

# Oatka Village Apartments

111 Linwood Ave. • Warsaw, NY 14569  
PH 585-786-3075 • Fax: 585-786-8686 • TTY 1-800-662-1220  
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**Oatka Village Apartments is an apartment complex designed for persons aged 62 and older or persons with a disability aged 18 years and older.** The apartments were constructed with financing and subsidies provided by USDA Rural Development and NYS HCR.

**Language services are available to those with Limited English Proficiency at no cost.**

## **Income Limits**

Annual income (gross income including interest income from assets) must be below the following amount to qualify for Oatka Village Apartments:

- One person household: \$33,180 per year
- Two person household: \$37,920 per year

## **Citizenship**

To be eligible, applicants must be U.S citizens, U.S. noncitizen nationals, or qualified aliens. Aliens must provide proof of eligible immigration status.

## **Rent**

Your share of the cost of rent is based on your income. It is calculated on a case-by-case basis based on 30% of your adjusted gross income.

## **Maximum Rents (Basic Rents)**

- One Bedroom Apartments at \$575 - security deposit of the same amount

## **Application Process**

Please complete the application form completely and return it to the above address.

**Fill in all items. Do not leave any questions blank.** There is no application fee. Landlord references, credit checks and criminal checks will be completed. After your application has been processed, you will be notified by mail. If your application meets the eligibility requirements for this property, it will be placed on the waiting list. When a vacancy is expected, you will be contacted with information on further steps.

## **Please contact**

(585) 786-3075 Lisa Hurlburt, Site Manager

## **Office Hours:**

Tuesday: 8:30 AM - 4:30 PM  
Thursday: 8:30 AM- 1:00 PM



# *Oatka Village Apartments*

## **Property Features**

24 Total Apartment Units: 1 bedroom - 24 @ 575 square feet

### **Utilities**

Electric Heat: Individually metered for each apartment. Paid by resident

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Water, Sewer, Trash: Paid by landlord.

**Parking:** Free off-street parking.

**Community Room:** Social room with kitchen for use by residents and their guests.

**On-Site Laundry:** Washers and dryers are coin-operated.

**Apartment Unit Features:** All apartments contain a living room, a full kitchen, pantry, bathroom, two closets and one bedroom. Electric range and refrigerator provided. Storage space is available to residents.

## **Safety**

**Fire Alarm System** safeguards the entire building.

**Entrance:** The main entry door is locked at all times. Visitors call residents by way of an intercom system located in the entry. Residents can then open the main door from their apartment.

**Neighbor Call System:** Emergency pull cords are located in the bedrooms and bathrooms of all apartments which sound a bell in the halls and lights a dome light outside the apartment door.

**Detectors:** Each apartment has a Smoke Detector and Heat Detector.

**Sprinklers:** This apartment complex is not equipped with a sprinkler system.

## **Accessibility**

**Handicapped Apartments:** One apartment is handicapped-accessible with roll-in shower.

**Grab Bars:** All apartments have grab bars next to the toilets and in the tub or shower.

If you need a reasonable accommodation for a disability, please let us know.



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Please return to: **111 Linwood Ave.**  
**Warsaw, NY 14569**  
**Phone (585) 786-3075**  
**Fax (585) 786-8686**  
**TTY 1-800-662-1220**

## RENTAL APPLICATION

If you need assistance completing this form, please contact the Site Manager. Any individual with a disability who needs accommodation with respect to this correspondence should inform the Site Manager.

**Language services are available to those with Limited English Proficiency at no cost.**

OFFICE USE ONLY:

Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_  
Initials \_\_\_\_\_  
Disposition \_\_\_\_\_

**Fill in all items. Do not leave any items blank. If it does not apply, enter "NA". Please Print.**

It will be your responsibility to provide management with all the necessary information to properly process your application and verify your eligibility. This includes names, addresses, phone and fax numbers, where applicable and any other information required. If questions are not answered, the application may be deemed to be incomplete and could be returned to you. Please answer truthfully. We will verify your information.

**APPLICANT INFORMATION:**

<b>CURRENT Address:</b> If using a P.O. Box number, please include your street address			<b>Phone Numbers:</b>	
_____			Home: _____	
First Name	Middle Initial	Last Name	Cell: _____	
Street _____			Work: _____	
City	State	Zip	Message: _____	
How long have you lived there?: from _____ to _____			<input type="checkbox"/> Rent or <input type="checkbox"/> Own your home Monthly rent or mortgage payment: \$ _____	

**CO-APPLICANT INFORMATION:**

<b>CURRENT Address:</b> If using a PO Box number, please include your street address			<b>Phone Numbers:</b>	
_____			Home: _____	
First Name	Middle Initial	Last Name	Cell: _____	
Street _____			Work: _____	
City	State	Zip	Message: _____	
How long have you lived there?: from _____ to _____			<input type="checkbox"/> Rent or <input type="checkbox"/> Own your home Monthly rent or mortgage payment: \$ _____	

Name of person to notify in case of emergency:	Phone#:
_____	_____

**HOUSEHOLD MEMBERS**List **ALL** persons who will be living in the apartment.

You must use the correct legal name for each household member as it appears on the social security card.

Name	Social Security #	Birthdate	Age
(Applicant)			
(Co-Applciant)			

**INCOME** List **ALL** sources of income (gross income before deductions):

Source of Income per month:	Applicant	Co-Applciant
Employment /month (include tips and bonuses)	\$	\$
Public Assistance (DSS/TANF) <i>do not include food stamps</i>	\$	\$
Unemployment	\$	\$
Social Security <i>before Medicare deduction</i>	\$	\$
Supplemental Security Income (SSI)	\$	\$
NY State Supplement Program (SSP)	\$	\$
Disability	\$	\$
Worker's Compensation	\$	\$
Alimony or Child Support	\$	\$
Insurance Policies	\$	\$
IRA, Pensions or Annuity income	\$	\$
Veterans Administration Pension	\$	\$
Self-Employment or Business income	\$	\$
Income from Rent or Sale of Property	\$	\$
Regular contributions from outside the household	\$	\$
All Other Income	\$	\$
<b>TOTAL HOUSEHOLD INCOME before deductions</b>	\$	\$

Applicant Name	Current Applicant Employer	Employer Address
Position Held	How Long Employed:	

Co-Applciant Name	Current Co-Applciant Employer	Employer Address
Position Held	How Long Employed:	

**ASSETS** List ALL assets:

**CURRENT ASSETS** (list all assets currently held by all household members and the cash value). Cash value is the market value less any reasonable costs that would be incurred in converting the assets to cash (i.e. broker and legal fees).

Current Assets	Cash Value	Bank(s), Credit Union(s) or Company
Checking Accounts	\$	
Savings Accounts	\$	
Annuity, Mutual Funds	\$	
Certificates of Deposit (CD's)	\$	
IRA, Keogh, 401K accounts	\$	
Money Market Funds	\$	
Mutual Funds	\$	
Stocks, Bonds	\$	
Trusts	\$	
Business	\$	
House (minus mortgage owed)	\$	
Personal Property held as an investment	\$	
Life Insurance (Whole or Universal only)	\$	
Real Property (rental property or other capital investment)	\$	
Savings Bonds or Treasury Bills	\$	
Cash	\$	
Investment value of items in safety deposit box	\$	
Any Other Asset	\$	
<b>Total Assets:</b>	\$	

Do you have a BURIAL ACCOUNT?  Yes  No Through which funeral home? \_\_\_\_\_

**ASSETS DISPOSED**

Have you given away, sold or transferred ownership of any assets for less than fair market value (for less than the cash value) in the last two years?  Yes  No

Assets Disposed	Cash Value	Date Disposed
	\$	
	\$	
	\$	

## ADDITIONAL INFORMATION

When do you want to move?		
Why do you want to move?		
How did you hear about this housing? <input type="checkbox"/> Pennysaver or Shopper <input type="checkbox"/> Internet <input type="checkbox"/> Word of Mouth <input type="checkbox"/> A Resident of the Apartment Complex <input type="checkbox"/> Drive-by <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Friend or family member <input type="checkbox"/> Other _____		
		Circle Yes or No
Are you currently living in subsidized housing?	Yes	No
Will this apartment be your only residence?	Yes	No
Do you expect a change in household size? <i>If yes, when? Explain:</i>	Yes	No
Do you have a pet? <i>If yes, what kind? This property allows a cat or a dog which weigh under 30 pounds.</i>	Yes	No
Do you or anyone in your household qualify for the USDA-RD \$400 deduction for disability status? <i>Answer "yes" if you are 62 or older or disabled 18 years or older.</i>	Yes	No
Will anyone in your household require a fully accessible handicapped apartment with a roll-in shower?	Yes	No
Will <b>ALL</b> the household members be or have been full-time students during five months of this calendar year or upcoming year at an educational institution?	Yes	No
Are there any foster children or foster adults who are part of the household?	Yes	No
Has anyone in your household ever been evicted from any housing? <i>From where and when?</i>	Yes	No
Is any household member currently an abuser of or addicted to alcohol or any illegal substance?	Yes	No
Has any member of your household ever been convicted of the manufacture or distribution of a controlled substance?	Yes	No
Has anyone in your household been charged or convicted of a crime? <i>List offense and year:</i>	Yes	No
Has anyone in your household been registered as a sex offender program in any state? <i>If yes, where?</i>	Yes	No

## Landlord Reference Release Form

**APPLICANT:** LANDLORD references must be provided to be considered for an application.  
List **name** and **address** of your current landlord and **PREVIOUS** landlord. **(DO NOT LIST RELATIVES)**

Current Address of Applicant:		
_____		
Street		
_____		
City	State	Zip

Current Landlord: (Do not list relatives)	Phone Numbers: (required)	
_____		
Landlord Name		
_____		
Street		
_____		
City	State	Zip

Previous Address: Required.		
_____		
Street		
_____		
City	State	Zip
Length of Residency: from _____ to _____		
Monthly Rent Amount: \$ _____		

Previous Landlord: Required. (Do not list relatives)	Phone Numbers: (required)	
_____		
Landlord Name		
_____		
Street		
_____		
City	State	Zip

Consent: I/we consent to allow the management to request and obtain information from my landlords for the purpose of verifying my eligibility for housing. I hereby authorize & instruct any entity or person contacted by the Management to release such information to them.	
<b>Applicant Signature</b> _____	<b>Date</b> _____
<b>Co-Applicant Signature</b> _____	<b>Date</b> _____

## Landlord Reference Release Form

**CO-APPLICANT:** If the Co-Applicant has been residing at a different address than the applicant, Landlord references must be provided to be considered for an application.

List **name** and **address** of your current landlord and **PREVIOUS** landlord. **(DO NOT LIST RELATIVES)**

Current Address of Co-Applicant:		
_____ Street		
_____ City State Zip		

Current Landlord: (Do not list relatives)	Phone Numbers: (required)
_____ Landlord Name	
_____ Street	
_____ City State Zip	

Previous Address: Required.	
_____ Street	
_____ City State Zip	
Length of Residency: from _____ to _____	Monthly Rent Amount: \$ _____

Previous Landlord: Required. (Do not list relatives)	Phone Numbers: (required)
_____ Landlord Name	
_____ Street	
_____ City State Zip	

Consent: I/we consent to allow the management to request and obtain information from my landlords for the purpose of verifying my eligibility for housing. I hereby authorize & instruct any entity or person contacted by the Management to release such information to them.	
<b>Applicant Signature</b> _____	<b>Date</b> _____
<b>Co-Applicant Signature</b> _____	<b>Date</b> _____





The following information is requested by the Federal Government in order to monitoring compliance with fair housing laws. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

<b>Applicant</b>	<b>Co-Applicant</b>
<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<u>Race</u> (Mark one or more) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<u>Race</u> (Mark one or more) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;(2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

## **SENIOR CITIZEN LEASE TERMINATIONS**

### **NYS Real Property Law 227-a:**

Tenants and their spouses who are sixty-two years or older, or who will attain such age during the term of their lease are entitled to terminate their lease if they relocate to an adult care facility, a residential health care facility, a less expensive subsidized low-income housing or other senior/disabled/handicap housing.

When such tenants give notice of their opportunity to move into one of the above facilities, the landlord must release the tenant from liability to pay rent for the balance of the lease and adjust any payments made in advance.

A senior person(s) who wishes to avail themselves of this option must do so by written notice to the landlord. The termination date must be effective no earlier than thirty days after the date on which the next rental payment (after the notice is delivered) is due. The notice is deemed delivered five days after mailing. The written notice must include documentation of admission or pending admission to one of the above mentioned facilities. For example, if a senior person notifies the landlord on April 5<sup>th</sup> of his or her intention to terminate the lease; the notice is deemed delivered on April 10<sup>th</sup>. Since the next rental payment (After April 10<sup>th</sup>) is due May 1<sup>st</sup>, the earliest lease termination date will be effective June 1<sup>st</sup>.

Anyone who interferes with the tenant's or his or her spouse's removal of personal effects, clothing, furniture or other personal property from the premises will be guilty of a misdemeanor.

As a courtesy to our residents, the management will extend the intent of the above referenced law to include people who are disabled and need to move to an adult care facility or nursing home.