold, given away, or disposed of during the past **two** years.

| Family Member | Bank Name Account Type | Account # | Current Value | Income from Asset | |
|---|---------------------------|-----------|---------------|-------------------|----|
| | | | | | |
| | | | | | |
| | | | | | |
| Do you own a home or other real estate? | | Address | | Yes | No |
| Value | \$ <input type="text"/> | | | | |

INFORMATION SOLICITED IN THIS SECTION IS REQUESTED BY THE APARTMENT OWNER IN ORDER TO ASSURE THE FEDERAL GOVERNMENT THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICATIONS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, MARITAL STATUS, AGE AND HANDICAP ARE COMPLIED WITH. THIS INFORMATION WILL NOT BE USED TO DISCRIMINATE AGAINST YOU. WE ARE AN EQUAL OPPORTUNITY HOUSING ORGANIZATION. WE WOULD APPRECIATE YOUR VOLUNTARY ANSWER TO THE FOLLOWING QUESTIONS:

- 1. Ethnicity of Head of Household:** Hispanic or Latino Not Hispanic or Latino
- 2. Race of Head of Household:** Native American/Alaska Native White
Black/African American Asian
Native Hawaiian/Pacific Islander

REASONABLE ACCOMMODATIONS

The following question is voluntary and will not affect your eligibility for an apartment. This question is intended to determine if there are any reasonable accommodations that we can offer you to make you more comfortable in your apartment. Where necessary, we may require medical documentation to verify your stated need for an accommodation and how the accommodation will assist you. If you have any special needs that would allow you to be more comfortable in an apartment, please describe below:

Impairments Questionnaire [Optional]

This housing development may have apartment units in which the design features of the units are intended to enhance the quality of life for those with mobility, hearing, or visual impairment. If a particular unit is set aside for applicants with these types of impairments, the applicant would need to specify that he or she would like to be considered for one of these units. In the case that set aside units exist, would you like to be considered for one of these units? Yes No

If yes, please indicate which type you would like to be considered for below

Mobility Impairments Hearing Impairments Visual Impairments

Comments Additional Information

I/We certify that if selected to move into Ken-Ton Presbyterian Village, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for assistance. I/We authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information. If this is a federally, state or locally subsidized project, I/we authorize this information to be released to the appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under law and could result in this application being rejected.

Signature of Head of Household _____

Date _____

Signature of Co-Applicant _____

Date _____

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 or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7) and (8).

1. Ken-Ton Presbyterian Village does not discriminate based on disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.
2. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (25 CFR, part 8 dated June 2, 1988).

Name: Denise Rine
Address 3735 Delaware, Kenmore NY 14217
Telephone-voice (716) 810-7477
Telephone TTY: 711 Telecommunications Relay Service

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable, o si tiene dificultad para entender el Inglés, por favor solicite nuestra ayuda y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales



Attachment 1: Notice and Authorization

I hereby declare and certify that the information provided by me in making this application is true, correct, and complete to the best of my knowledge. I understand and acknowledge that if granted residency, any misstatement or omission of fact on this application will be considered grounds for lease termination. I grant consent for all persons named in connection with this application to be contacted and further acknowledge and authorize my prospective landlord to utilize any investigative suppliers or sources it may deem necessary in determining my suitability for residency, which may include credit report agencies, public report agencies, public record repositories and investigative agencies for the purposes of a criminal records search. I also hereby indemnify Realpage, Inc. or any prospective landlords against all damages, potential or otherwise, stemming from the release of any negative information contained in the requested investigative report.

I have received a copy of this authorization

Date: _____ Signature: _____

Print name: _____

Social Security Number _____ - _____ - _____

Date of Birth ____ / ____ / ____

Other names used: _____
(Maiden, alias, etc.)

Address: _____

City

State

Zip

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) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| 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 based on race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

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

| | |
|-------------------------------|-------------|
| Signature of Applicant | Date |
|-------------------------------|-------------|

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. Form HUD- 92006 (05/09)