

**Return to:**  
**MONARCH SENIOR LIVING**  
**840 Holt Road**  
**Webster, New York 14580**

**NON- SMOKING**

<b>For office use only:</b>	
Apt. Size:	_____
Ant. Lease Date:	_____
RHA:	_____
DSS:	_____

**APPLICATION FOR APARTMENT AT:  
MONARCH SENIOR LIVING**

Date \_\_\_\_\_

\*Applications are placed in order of date and time received. An Applicant may be interviewed only after the receipt of this application.

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State Zip

Please list all states in which any household member has resided:

Name: \_\_\_\_\_ States(s): \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

# of Bedrooms in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify: \_\_\_\_\_)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Do you qualify as disabled under the following definition:  Yes  No (check one)

A person with disabilities for purposes of program eligibility is determined, pursuant to HUD Regulations, to have a physical, mental or emotional impairment that (A) is expected to be of long-continued and indefinite duration (B) substantially impedes his or her ability to live independently, and (C) is of such nature that the ability to live independently could be improved by more suitable housing conditions.

Do you require a reasonable accommodation:  Yes  No (check one)

**I. HOUSEHOLD COMPOSITION**

*Unless assistance is required, this form must be completed by the applicant/tenant.*

*List each person who will reside in the unit along with the relationship to the head of household, date of birth, and social security number.*

*Do not include minors who will be present less than 50% of the time.*

*List FT student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12; college; university; technical; trade; and mechanical schools.*

HOUSEHOLD MEMBER NAME (First MI Last)	RELATIONSHIP	DOB	SSN	STUDENT?
1.	<b>HEAD</b>			[ ] YES [ ] NO
2.				[ ] YES [ ] NO
3.				[ ] YES [ ] NO
4.				[ ] YES [ ] NO

Are any household changes expected in the next 12 months:  Yes  No (check one)

If YES, please explain: \_\_\_\_\_

Are any student changes expected in the next 12 months:  Yes  No (check one)

If YES, please explain: \_\_\_\_\_

## II. STUDENT STATUS

Is every member of the household a FT student as defined above? <i>If NO continue to Section III</i> <i>If YES please complete the following questions:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does a student receive assistance under Title IV of the Social Security Act (i.e. TANF or AFDC but not SS or SSI)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was a student previously a foster child?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student married and eligible to file a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is a student a single parent who is not claimed as a dependent by another individual?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the minors in the household claimed as a dependent by a parent?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### **INCOME INSTRUCTIONS:**

*List gross amounts anticipated to be received in the 12 month period following move in or recertification. For minors, include unearned income such as benefits, SSA, SSI, gifts, child support, income from assets. For adults, include both earned income from jobs and unearned income. Answer each YES-NO question. For each YES include the gross amount and frequency. Do NOT leave any unanswered questions.*

## III. HOUSEHOLD INCOME

*Use an extra copy of pages 2 and 3 as needed if more than 2 adult members are included in the household. All adults must sign the form.*

Type of Income	Head of Household			Co-Head and/or Other Member		
	Check One	Amount	Frequency	Check One	Amount	Frequency
1. Salary or pay from job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or shift pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Do you have a 2 <sup>nd</sup> job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Seasonal/sporadic work	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Self-employment income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Non cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Is child support awarded but not paid?			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Is spousal support awarded but not paid?			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. SSP	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. TANF, AFDC, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Worker's compensation	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Pension income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Retirement acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Investment acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	

### III. HOUSEHOLD INCOME (Continued)

29. Disability/death benefits	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
30. Real estate rent income	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
31. Student financial aid	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
32. Military pay	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
33. Veterans/VA income	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
34. Other income:	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	
35. Other income:	[ ] YES [ ] NO	\$		[ ] YES [ ] NO	\$	

36. Are any income changes expected in the next 12 months? [ ] YES [ ] NO

*If YES please describe:*

*For each source of income checked YES above, please complete the following:*

Income #	HH Member	Name of Source	Address/Phone/Email

### IV. HOUSEHOLD ASSETS

*List assets for all household members including minors*

*Cash value is market value minus any costs/penalties/fees required to convert to cash*

*Do not list assets that are not accessible to the family*

Type of Asset	Head of Household		Co-Head and/or Other Member	
	Check One	Apprx Cash Value	Check One	Apprx Cash Value
1. Checking account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
2. 2 <sup>nd</sup> checking account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
3. Savings account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
4. 2 <sup>nd</sup> savings account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
5. Debit /direct deposit card	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
6. 2 <sup>nd</sup> debit card	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
7. Cash on hand	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
8. Certificate of Deposit	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
9. Other bank account	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
10. Mutual Fund	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
11. Stocks	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
12. Portfolio/brokerage	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
13. IRA/401K/etc.	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
14. 2 <sup>nd</sup> IRA/401K/etc.	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
15. Treasury bills/bonds	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
16. Company retirement acct	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
17. Annuity	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
18. Pension	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
19. Revocable trust	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
20. Life insurance (not term)	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
21. Real estate equity	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
22. Personal property held as investment	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
23. Other asset	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$
24. Other asset	[ ] YES [ ] NO	\$	[ ] YES [ ] NO	\$

25. Has anyone received any lump sum amounts in the past 2 years (i.e. lottery/gambling/inheritance)? [ ] YES [ ] NO

26. Has anyone disposed of any assets for less than fair market value in the past 2 years? [ ] YES [ ] NO

*If yes, please list details such as the type of asset; the disposal date; the fair market value, and the amount received:*

For each asset checked YES above, please complete the following:

Asset #	HH Member	Name of Source	Address/Phone/Email

**V. MEDICAL EXPENSES**

List any reoccurring and unreimbursed medical, dental, mental health, disability and child care expenses for the next 12 months:


**VI. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance? Yes No

Have you or any member of your family ever been convicted of a felony or classified as a sex predator? Yes No  
If yes, please describe:

Have you or any member of your family ever been evicted from any housing? Yes No  
If yes, please describe:

Have you or any member of your family ever resided at a Rochester Management Community? Yes No  
If yes, when and where:

Have you ever filed for bankruptcy? Yes No  
If yes, please describe:

Will you take an apartment when one is available? Yes No

Briefly describe your reason for applying:

**VII. VEHICLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle

Make/Model of Vehicle:	License Plate #:
Year:	Color:

Make/Model of Vehicle:	License Plate #:
Year:	Color:

Do you have any pets? Yes No  
If yes, please describe:

**VIII. REFERENCE INFORMATION**

Current Landlord	Name:
	Address:
	Home Phone:
	Business Phone:
	How long?

**VIII. REFERENCE INFORMATION (continued)**

Previous Landlord	Name:
	Address:
	Home Phone:
	Business Phone:
	How long?
Credit Reference	Company Name:
	Account #:
	Phone #:
Personal Reference	Name:
	Address:
	Phone #: Relationship:
Emergency Contact	Name:
	Address:
	Phone #: Relationship:

**VETERANS ADMISSION PREFERENCE:**  If head-or-co-head of household is an honorably discharged veteran of the US Armed Services, or such veteran's surviving spouse, who served on active duty in time of war and resides in New York State, check box and attach DD-214 to qualify for admission preference.

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

This development is operated under the supervision of the New York State Homes and Community Renewal. All questions must be answered in order to process the application.

The above information is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying the facts herein stated.

I (we) understand that a credit inquiry and a Criminal Background check may be made in the course of processing this application.

**All adult applicants, 18 or older, must sign application.**

**\*\*Monarch Senior Living is a non-smoking building**

SIGNATURE(S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

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 \$5000. 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).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6) (7) and (8).\*\*



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