UNITED CHURCH MANOR

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 of age and older. If your application is incomplete, it will be returned. All applications are processed in the order received.

Eligibility Criteria:

- The head of household 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.)

- Annual income cannot exceed the Federal Income Limits effective May 1, 2026.
  1 person: $35,550/annually or $2,962/monthly
  2 people: $40,460/annually or $3,371/monthly

Income sources include: Social Security, SSI, employment, pension, alimony, retirement etc.

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 $21,350/annually for 1 person, $24,400/annually for 2 people.

Rent 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.

After we receive your application, we will review it to make sure it is complete and that you meet the eligibility requirements. If you are eligible, your name will be added to the waiting list. Both eligible and rejected applicants will receive a letter by mail when the application is processed.

United Church Manor's Tenant Selection Plan can be found at www.ucmanor.org, if you would like a printed copy sent to you, please contact the business office at 716-668-5804.



Studio Apartment – 419 Square Feet



One Bedroom Apartment – 512 Square Feet



UNITED CHURCH MANOR

APPLICATION FOR RESIDENCE

The information provided on this application will be kept confidential. Please respond to all questions honestly and accurately. 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? ☐ First Available ☐ Studio ☐ One Bedroom		
Is the Head-of household or co-head/spouse 62 or older?	☐ Yes	☐ 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.)?	☐ Yes	☐ No

Please list each person who will reside in the unit.
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.

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	☐ US. Citizen ☐ Eligible non-citizen ☐ Ineligible non-citizen				
Please provide a complete list of states where this person has lived:					
2					
Citizenship Status	☐ US. Citizen ☐ Eligible non-citizen ☐ Ineligible non-citizen				
Please provide a complete list of states where this person has lived:					

FOR OFFICE USE ONLY

Application Number: _____

Time: _____

Date: _____



Are you currently receiving rental assistance? (HUD, voucher, section 8) If yes, please explain:	☐ Yes	☐ No
Are you a student enrolled in an institute of higher education?	☐ Yes	☐ No
Have you ever been convicted of a crime? **If yes**, please explain:	☐ Yes	☐ No
Are you or any member of the household subject to Lifetime Sex Offender registration program?	☐ Yes	☐ No
Have you or any member of your household ever been convicted of methamphetamine production in the home?	☐ Yes	☐ 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?	☐ Yes	☐ No
Will you be able to establish electric service (NYSEG) in your unit?	☐ Yes	☐ No

Reasonable Accommodation:

Do you or a member in your household require a reasonable accommodation?	☐ Yes	☐ No

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, animal emotional support, etc.

_____

_____

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, $21,350 annually for one person, $24,400 annually for a couple?	☐ Yes	☐ No

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:	☐ Yes	☐ No
Do you have a service, assistance, or companion animal? If yes, please describe:	☐ Yes	☐ No

Income and Asset 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 receive no income from these sources. 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 mentioned?	

Do you have any of the following assets?

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

How did you hear about us?

Household Composition: The information requested below regarding race and ethnicity is collected to help the Federal Government, through the Rural Housing Service, ensure compliance with federal laws that prohibit discrimination in tenant applications based on race, color, national origin, religion, sex, familial status, age, or disability.

Providing this information is voluntary. This information will not be used to evaluate your application or to discriminate against you in any way. For each section below, please check all answers that apply to 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 move into this project, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for assistance. I/We authorize the owner to verify all information provided on this application. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under law and could result in this application being rejected.

Signature of Head of Household, _____ **Date** _____

Signature of Spouse or
Co-Head of Household, _____ Date _____

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).



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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.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: 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.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: 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.

☐ 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.

Form **HUD- 92006** (06/09)