



## ADMISSIONS AND ELIGIBILITY REQUIREMENTS

The enclosed application and supplement to application *must be completed in full* and signed and dated by all persons age 18 years and older.

All applications are processed in the order received.

### Eligibility Criteria:

- The head of household or spouse must be 62 years of age or older, or if less than 62 years of age, must be 18 or older and have a disability that requires the features of an accessible apartment (no carpet, roll in shower, lower countertops etc.). In the case of a couple, only one person must meet this requirement.
- Annual income cannot exceed the Federal Income Limits effective 04/01/2024
  - 1 person: \$33,950/annually or \$2829/monthly
  - 2 people: \$38,800/annually or \$3233/monthly

Income Sources include: Wages, Social Security, SSI, Interest, dividends, Pensions etc.

### Admission Preference:

Applicants meeting the following criteria will have preference over any other applicants not so qualified.

- **Involuntary Displacement** - Where applicant will vacate or has vacated a housing unit as a result of one or more of the following reasons:
  - 1) Natural disaster that results in the units being uninhabitable.
  - 2) Activity by the Federal, State or local government bodies or agencies for code enforcement or public improvement.
  - 3) Action by an owner where applicant has to vacate the premises beyond the applicant's ability to control.
  - 4) Individual seeking protection under the Violence Against Women Act (VAWA).
- **Substandard Housing** - Housing which is dilapidated and whose present condition does not provide safe and adequate shelter. Where the condition of the premises endanger the health, safety and welfare of the residents or it has one or more critical defects or a combination of intermediate defects in sufficient number to require considerable repair or rebuilding.

**Income Targeting:** HUD's income-targeting guidelines require that at least 40% of the households admitted each fiscal year fall into the "extremely low income" category. Extremely low income is currently \$20,350/annually for 1 person, \$23,250/annually for 2 people.



**Individual rent amount is based upon 30% of adjusted monthly income, less allowances for medical expenses above 3% of annual income.**

An additional elderly allowance is given in the amount of \$400.00.

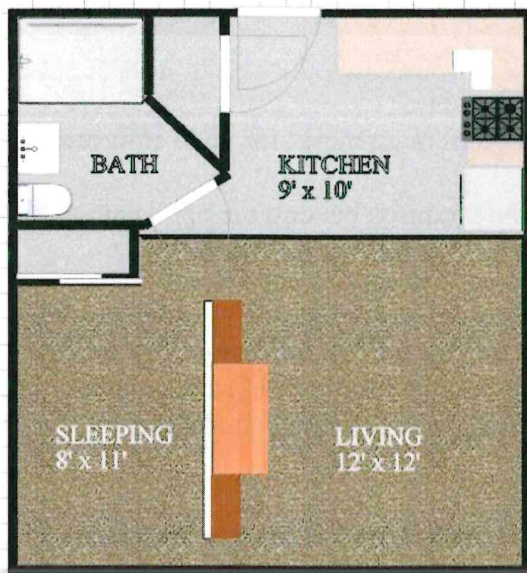
**Included in Rent:**

- Heat
- Water
- Blinds

**It is the policy of United Church Manor to admit only applicants who meet the eligibility requirements as defined above plus the United Church Manor's applicant selection standards. Thus, being eligible is not entitlement to housing. Every applicant must also meet the United Church Manor's applicant selection criteria as established in accordance with 24 CFR Part 960.**

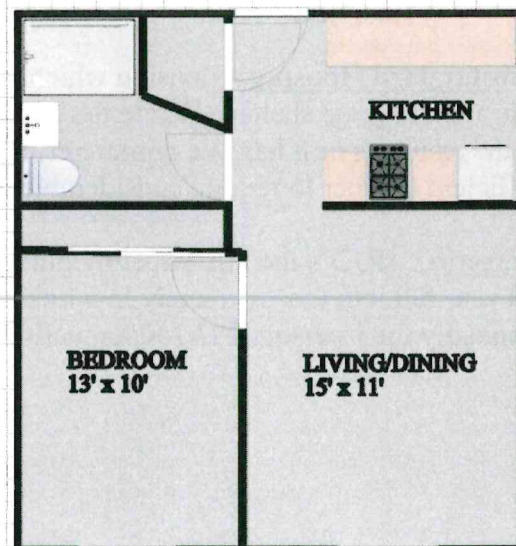
All interested parties are invited to complete and submit the enclosed application for residence. Following an initial review of the application for completeness and eligibility, eligible applicants will be added to the waiting list. Both eligible and ineligible applicants will be notified by mail. Please note: An incomplete application will be returned to you. At this time, the Applicant Selection Criteria will be followed to determine applicant qualifications. Any questions about admissions and eligibility should be referred to the Property Manager.

***Studio Apartment – 419 Square Feet***



***One Bedroom Apartment – 512 Square Feet***

**ONE BEDROOM**





## APPLICATION FOR RESIDENCE

**It is hereby understood and agreed that all information in the application for residence, including statements on finances and personal interview, will be treated confidentially and that said information is correct and true. Any misrepresentation or material omission may render any agreement for residence voidable at the option of the owner. The United Church Manor does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.**

Applicant Name:		
Current Address:		
City, State, Zip		
Home Phone:	Cell Phone:	
Email Address:		
We offer studio and one-bedroom apartments. Which style would you prefer? <input type="checkbox"/> First Available <input type="checkbox"/> Studio <input type="checkbox"/> One Bedroom		
Is the Head-of household or co-head/spouse 62 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not 62, do you claim eligibility because the head-of-household, or member has disability that requires the features of an accessible apartment (roll in shower, lower countertops, no carpet etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list each person who will reside in the unit.

Member No.	First and Last Name of Family Member	Relationship to Head of Household	Gender (optional)	Date of Birth	Social Security Number
1					
Citizenship Status	<input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen				
Please provide a complete list of states where this person has lived:					
2					
Citizenship Status	<input type="checkbox"/> US. Citizen <input type="checkbox"/> Eligible non-citizen <input type="checkbox"/> Ineligible non-citizen				
Please provide a complete list of states where this person has lived:					

Applicants and all members of the applicant's household are required to disclose their Social Security Number, except those household members who do not contend eligible immigration status, or who do not have a Social Security Number and were 62 years of age or older as of 1/31/2010 and were receiving HUD rental assistance at another location on 1/31/2010.

### FOR OFFICE USE ONLY

Application Number: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_



Are you a student enrolled in an institute of higher education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving rental assistance? (HUD, voucher, section 8) If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime? If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or any member of the household subject to Lifetime Sex Offender registration program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your household ever been convicted of methamphetamine production in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
United Church Manor is <b>smoke-free property</b> . This means that smoking is prohibited in <b>all areas of the property</b> , outdoor and indoor. Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Utilities:** Our tenant selection plan requires tenants to be able to establish utilities (specifically electricity) in their own name for the unit at move in.

Do you have any current outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish electric service (NYSEG) in your unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Preferences:** The United Church Manor places the household in a unit based on the date and time the completed application is received and the household eligibility for preference. Please indicate if you qualify for the below preferences. Preferences will be 3<sup>rd</sup> party verified upon offer of apartment.

Has the household been involuntarily displaced through no fault of your own? If yes, explain in your own words:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the household living in substandard housing? If yes, explain in your own words:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Reasonable Accommodation:**

Do you or any member of your household require a reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you or any member of your household has a disability (Section 223 of the Social Security Act) please note how we may accommodate your needs. Please include any special unit features which may be required. A reasonable accommodation may include, grab bars, emotional support animal, etc.

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**Income Targeting:**

HUD's income-targeting guideline requires that at least 40% of the households admitted each fiscal year fall into the "extremely low income" category.

Is your income currently at/or below 30% of the median income, \$20,350 annually for one person, \$23,250 annually for a couple?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Animals/Pets:** The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to move a pet into the unit? If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a service, assistance, or companion animal? If yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Income and Asset information:** To determine eligibility, please provide the following information. Do you expect to receive income from any of the following the next 12 months? Please write in 0.00, N/A or none if you will receive no income from these sources. The application will not be processed if these fields are not complete. Please provide the monthly amount.

Social Security (SSI /SSD)	\$
State Supplemental Program Income (SSP)	\$
Veterans Administration Pension/Disability /Survivor Benefits	\$
Pension or Retirement Benefit	\$
Required Minimum Distribution (RMD)	\$
Earned income- wages, tips or salary	\$
Unemployment	\$
Self-employment (including Uber, Door Dash, You Tube, Only Fans etc.)	\$
Support/Alimony/Child Support	\$
Public Assistance	\$
Regular contributions from organizations or from individuals not living in the unit?	\$
Other income not listed above Description: _____	



**Do you have any of the following assets?**

Direct Express Card	<input type="checkbox"/> Yes <input type="checkbox"/> No Current Value _____
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No Current Value _____
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No Current Value _____
CD's	<input type="checkbox"/> Yes <input type="checkbox"/> No Current Value _____
Peer to Peer Account (Paypal, Venmo etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No Current Value _____
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No Current Value _____
Stocks/Bonds/Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No Current Value _____
Retirement Account/401K/Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No Current Value _____
Brokerage Account	<input type="checkbox"/> Yes <input type="checkbox"/> No Current Value _____
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No Current Value _____
Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No Current Value _____
Other Asset not mentioned	<input type="checkbox"/> Yes <input type="checkbox"/> No Current Value _____
Have you sold or given away real property or assets valued at \$1,000 or more in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____ Date: _____

**How did you hear about us?**

- ☐ After 50   ☐ WNY Health   ☐ Forver Young   ☐ Drove By  
☐ Yellow Pages   ☐ Internet Site: \_\_\_\_\_  
☐ Referred by resident: \_\_\_\_\_   ☐ Referred by other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

**Household Composition:** The information below regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, nation origin, religion, sex, familial status, age and disability are complied with. You are not required to provide this information. This information will not be used in evaluating your application or to discriminate against you in any way. In each section below, please check all that applies for the Head of Household:

**RACE:**

- ☐ Black/African American   ☐ White  
☐ American Indian/Alaska Native   ☐ Asian  
☐ Native Hawaiian/Other Pacific Islander  
☐ Other

**ETHNICITY:**

- ☐ Hispanic or Latino  
☐ Non-Hispanic or Non-Latino



**Applicant Certification:**

I/We certify that if selected to receive assistance, the unit will be the sole residence. I/We authorize the Owner/Manager to verify all information provided on this application criminal background check, information which may be released to appropriate Federal, State, or Local Agencies. I/We understand that false statements of information are punishable under Federal Law.

United Church Manor's resident selection criteria (tenant selection plan) can be found at [www.ucmanor.org](http://www.ucmanor.org), if you would like a printed copy, but contact the business office at 716-668-5804.

**Signature of Head of Household,** \_\_\_\_\_ **Date** \_\_\_\_\_

Signature of Spouse or  
Co-Head of Household, \_\_\_\_\_ **Date** \_\_\_\_\_

The United Church Manor is required to verify the information supplied by the applicant including those that fall within owner preference categories.

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria including criminal background check, sex offender check and in home visit by the manager. Changes in family income, size, or address must be reported promptly to the United Church Manor. A security deposit and a first-year lease are required.

**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 and fraudulent statements to any department of the United States Government. HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), and (8).*

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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 on the basis of 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.			
<input type="checkbox"/> 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.