



Wildbriar Estates
17 Wildbriar Drive
Livonia, New York 14487
Phone: 585-346-0011 Fax: 585-346-0012
klautner@gvrpc.com



Rental Application

Wildbriar Estates is uniquely designed to meet the housing needs of the elderly 55 years of age and older focusing on those with special needs; targeting the frail elderly, hearing/visually impaired and physically handicapped households. Wildbriar has 44 one bedroom units and 4 two bedroom units, Sixteen (16) units are single story townhomes. There are 8 Project Based Voucher Apartments located in the main building. There is an onsite Senior Services Center as part of a larger 32-unit building. GVRPC partners with various Livingston County agencies, Lifespan of Greater Rochester, and with our GVRPC-affiliated Supported Living Team through Shelter Resources, LLC, to help ensure Residents maintain an independent, healthy lifestyle as long as possible.

Many amenities make this a safe, comfortable and inviting community with a dining area, fitness center, beauty salon, library/computer with high speed internet access, lounge, laundry and common activity spaces. All buildings are handicapped accessible, including exterior walkways, patios and porches.

Apartment Unit Features: All apartments contain a living room, a full kitchen with generous cupboard space and pass through to the living room, large pantry, bathroom with large walk in shower and linen closet, coat closet and double closet in bedroom. Appliances include: Electric range and refrigerator. All units have central heating/air. Each unit has an Individual storage space available to Residents.

Utilities

Heat: Heat is included in rent

Electric: Individually metered for each apartment, and paid by resident

Water, Sewer, Trash Included in rent

Safety

Fire Alarm System and sprinkler system safeguard the entire building including apartments.

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.

Emergency Pull Cords: Emergency pull cords are located in the bedrooms and bathrooms of all apartments and when activated will contact an independent alarm company which will contact Wildbriar staff.

Detectors: Each apartment is equipped with Smoke Detector, Heat Detector and Carbon Monoxide Detector.

To eligible for an apartment, Household Gross Maximum Incomes must be under the amounts below: (*AMI is Area Median Income).

| | |
|----------------------|--------|
| One person household | 40,740 |
| Two people household | 46,560 |

Income, other eligibility and occupancy requirements may apply. Limited number of rental subsidies is available.

Rents range from \$740 - \$880 depending on unit.

Coordinated Supported Living Amenity and Supported Housing Packages range from \$100-\$185 monthly, please refer to the Supported Services as this is part of your application for Residency.

Complete the application and Supported Housing Agreement in full and be sure to sign where indicated on each page to avoid your application being returned to you.

We do not apply an application fee; however, landlord references, credit checks and criminal checks will be competed. Once 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 unless there is availability. When a vacancy is expected, you will be contacted with information on further steps.

***Please detach this page and keep this portion for your reference when you are returning you application**



Supported Housing Agreement



Supported Housing is intended to help people who need some regular and or periodic services to enhance an independent lifestyle. Supported Housing is not Assisted Living. An initial Comprehensive Assessment is conducted by the Services Coordinator and is periodically updated for the resident's benefit.

Resident Selection and Placement: Wildbriar Estates is designed to give preference to individuals with special needs with priority given to those who have served in the armed forces for more than 6 months. It is designed for elderly and physically handicapped, visually and hearing impaired Residents, and others eligible, that need and are willing to receive and pay the Supported Housing Fee.

Coordination of Services in a Congregate Housing Setting: GVRPC and other established Service Providers and Partner Agencies will help ensure Residents maintain an independent, healthy lifestyle as long as possible. Service Coordination helps a Resident in obtaining supportive services, including meals, housekeeping, personal care, transportation, social/recreational programming, enrollment in a Managed Long Term Care Program and a modest level of what is sometimes called "Case Management", on a case-by-case basis, to prevent premature or unnecessary placement outside the home. Service coordination also gives family members peace of mind that their loved one is being professionally assisted, so they can focus their time on just being with the Resident.

Available Packages & Fees

Please select which program best fits your needs. Changes **can not** be made during the lease term. Services Plan fee payments are separate from any monthly Rental payments and must be paid accordingly. These are due by the 10th of the month. We do not accept cash. Any request for extended payments/late payments, etc. must be approved by the Finance Manager, GVRPC, Inc.

Amenities Package

- Spectrum Select TV Package including box and connection wires/cables and Guide
- Planned Events/Use of Community Areas
- Fitness Center
- Business Center Services/fax/copies
- Library with internet service

Cost of this package per month:

\$100 – 1 person
\$120 – 2 people

Supported Housing Package

- Amenities Package
- PLUS**
- Service Coordination & Case Management
***See detailed list of services attached**
 - Individual Trash Pick-up at Apt door: at designated times

Cost of this package per month:

\$185 – 1 person
\$200 – 2 people

After checking the box of the plan you wish to enroll in, sign below.

Signature of Applicant

Date

Signature of Co-applicant

Date

Supported Housing Meals:

Hot noon meals in the Dining Room are provided by the Livingston County Department of Aging and Long Term Care Nutrition Program, in partnership with Wildbriar Estates. These meals will be provided four days a week. Payment for these meals is separate and made in accordance with guidelines by Livingston County Department of Aging, New York State Office for the Aging, US Administration on Aging, and participant contributions. A fifth-day lunch option may be offered with the cost of the meal being added to your monthly Package Fee, depending on participation. Meals are optional.

| | |
|----------------------------------|--|
| Nutrition Site Lunch Plan | O.F.A. Suggested Contribution of \$3.00 per meal |
|----------------------------------|--|

Acknowledgement:

I understand the Supported Services and Amenities Program purposes and guidelines and understand the preference/priority Special Needs targeting selection for an apartment or townhouse unit at Wildbriar Estates is based upon my need for services and my agreement to pay the applicable Supported Housing Package Fee.

I understand the Services Coordinator will conduct initial and periodic evaluations of my needs and directly assist me/my household and any family member who is a Wildbriar resident that I wish to include in securing and maintaining appropriate 3rd party services or assistance.

I understand that it is my responsibility to pay outside 3rd party individual/s or organizations that may provide me personal care; housekeeping, special transportation, personal laundry service and any other service I choose that may be recommended and/or arranged by the Services Coordinator at Wildbriar Estates on my behalf. I understand that the Service Coordinator will assist in arranging and monitoring these, if applicable.

I understand that failure to pay the monthly Supported/Amenities package may result in the termination of my Spectrum service which is included in the Amenities Package.

I understand that I **can not** make changes to my Supported Services Fee/Agreement during the term of my lease.

Signature of Applicant Date

Signature of Co-applicant Date



Wildbriar Estates Service Coordination and Case Management Program

- Understanding and straightening out or assistance with payment of bills (if requested by resident)
- Calling outside providers for you if there are billing errors on your monthly bills
- Explaining outside programs and entitlements that you may be eligible for
- Signing you up for benefits with governmental agencies i.e.: Medicaid, SNAP, others
- Recertifying you for benefits as needed
- Assisting you with Medical Insurance issues, claims, or disputes
- Applying for discounts on utility services and other necessities as needed
- Advocating for you if you have problems paying bills or working with medical companies or hospitals on payment plan options
- Arranging for home health aides or needed skilled nursing services
- Assisting you in finding and arranging for homemaker assistance (to help you clean, cook, do laundry, shopping, etc.)
- Arranging for transportation service so that you can get to doctor visits or other needs
- If you are admitted to the hospital or rehab follow up will be done with you, your family and hospital discharge staff to make sure your transition home is a smooth and suitable one
- Arranging for home medical equipment delivery and set up (or call-backs for repair/replacement)
- Emergency pick up of medications from pharmacy if local
- Assisting you in completing Advanced Directive Forms that doctors and lawyers recommend that you have. i.e.: Living Will, Health Care Proxy, other (with you and your family, if desired)
- Provide you with a Monthly Newsletter of news, important topics and scheduled events at Wildbriar

Service Coordinators may **NOT**:

- Provide direct services, which means we cannot do any duties that a home health aide or homemaker aide could do for you
- Provide personal transportation
- Dispense medication or medical treatment

Service Coordination and Case Management are based on each individual Resident.

By signing below you understand the Supported Housing Program, and agree to participate. You also understand this agreement is for the term of your lease, and will be renewed annually.

Signature of Applicant

Date

Signature of Co-applicant

Date

Signature of Applicant

Date

Signature of Co-applicant

Date



Please return to: **17 Wildbriar Drive
Livonia, NY 14487
Phone (585) 346-0011
Fax (585) 346-0012
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 _____

| | | | | | | |
|--|---|--|---|---|---|--|
| Preference: <i>Check Box if it applies</i> | <input type="checkbox"/> Audio/Visual Accessible | <input type="checkbox"/> United States Military Veteran | <input type="checkbox"/> Homeless | <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Project Based Voucher | <input type="checkbox"/> Currently Have Sec 8 |
| Number of Bedrooms: | <input type="checkbox"/> 1 Bedroom Apartment | <input type="checkbox"/> 1 Bedroom Townhouse | <input type="checkbox"/> 2 Bedroom Apartment | <input type="checkbox"/> 2 Bedroom Townhouse | | |

Fill in all areas completely to avoid the return of your application for being incomplete. 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, as all information is verified while processing your application...

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 _____ | |

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 | Email: _____ |

| | |
|--|---------|
| 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 Monthly Income (not premiums) | \$ | \$ |
| 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 |
|----------------|----------------------------|------------------|
| | | |
| Phone Number | | Dates Employed: |

| Co-Applciant Name | Current Co-Applciant Employer | Employer Address |
|-------------------|-------------------------------|------------------|
| | | |
| Phone Number | | Dates 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 | \$ | |
| 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? |

ADDITIONAL INFORMATION

| | | |
|--|------------------|----|
| How did you hear about Wildbriar Estates <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 | |
| Do you understand that Wildbriar Estates Congregate Apartments is a SMOKE-FREE apartment building and you are willing to adhere to this policy which is an Addendum to the Lease that there is no smoking in or around the complex including inside the apartments? | Yes | No |
| Do You understand that Wildbriar Estates is a Supported Congregate Housing Complex, and there is a separate monthly fee you will be responsible for paying? | Yes | No |
| Are you a Military Veteran? If yes, Branch _____ Dates of Service _____ | Yes | No |
| Are you a spouse of a Military Veteran? | Yes | No |
| Will this apartment be your only residence? | Yes | No |
| Do you expect a change in household size? If yes, when? Explain: | Yes | No |
| Do you have a pet? If yes, what kind? This property allows a cat or a dog which weigh less than 30 pounds. | Yes | No |
| Will ANY household member 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 |
| 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 manufacturing or distributing a controlled substance? | Yes | No |
| Has anyone in your household been charged or convicted of a crime? List offense and year: | Yes | No |
| Has anyone in your household been registered as a sex offender program in any state? If yes, where? | Yes | No |



Wildbriar Estates
 17 Wildbriar Drive
 Livonia, New York 14487
 Phone: 585-346-0011 Fax: 585-346-0012

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 |
| Length of Residency: from _____ to _____ | |

| 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.

- 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



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (Not all prohibited bases apply to all programs). This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

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