

Havenwood Congregate Apartments

240 Richmond Ave. • Batavia, NY 14020
PH 585-344-1260 • Fax: 585-344-1892 • TTY 1-800-662-1220
mfrounick@gvrpc.com

Havenwood Congregate 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 Havenwood Congregate Apartments:

- One person household: \$33,550 per year
- Two person household: \$38,350 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 \$765 - 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) 344-1260 Martha Frounick, Site Manager

<u>Office Hours:</u>	Monday	9:00 AM – 4:30 PM
	Tuesday	9:00 AM - 5:00 PM
	Wednesday	9:00 AM- 5:00 PM
	Friday	9:00 AM - 5:00 PM



Havenwood Congregate Apartments

Smoke-Free

Havenwood Congregate Apartments is a Smoke-Free apartment complex. No smoking is allowed in any area of the **building or on the grounds**; *including inside apartments and all of VA property.*

Congregate Services

On-site activities and service coordination – see page 10 for more information.

Property Features

32 Total Apartment Units: 1 bedroom - 32 @ 660 square feet

Utilities

Heat: Gas hot water heating. Paid by landlord.

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

Water, Sewer, Trash: Paid by landlord.

Hair Salon: Local professional hair stylist

Central Dining room: For congregating meals

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, refrigerator, and built-in air conditioner provided. Storage space is available to residents.

Safety

Fire Alarm System and sprinkler system safeguard 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, Heat Detector and Carbon Monoxide Detector.

Accessibility

All interior and exterior areas of the building are accessible by wheelchair. A handicapped-accessible elevator serves both floors.

Handicapped Apartments: Four apartments are handicapped-accessible with roll-in showers. Most other units have modified accessibility features with step-in showers and grab bars.

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



Havenwood Congregate Apartments

Please return to: **240 Richmond Ave.
Batavia, NY 14020
Phone (585) 344-1260
Fax (585) 344-1892
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:

CURRENT Address: If using a P.O. Box number, please include your street address			Phone Numbers:	
_____			Home: _____	
First Name	Middle Initial	Last Name	Cell: _____	
Street _____			Work: _____	
City	State	Zip	Email: _____	
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:

CURRENT Address: If using a PO Box number, please include your street address			Phone Numbers:	
_____			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 MEMBERSList **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-Applicant)			

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

Source of Income per month:	Applicant	Co-Applicant
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	\$	\$
TOTAL HOUSEHOLD INCOME before deductions	\$	\$

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

Co-Applicant Name	Current Co-Applicant 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	\$	
Direct Express Debit Card	\$	
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	\$	
Total Assets:		

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
	\$	
	\$	
	\$	

When do you want to move?
Why do you want to move?

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.

Applicant Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____

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.

Applicant Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____

CERTIFICATION

I/We certify that all information in this application is true to the best of my/our knowledge and that 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.

I/We understand that we must pay a security deposit for this apartment (and pet deposit, if applicable) and sign a one year lease prior to occupancy.

PERMISSION FOR BACKGROUND CHECK I/We hereby give permission to management to review and evaluate my application, to verify my income with any employer and any other sources of information given for the purposes of proving eligibility for occupancy and certification of housing assistance.

Please check one:

- I/We hereby authorize the management to obtain information about me and my household members, including, but not limited to, this application, my credit, my tenant history, my credit history, any court records and/or my criminal record. I/We release all parties from all liability for any damage that may result from their furnishing information.
- I/We hereby DO NOT authorize the management to obtain information about me and my household members, including, but not limited to, this application, my credit, my tenant history, my credit history, any court records and/or my criminal record.

I/We understand that my occupancy is contingent on meeting management's resident selection criteria and government requirements. If accepted I/We certify that this apartment will be our sole residence.

CRIMINAL CONVICTIONS: This housing provider only considers convictions or pending arrests for offenses that involve physical danger or violence to person or property. Individualized assessments will be conducted for those having criminal histories, except in the case of a lifetime registration the state sex offender registry or conviction of producing methamphetamine. In the case of a rejection due to criminal history, applicants have the right to review, contest, and explain the information contained in their background check and the right to present evidence of rehabilitation.

VAWA PROTECTIONS FOR VICTIMS OF DOMESTIC VIOLENCE: This property provides special provisions for applicants or tenants who qualify for protections under the Violence Against Women and Justice Department Reauthorization Act, which protects qualified tenants and affiliated individuals who are survivors of domestic violence, dating violence, sexual assault, rape, or stalking from being denied housing, evicted or terminated from housing assistance based on acts of such violence against them. If you have been a victim of domestic violence, you or a family member on your behalf must complete and submit a certification form, or alternate documentation to afford these protections.

Signature upon this application is not binding by either party to a rental agreement, nor does it guarantee an apartment. All household members 18 year of age or older must sign.

Applicant Signature Date

Co-Applicant Signature Date

Name, address and phone number of person assisting with this application:

_____ Phone _____

Signature of person assisting with application Date

Please complete the INFORMATION FOR GOVERNMENT MONITORING PURPOSES on the next page.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES:

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.

Applicant	Co-Applicant
<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 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. 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 5th of his or her intention to terminate the lease; the notice is deemed delivered on April 10th. Since the next rental payment (After April 10th) is due May 1st, the earliest lease termination date will be effective June 1st.

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.

Havenwood Congregate Apartments

240 Richmond Avenue
Batavia, New York 14020

Erin Saile, Services Coordinator

Phone: 585-344-1330

An Overview of Congregate/Supported Housing

Congregate Housing is defined as Supportive housing that will create an environment that will assist individuals who need/request services to maintain their independence longer and age in place by making available nutritious meals and other services that can enhance their independence.

Congregate Housing is **not** assisted living, but rather independent housing with modest on-site congregate activities and individualized services coordination as defined by USDA Rural Development; Sec. 515 Program.

Selection and Priority Placement

Applicants selected for residency are given priority for occupancy based on need and willingness to receive and pay for the services coordination provided.

This priority placement is in conjunction with meeting all other income and eligibility requirements.

Services Coordination in a Congregate Setting

The Services Coordinator at Havenwood assists the resident and family members in obtaining the services that are needed to continue living as independently as possible. The Service Coordinator assists with applying for any benefits you may be entitled to. The Services Coordinator plans and implements activities on a regular basis, such as games, monthly birthday parties, musical entertainment, exercise and wellness programs.

Congregate/Supported Housing Services Fees

- The Havenwood services fee is a monthly, flat rate fee that is paid whether or not a resident utilizes services/activities or is in occupancy in any given month.

The Congregate Services fee and Nutrition Site contributions are separate fees from the rent, due and payable monthly.

Things you should know about Congregate Housing at Havenwood:

- An initial Comprehensive Assessment is conducted by the Services Coordinator and is periodically updated for the resident's benefit.
- Residents will have a customized package of services and activities for maximum independence.
- Meals are offered in the Dining Room Monday through Friday as a Nutrition Site operated by the Genesee County Senior Nutrition Program.
- Some features at Havenwood include:
 - Social and Recreational Activities, Hair Salon, Library with large print books being supplied through the Sage Program at Richmond Memorial Library, Services Coordinator which assists you in obtaining/hiring the assistance you need to remain living an independent lifestyle.

**Havenwood Congregate Apartments
Congregate/Supported Housing Agreement**

Congregate/Supported Housing Services Fee	\$125.00 per month for 1 person occupancy
	\$160.00 per month for 2 person occupancy

Meal Program: Hot noon meals in the Dining Room are provided by the Genesee County Office for the Aging Nutrition Program, in partnership with Havenwood. Meals will be provided five days a week. Payment for meals is made in accordance with guidelines by Genesee County Office for the Aging, NYS Office for the Aging and the U.S. Administration on Aging and your contribution. You will not be denied a meal because of your inability or unwillingness to contribute.

Nutrition Site Lunch Plan	Suggested Contribution of \$3.50 per meal
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Acknowledgement:

I understand the Congregate Services Program purposes and guidelines and understand that priority selection for an apartment at Havenwood is based upon my need for services and my agreement to pay the Services Fee.

I understand that it is my responsibility to pay the individual(s) providing personal care, housekeeping, transportation, laundry service and any other service I choose that is provided to me at Havenwood Congregate Apartments.

I understand the Services Coordinator will assist me in securing these services. I understand the Services Coordinator will conduct initial and periodic assessments to help determine my services needs and develop my Individual Tenant Services Plan.

Signature, Applicant

Date

Signature, Co-Applicant

Date